



Inspection Report on

ategi limited

**ATEGI LTD
FLYNN HOUSE
CARDIFF ROAD
PONTYPRIDD
CF37 5HP**

Date Inspection Completed

4th and 5th December 2019

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Description of the service

Ategi is a limited company based in Rhydyfelin which provides services to people in the Cardiff regional partnership. Ategi is registered to provide domiciliary support services for individuals aged 18 and over, and currently provide support for people with learning disabilities, mental health needs and those with an autistic spectrum diagnosis. Timothy Southern is the responsible individual (RI) for the organisation and the manager in place is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People receiving services from Ategi experience person centred care that enables them to have choice and influence over the support they receive. People are able to participate in a range of activities which positively impacts on their lives. The management team and care staff have a good understanding of the values of the organisation and are motivated and enthusiastic. There are good organisational and governance arrangements in place to support the smooth running of the service however, RI audits, care plan reviews, some areas of supervision and specialist training require strengthening to ensure they meet legal requirements.

2. Improvements

As this was the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA), any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section four of this report sets out our recommendations to improve the service and areas where the agency is not meeting legal requirements. These include supervision, RI visits, personal plan reviews and specialist training.

1. Well-being

Our findings

Ategi supports people to have control over their own lives. People benefit from a varied programme of activities and plans which were tailored to meet individual needs and maximize independence. Least restrictive measures were in place and risk assessments were completed to ensure people were supported to undertake activities they enjoyed. Individuals were consulted in the reviewing of their personal plans, which ensured care remained effective, however we found plans were not always reviewed in line with regulations. In conclusion people receiving services are provided with opportunities to make decisions about the level and style of care they receive.

People's health and well-being is actively promoted. Medical and specialist services were accessed as and when required to ensure people remained healthy and well. We saw people were supported to undertake activities which promoted healthy life styles and social inclusion. People had positive relationships with staff and interacted in a caring and supportive way. Individualised personal plans, positive communication with relatives and ongoing reviews ensured positive wellbeing outcomes remained central to the care received. Policies and procedures provided clear guidance for staff to understand their role in providing good levels of care and support. Therefore we can conclude people receive positive care which enables them to stay happy, healthy and active.

Systems are in place to ensure people are safe and as far as possible protected from abuse. People can be confident they are cared for by staff whose character and suitability to undertake their roles had been checked prior to the start of their employment. Staff we spoke with demonstrated a good knowledge of safeguarding procedures and understood how to report matters of a safeguarding nature. Policies and procedures were in place to assist staff in identifying possible signs of abuse and reporting safeguarding concerns. Relatives were confident the service provided the right level of support and kept people safe. The general oversight of the service was good however some areas of practice required improvement, including audits, supervision and specialist training. We conclude managers are committed to improving the quality of life for people however there are areas that require strengthening.

2. Care and Development

Our findings

People experience warmth and respect from a consistent and reliable team of staff. Individuals informed us they had not experienced any issues with missed or shortened calls. Many of the individuals we spoke with stated call times could occasionally change due to unforeseen events however people felt every effort was made by office staff to communicate any changes. Consistency and reliability of staff was evidenced in both the daily records and staff rotas we looked at. Relatives also confirmed staff reliability was very good and staff consistency had resulted in improved relationships with those people receiving services. During our inspection we observed staff conversed with people in a friendly and caring manner, with periods of genuine warmth and good humour. We saw all attempts at communication were valued and for one individual a detailed communication book had been developed to support positive interaction. We spoke with several relatives to gather views about the support received. Feedback provided was consistently positive, comments included:

*“The boys (staff) are great”, “very approachable”,
Staff have “his best interests in mind” and they “work for him and with him”,
I have “nothing but praise about the service”,
It is a “really good service”, “Best agency by far”,
The service had been “life changing for x”, “I’m impressed with them”.*

We also saw a written complement received from a relative which stated *“I cannot find the words to express my gratitude to x and her team, for the amazing care that they take with my brother”*. With consideration of the overall findings we conclude people are happy with the service they receive.

Individuals have opportunities to engage in activities that enhance their overall wellbeing. We saw peoples’ hobbies and interests formulated part of their personal plan and individual preferences were identified. Evidence from daily records showed people were positively occupied throughout the day and were supported to undertake activities that mattered to them. Activities included swimming, reflexology, bowling, horse riding, cycling, computers, golf, sensory sessions and shopping. Relatives we spoke with told us how individuals were able to structure their day flexibly and looked forward to undertaking their chosen activities and accessing the community. We saw activity planners were changed seasonally to ensure variety and suitability and any new activities considered were risk assessed appropriately. Daily recordings also evidenced whether individuals had enjoyed their chosen activity. As one individual receiving services was unable to communicate verbally, their feedback centred on nonverbal indicators such as visible signs of enjoyment and individual behaviours. Therefore we conclude people are supported to do things that are important to them and make them happy.

