



# Inspection Report on

**Ty Seren**

**Date Inspection Completed**

**18 October 2022**

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## About Ty Seren

Type of care provided	Residential Family Centre
Registered Provider	Partnerships for Progress Limited
Registered places	35
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Ty Seren provides residential services for families to monitor and assess parents' ability to meet their child's needs and to safeguard and promote their welfare. Parents receive support and guidance in a safe environment, where they are supervised and observed dependent on their individual need and risk assessment. The service provides parenting assessments to inform local authorities decision making and plan for children's long-term care.

Families receive support to achieve their well-being. Care staff build positive relationships with parents and their children and are motivated to support them make progress. Workshops are delivered to help parents develop skills, confidence and understanding to promote their child's development and ensure they are safe.

The overall governance and management of the service provides strong leadership to support the provision of a quality service with a commitment to continuous improvement.

The service provider provides a safe, high-quality environment for families with facilities and equipment which are well maintained.

### Well-being

Families have their rights promoted and receive verbal and written information about the service prior to their admission. They are able to access an advocate for independent support, guidance and to ensure their voice is heard and represented. Parents are treated with respect and permissions and consents are obtained to support the care arrangements. The service writes to parents to confirm their offer of a residential placement. Families are provided with information on how to complain about the service and any issues raised are addressed and action taken. Families are asked to provide feedback at the end of the placement, and this is completed with a member of the multi-disciplinary team (MDT) and feeds into quality assurance processes.

Families receive support to register with local health care services and are encouraged to seek advice to support their children's health and development. A health visitor is appointed by the service who liaises with local midwifery and health visiting services and provides individual programmes of work to support parents to care for their children. Parents receive encouragement to access community-based services and drop-in services. Referrals are made by the service to meet the identified needs of parents and children to external agencies, where appropriate. The service is working to introduce group events and fun days and those held have been successful for families.

The service supports families to live together safely and ensure children are protected. Clear policies and procedures are in place to support safeguarding which are embedded in practice. Care staff receive safeguarding training and are confident in their role to take action and report safeguarding concerns. They understand the service systems to record information and the protocols in place to support good practices.

The service provides families with an environment to support their well-being. The living accommodation is of good quality, well maintained and equipped.

## Care and Support

Families are offered a place at the service following detailed viability assessments. They have opportunities to attend an initial meeting and are able to visit the service in advance. Parents are prepared as much as possible to make the transition to the service. They are informed of the assessment process and are helped to understand the expectations and boundaries in place to ensure assessments are conducted in a risk managed environment. They provide consent for the use of closed-circuit television (CCTV) surveillance systems during their assessment. Parents are provided with a written guide to the service and receive a welcome pack with products and additional information.

A family personal plan is established to provide information to care staff on how parents and children wish to be supported. Plans are prepared in a clear, accessible format and written from a child's perspective. These are completed prior to the start of the placement and are regularly reviewed and updated during the family's stay. Family risk assessments are clear and updated with care staff signing to confirm they have read and are aware of any changes. Families have a clear understanding of their progress during their assessment, and they are clear what they need to achieve to meet identified targets. Weekly reports are provided to social workers to give updates on parents' progress. Families progress is reviewed weekly by the MDT. In addition, extended MDT meetings are held three times throughout the family's placement to inform the parenting assessment. A mid-point review report is completed by the services' social worker which is shared with parents and provides a strength-based assessment with identified areas to improve parenting skills. The service has an MDT which consists of the service manager, social worker, health visitor and parenting assessment coordinator which reviews family's progress and the focus of the assessment plan.

Arrangements for medication management is considered alongside parent's risk assessments. Parents are encouraged to manage and administer their own medication which is securely stored in their accommodation and is subject of a weekly audit. Arrangements for care staff to administer medication to families, as a short-term arrangement or in an emergency, is in place. However, this needs to be recorded in a medication administration record (MAR) as set out in the service's medication policy.

## Environment

The service provides an environment for families which is spacious and provides facilities which are accessible and of a high standard. Accommodation is provided in 'bedsits' which are located on the ground floor and are self-contained with a kitchen and shower room. On the first floor, the accommodation available is in 'bedrooms' which are rooms with ensuite shower rooms with shared use of a communal kitchen. Furnishings and décor of the accommodation is well maintained, and new baby equipment, bedding and towels are provided on family's arrival at the service. Feedback from families to improve their experience is considered and acted upon, for example installing privacy window film in ground floor rooms. Every effort is made to make the environment as homely as possible and to make families comfortable during their stay.

