



Inspection Report on

Ty Seren

Bridgend

Date Inspection Completed

25/04/2022

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About Ty Seren

Type of care provided	Residential Family Centre
Registered Provider	Partnerships for Progress Limited
Registered places	5 families
Language of the service	English
Previous Care Inspectorate Wales inspection	21/10/2020
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care.</i>

Summary

Following the last inspection, the service was made subject of an improvement notice in accordance with Care Inspectorate Wales's (CIW) enforcement pathway. Restrictions were imposed on the service's conditions of registration to limit the number of families admitted to the service. The service provider has subsequently undertaken a review to change the overall governance and management of the service. The service commenced operating in December 2021 with a change of name to Ty Seren. At this inspection, we found there has been significant improvements in the operation of the service to ensure compliance with the priority action notices issued at the last inspection and to meet the requirements of the improvement notice. There is a strong organisational culture of openness and transparency which has supported a re-organisation and re-evaluation of the service.

Systems, processes and procedures are in place to support families in accordance with the service's statement of purpose. Quality assurance processes ensure these are embedded in practice whilst seeking to improve and develop the service. Care and support is provided in accordance with the regulations. Care staff are recruited following a robust process, and they are provided with training to ensure their skills are consistent with the needs of families using the service. Arrangements are in place to keep children as safe as possible.

Well-being

Families receive a service which understands, recognises and promotes their individual rights. Parents and children are able to access advocacy services. They are provided with copies of their personal information and assessments undertaken prior to their admission. Families participate in their meetings and their views are sought and recorded. They receive support to understand legal information and processes. Information is shared to ensure parents and children's rights are upheld. Parents are able to raise concerns and are confident these will be responded to openly and honestly to ensure an informed outcome. Family forum meetings provide opportunity for parents to discuss issues, complaints or make suggestions to improve the service. One parent told us *'...if I don't succeed it will be my doing... they do everything to help me and I can trust them to be honest.... I feel safe here...'*

Families have access to and register with health services to support their physical and emotional health. A health visitor is employed by the service to oversee children's health care needs and support parents to develop and acquire parenting skills. They have strong links with local general practitioner (GP) surgeries and children's statutory health visitors. The health visitor completes a health check on a child's admission to the service, which includes weight and developmental checks and body maps. These checks continue on a weekly basis. Parents are screened for depression on their arrival with monthly well-being assessments also completed by the health visitor. Parents receive support to access medical advice and support for themselves and their children. Specialist support is arranged in agreement with parents and those commissioning the service. Parents receive encouragement to access community based services and drop in services. On the day of our visit, a parent received support to attend a local breast feeding drop-in service. Where parents and children are prescribed medication, this is clearly identified in their plan and risk assessment to ensure appropriate levels of support and supervision. A parental agreement for self-administration is in place. All medication is subject to a weekly audit enabling medication to be safely stored securely in families' accommodation. The service is able to undertake drug testing following parents' free time in the community should this be required and consent provided.

Children are cared for in an environment which supports their safe care and protection. Where children's well-being has been occasionally compromised, prompt action has been taken to review systems and processes to ensure identified issues are rectified. The development of improved communication between families and the service, care staff and other professionals ensures a more robust response to safeguarding concerns to enable children to live safely with their parents.

Families live in self-contained flats or rooms with their own bathroom and communal kitchen, living/lounge area and a nursery, which are shared with other families. The service accommodation is clean, tidy and well-equipped. Separate rooms are in use for meetings, surveillance equipment and offices for care staff.

Care and Support

The service provider carries out detailed viability assessments following a family's referral to ensure the service is suitable and able to provide for their needs. Information is sought from the commissioning local authority, relevant professionals and families as part of this process. This informs how support is provided, the assessment and review timescales. Assessments are strength based, and information is reflective, and involves parent's perspectives to enable them to have a clear understanding of concerns prior to their admission. The assessment document would benefit from the use of plain English. An initial compatibility assessment is completed to consider impact on other families using the service. An admissions process is in place and a checklist used to audit all steps undertaken. Parents receive a letter from the service provider to confirm they have been accepted for assessment and arrangements for their admission.