Plans are person centred however reviews are not always undertaken in a timely manner. During the inspection we looked at a sample of files, which we found contained robust

personal plans and assessments, therefore ensuring people received the correct level of support. Personal plans documented essential information in relation to people's routines, personal care needs, behaviour management, communication and medical conditions. We found positive behavioural support plans had been completed to ensure the service effectively understood individual needs. These also provided staff with a clear plan of how to support people during times where their behaviour may challenge. Individual profiles and procedures were prepared to ensure staff knew how to appropriately manage people's medical conditions. We also found medication administration records were completed appropriately. We noted personal plans had been signed by staff to demonstrate they had been read and understood. However, we also noted reviews were not always being undertaken at least every three months, in line with regulations. Reviews are important documents used to ensure the effectiveness of care being provided and helps providers identify any changes required to the service. This was discussed with the manager who agreed to address this issue. Therefore we can conclude personal plans provide staff with the information they need to appropriately support individual needs however, reviews are not always maintained in line with regulations and will require improvement.

3. Leadership and Management

Our findings

There are procedures in place for recruiting, training and supervising staff. Personnel files we looked at demonstrated all the required checks and clearances had been undertaken. We saw all new staff received a programme of induction and staff we spoke with told us they had undertaken training and felt suitably skilled to fulfil their roles. We were informed newly recruited staff were offered shadowing opportunities which enabled them to work alongside experienced staff and ensured they were familiar with individual routines. We examined the training matrix which showed although all staff received core training, specialist training in autism and epilepsy had not been received by some members of staff. This was discussed with the manager who agreed to address this as a priority. Staff we spoke with commented they were happy with the level of supervision and support they received and felt the management team were always available and responsive. We saw evidence supervision was being offered to permanent staff in line with the services statement of purpose however, noted this was not always the case for relief members of staff. Again this was discussed with management who agreed to take action. Based on these findings we can conclude staff receive core training however not all staff members have access to specialist training or supervision in line with the homes statement of purpose.

The provider has a clear set of policies and procedures in place to meet legislative requirements, however, the monitoring and oversight of quality assurance requires some improvement. We found the service had a selection of policies in place which were reviewed regularly. All staff we spoke with stated they were familiar with safeguarding and whistleblowing policies. We found complaints we looked at were fully explored and dealt with appropriately. We saw evidence the management team undertook routine audits on medication charts and case notes to ensure good practice standards were maintained. People using the service were supported to complete a document called 'have your say' which focused on weekly events as well as any issues or concerns. Key workers completed monthly reports which feedback on people's activities, health and relationships over the past month. The management team we spoke with confirmed they also undertook care calls as a means of supporting their oversight of the service. Although there were a number of positive auditing processes in place, we noted the RI was not completing three monthly reviews in a timely manner. Overall we found policies are sufficiently detailed and up to date however, the RI reviews require strengthening to ensure regulatory requirements are met.

Overall, the values and vision of the service are clear and staff feel supported in their roles. Staff were clear about the aims of the organisation which were documented in the statement of purpose. We were told by staff they had good access to the management team who were always available and responsive. They also stated they received rotas in

adequate time and had sufficient supplies and equipment to undertake their role. Staff provided consistent positive feedback including:

“I enjoy it (the job)”,

“I never felt thrown in the deep end, there is always someone at the end of the phone”,

“The service user is centre of care plan”. Therefore, staff benefit from a service where they are supported in their role and their well-being is recognised.

4. Improvements required and recommended following this inspection

4.1 Areas of non-compliance from previous inspections

This is the first inspection completed following the services re-registration under Regulation and Inspection of Social Care (Wales) Act 2016.

4.2 Areas of non-compliance from this inspection

We identified the following areas where the service was not meeting the legal requirements. At the time of this inspection, we did not find evidence of any direct impact on the well-being of the people using the service, therefore we have not issued a notice on non-compliance on this occasion. We expect the provider to take action to rectify these issues which will be followed up at the next inspection

Regulation 36(2)(e): This is because we found not all staff supporting people with Autism and Epilepsy had received training in these areas.

Regulation 16(1): This is because we found reviews of personal plans were not undertaken every three months in line with regulations.

Regulation 7(1): This is because we found supervision for relief staff was not being provided in line with the services Statement of Purpose.

Regulation 73(3): This is because we found RI visits were not being undertaken every three months in line with regulations.

4.3 Recommendations for improvement

There were no recommendations made.

5. How we undertook this inspection

CIW undertook an announced full inspection as part of our inspection programme. The inspection was carried out over two days. The office inspection was carried out on 4 December 2019 between 9:30 and 16:30. We completed a home visit to a person using the service on the 5 December 2019 between 11:00 and 12:00.

The following regulations were considered as part of this inspection:
The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We spoke to the responsible individual and the manager.
- We spoke to four care staff and office staff.
- We visited one person in their own home.
- We spoke with to three relatives.
- We looked at three personal files.
- We looked at a wide range of records. These included personal plans and associated care records, the staffing rota, staff training and recruitment records, staff files, quality assurance reports, the services policies and procedures.
- We examined the Statement of Purpose and service user guide.
- We viewed staff meetings and supervision records.
- We considered information held by CIW about the service
- We looked at medication records.

(Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	Ategi Limited
Responsible individual	Timothy Southern
Date of previous Care Inspectorate Wales inspection	This is the services first inspection post RISCA registration.
Dates of this Inspection visit(s)	04/12/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is working towards the Welsh Active Offer.
Additional Information:	

Date Published 03/03/2020