Additional space is available for families to use. There is a nursery with sensory equipment, communal rooms and a shared laundry room. Since our last visit, fencing has been erected around the rear garden boundary fencing for added security and safety. A section of the rear garden has been fenced off and developed into a play area with Astro turf and some outdoor play equipment and is a safe, secure place for young children. Additional outdoor seating is available for parents and there is a separate designated smoking area to the side of the property.

The service provides a safe environment for families with systems in place to support their identified needs and risk assessment. Closed circuit television (CCTV) surveillance is in place to monitor families in their accommodation and communal areas. The main door and entrance to the service is linked to a pager device. This alerts senior care staff to families exiting from the building to check departures are authorised and with supervision of care staff, if required. There is an entrance area separating the front door to the reception area which ensures those entering the building are signed in and authorised. Care staff and families carry swipe cards which allow them access to areas of the service, and these can be changed to meet individual family's needs. Care staff observe families on screens linked to each room and in communal areas. Care staff do this from a room designated for this purpose. Workstations are set up with equipment to support observations. A new handheld device is currently on trial which allows care staff to maintain their observations and call for assistance whilst attending to families who require support. Senior care staff carry an internal radio device as an additional measure to contact other care staff for support in an emergency. A generator provides back up should there be any failure in power to support service monitoring arrangements.

Health and safety checks are in place and subject of regular audits. A fire risk assessment is also in place and fire safety checks are undertaken at the required intervals. Families have personal evacuation plans and fire evacuation drills are completed with families on admission. A sample of records indicate that all checks, risk assessment and service agreements are current.



The service operates in accordance with its statement of purpose. It has a care staff team which consists of specialist care staff with a health visitor, social worker and parenting assessment coordinator in addition to family support workers and officers responsible for human resources and the operation of the service. The team provide a unified approach to deliver a cohesive service through service MDT meetings. The culture of the service is embedded into processes and provides for a strong ethos of working with families, their representatives and commissioners to ensure the best outcomes for children.

Care staff are appointed following a robust recruitment process. Records indicate all information is obtained to ensure families are safe and care staff are subject to vigorous recruitment checks and interviews to make certain they are suitable for their role. Care staff benefit from an induction process which is thorough and coordinated by a senior care staff member. It provides opportunities for them to complete training, understand the service's policies and procedures and undertake shadow shifts before being assessed as competent to start work. Care staff receive three well-being checks within the first six weeks of employment. In the first and second weeks of their employment. A six-month probation period is in place where, in addition to a meeting at the end of the probationary period, care staff receive a one month and mid-point review. A care staff competency assessment is completed at the end of their probation period to determine if they have successfully completed their probation. The service takes action where care staff have not met these requirements.

Care staff receive regular supervision. Specialist care staff and the Responsible Individual (RI) have supervision arranged from an appropriate or clinical professional. Support care staff are supervised by the manager within required timescales. However, due to the growing number of care staff at the service, the quality of some of the recordings of supervision were not detailed or reflective. This is an area the service provider has identified as requiring some improvement and plans to delegate some supervision responsibilities to other senior care staff who will receive training. Staff meetings are held regularly, and care staff are able to attend meetings virtually which enables good attendance when staff are not on shift. Care staff receive regular training and attend additional training facilitated by the service's health visitor. This ensures advice and assistance to families is consistent with information shared in workshops. The health visitor also ensures all advice is up to date with current guidance and care practices. Information is shared via staff newsletters. Feedback from staff for the purpose of the inspection was positive. One member of staff wrote *"I like the open, honest and transparent culture and an open-door policy where staff are able to voice their concerns and views."*

The RI ensures proper oversight of the management, quality, safety and effectiveness of the service. Quality assurance processes are embedded in the service practices and provide assurance 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 who is a regular visitor to the service. The RI has completed visits as required by regulation and undertaken a review of the quality of care provided. Areas for improvement have been identified in addition to the ongoing



development of the service. Feedback is requested from families, local authority social workers and commissioners to inform the improvement agenda and action has been taken in response to suggestions to improve the experience for families.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
N/A	No non-compliance of this type was identified at this inspection	N/A

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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