Where possible, families have opportunities to visit the service prior to their admission. They participate in meetings to ensure they understand the expectations of the service and agree to the arrangements as commissioned by the placing local authority. Parents sign documents to authorise their consent for the placement, monitoring and closed-circuit television (CCTV) surveillance and these are prepared in an accessible format. A contract of expectation and service agreement are also completed with families. A welcome pack is provided which is detailed and contains information about the service. Consideration should be given to condensing this information to ensure it is accessible for all parents. Parents receive a welcome basket on their arrival with essential items, information packs and toiletries.

'Our family's personal plan' is established prior to the admission of a family to the service. It is completed in the first person, which makes it clear how parents and children wish to receive care and support. Weekly meetings review a family's progress and any changes required to their assessment, personal plan, and risk assessment including observation levels. A record of meetings are provided to parents to provide their views/comments. These are presented in a clear, concise way which identifies family's strengths and where additional support is necessary, areas for development and agreed action. The plan would benefit from some further improvement to make clear the date of a family's admission to the service, and to include the printed name of the person completing the plan, not only their signature and designation. A family risk assessment is version-controlled to ensure levels of observations and interactions with care staff is clear following any change. Alongside this, a family risk assessment log provides a chronology detailing changes.

Families can feel confident their individual support needs are identified prior to their admission and during their assessment. A multi-disciplinary team (MDT) A multi-disciplinary team (MDT) consists of the manager, deputy manager, parenting assessment coordinator, health visitor and social worker who oversee referrals, consider the suitability of the service and admission process, operational issues, staff development and safeguarding. Within seven days of a family's admission, a provider assessment is prepared to ensure their care

and support needs are able to be met by the service. A member of staff who is skilled, knowledgeable and competent in their role completes these.

The service's health visitor is developing links with community health services, community groups and helping parents to access training and education. One parent told us they had attended first aid training and were due to start a cookery course, which was an interest of theirs. Parents are encouraged to attend a workshop/parenting programme at the service and easy read documents are in place for parents to support their learning and development.

The service's safeguarding policy is consistent with Wales Safeguarding Procedures 2019. The service provider refers safeguarding matters to the local authority, and submits notifications as required by regulations to Care Inspectorate Wales (CIW). Care staff complete comprehensive safeguarding training, are aware of how to keep children and young people safe and how to take action if they are concerned for their well-being. Incident records are detailed and evidence reflection with care staff to review the response and strategies used to ensure avoidance of future incidents. There is good communication with social workers and the local safeguarding team. There is a missing person's information form in place for each family and a form completed on admission of persons who are of concern if in contact with a family.

Measures for reducing the risk of infection are in place. The service provider has a hygiene control and infection policy and a risk assessment specific to Covid-19, with protocols in place to minimise or eliminate potential risks to children, parents and care staff. There is a clear process for visitors to the building with an electronic automated temperature reader and declarations to be signed by incoming visitors. Checks are undertaken to confirm lateral flow tests have been undertaken and are negative. Care staff undertake testing in accordance with Public Health Wales guidance. There is Personal Protective Equipment (PPE) available.

Environment

The service is located in a large detached property with the space and facilities to operate as a residential family centre. Families are provided with suitable accommodation in 'flats' or 'bedsits' which are allocated dependent on their care and support needs. Accessible accommodation is available. Rooms are well-equipped and spacious with furnishings provided to a high standard. There are communal areas, meetings rooms and a nursery which for families to use. Art work on walls makes for a more inviting environment, and a mural in the entrance hallway provides information and photographs about care staff. The nursery provides parents with sensory toys, play mats and floor seating. There is a large car park to the front of the property and a rear garden with a designated smoking area. There are plans in place to develop the garden to make it a more usable space for families.

Families live in an environment which is safe and able to support their needs. External doors link to a pager device which alerts senior care staff on duty to any unauthorised exit from the building. Doors open via a swipe card system which provide access to areas of the service for families and care staff, dependent on authorisation. There is a key secure safe in the entrance foyer which is accessible via a combination lock in case of emergencies. Care staff carry an internal radio device when on shift to enable them to contact other members of care staff if assistance is required. Systems are in place for monitoring families via CCTV surveillance. Care staff observe families on screens linked to each room and communal areas, including the service foyer/entrance area. The viewing room has been relocated and an improved system installed which links to a small hand held device to enable care staff to continue to monitor and observe families if they need to leave the room to offer immediate assistance or support to a family.

Fire safety systems are in place with fire evacuation drills undertaken with care staff and when a new family is admitted into the service. Families have personal emergency evacuation plans. A fire risk assessment is in place along with arrangements for the servicing of fire prevention equipment. An operation lead officer is appointed to oversee all health and safety issues, maintenance and data protection. Care staff also undertake training in relation to health and safety as part of their induction and undertake weekly and daily health and safety checks of the service accommodation.

Leadership and Management

The service provider has reviewed its operation and there have been significant changes in the overall governance and leadership of the service. Since the last inspection, a new responsible individual (RI) and manager have been appointed who have ensured the service operates with sufficient care, competence and skill and in accordance with its statement of purpose. A review of policies and procedures has taken place, alongside a review of workforce recruitment, training, support and development to ensure families using the service are provided with good quality care and support.

Arrangements are in place to provide assurance that the service is safe, well run and complies with the regulations. The RI has undertaken an operational role since their appointment, with support and oversight provided by a development director. Quality assurance processes are in place, with the RI completing visits as required by regulation. They have undertaken a review of the quality of care provided and identified areas for improvement, compliance with the regulations and the ongoing development of the service. Some further improvements to the quality of care report would be beneficial for managers to be clear about any identified shortfalls in the service, and the action and timescales required to ensure these are addressed.

Care staff are recruited following a robust recruitment process with a two stage interview and enhanced checks. An audit of care staff files indicates all information is obtained as required by the regulation and evidence of decision-making regarding the appointment. Employment checks on care staff appointed under previous management, have been obtained retrospectively. Care staff have a range of skills and experience and unqualified care staff undertake the All Wales Induction Framework for Health and Social Care. An induction programme is in place with a schedule and workbook for new care staff to complete. This ensures care staff read and reflect on the service's policies and procedures, and include practice observations, shadowing opportunities with feedback, and work place practices of information sharing and completing reports. A staff competency assessment is completed at the end of their probation period. Care staff receive a well-being check in the first and second weeks of their employment. Since the service re-commenced operation, all existing and newly appointed care staff have been subject of a six-month probation period with an interim review within one and three months. Appraisals are scheduled to take place but have not been completed to date as the service has not been operational.

Care staff receive regular supervision as outlined in the service statement of purpose and in accordance with the regulation. Supervision agreements are in place. A pre-supervision preparation form is completed prior to their supervision for care staff to raise issues before any meeting. Supervision records are detailed and reflective. Professional and clinical supervision is in the process of being sourced for professionally qualified and registered staff and is currently being undertaken by the RI. Care staff receive training which is a combination of in-house, on line and classroom based training. Training is also provided by the service's health visitor on child care and development, and is the same as workshops provided to parents. This is to ensure consistent practice and guidance is offered to families around parenting matters. Situational/scenario training is also provided in relation to operation of CCTV equipment and care management software, responding to incidents,

effective listening and constructive feedback. External training includes a two-day safeguarding training course and an additional designated safeguarding lead training for senior care staff.

Summary of Non-Compliance	
Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
6	The service provider is not compliant with regulation 6 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	Achieved
14	The service provider is not compliant with regulation 14(5) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	Achieved
15	The service provider is not compliant with regulation 15 (1) (a)(b)(c)(d) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	Achieved
18	The service provider is not compliant with regulation 18 (1) 18(3) and 18(4) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	Achieved

26	The service provider is not compliant with regulation 26 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	Achieved
35	The service provider is not compliant with regulation 35(1) and 35(2)(b) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	Achieved
36	The service provider is not compliant with Regulation 36(2) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	Achieved
60	The service provider is not complied with regulation 60(1) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	Achieved
66	The service provider is not compliant with regulation 66 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	Achieved
80	The service provider is not compliant with regulation 80(3) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	Achieved

Where we find non-compliance with regulations, but no immediate or significant risk for people using the service is identified, we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

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