

# **Care and Social Services Inspectorate Wales**

**Care Standards Act 2000**

**Inspection report  
Domiciliary care agency**

**ategi**

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Inspected by:	Peter Williams
Lay assessor:	-

## Introduction

Ategi has been registered with CSSIW since 2005. The company operate as a domiciliary care agency and the service currently assists people in a number of schemes under a 'supported living' model of care. The amount of support an individual service user requires can vary considerably and this can include assistance with personal care, leisure activities, managing finances and providing support with domestic and medical issues. The service is usually commissioned by a local authority.

The agency also operates a visiting support service. This offers service users care and/or support on a sessional basis. This service can be commissioned by a local authority or paid for privately by the service user.

Ategi has developed a Social Activities Scheme (which is not required to be registered with CSSIW) which offers service users the opportunity of participating in a variety of activities with the support of volunteers.

The agency is registered to meet the needs of a number of service user groups but currently works predominantly with adults with learning disabilities in the Rhondda Cynon Taff (RCT) and Cardiff areas of South Wales. The agency also support service users with mental health difficulties in RCT. Ategi are able to provide specialist support to people with autism spectrum disorders, people who have extra needs because of their age or because of their behavioural or physical difficulties.

Since the last inspection the agency has moved to new, accessible and spacious premises in Rhydyfelin.

The agency has a relatively consistent, well trained staff group who are able to meet the individual needs of a very diverse service user group. Feedback from staff indicated that they feel they have support from their line managers and colleagues and are valued by the agency. The agency is well managed by a team of people who are keen to develop and improve the service.

Service users were generally quite happy with the service they receive and that they like the staff that help to support them.

## Summary of inspection findings:

### What does the service do well?

- Ategi is keen to ensure that service users have the opportunity to participate and have a say in the way that the agency operates. One way in which they do this is through their "Taking Part" group. In this group service users have discussed the agency's business plan, person centred planning and staff recruitment. Service users have helped to train staff in "Values Training".
- The agency place great emphasis on providing service users with opportunities for independence and personal development. They do this particularly through the use of person centred care planning.
- Ategi ensure that staff have the training necessary to meet the needs of the service users they work with.

### What has improved since the last inspection?

- The agency has changed its' policy to ensure that service users are no longer required to pay for staff meals when they are being helped in their own homes.
- Ategi has worked with a local authority to assist in the process of implementing a person centred approach to service delivery planning.
- The development of a Social Activities Scheme has enabled service users to have more opportunities to participate in activities within their communities.
- The service has moved into permanent and better equipped premises.

### **What needs to be done to improve the service?**

#### **a.) priorities**

No regulatory requirements were made following this inspection of the agency.

#### **b.) other areas for improvement**

The following good practice recommendations were made:

- Specific monitoring of people's health and behaviour should only be undertaken and recorded if this forms a part of the service user's agreed care plan.
- It is recommended that the relevant local authority is contacted regarding the service user who had not been reviewed since 2009.
- Managers should check that staff have the appropriate skills and training before deploying them in service user's homes.
- The terms and conditions document under which care and support is provided to service users in "supported accommodation" should be finalised and distributed by the agency.

### **Inspection methods**

At the beginning of this inspection episode Ategi returned to CSSIW comprehensive self assessment information. This information together with information obtained from service users, relatives and staff helped the inspector develop a plan for the inspection.

To gather the views of service users and their relatives and representatives questionnaires were sent out. Questionnaires were also sent to staff. The inspector had the opportunity to talk to two relatives of people who use Ategi's service.

A visit to the agency offices was arranged where service user, staff and other records were examined and discussion held with the responsible individual for the company and two managers.

## User focused service

### Inspector`s findings:

The agency has a service user guide and a separate statement of purpose. The service user guide presents, in an easy read format using both words and pictures, the kinds of service the agency can provide and how people can expect to be supported. Service users of the Visiting Support service also receive a statement of terms and conditions. The agency is currently developing terms and conditions for people in "supported accommodation".

A sample of five service user files were examined at the agency. (Three of the files belonged to people in supported accommodation and two files to people receiving a service from Visiting Support). The agency has a suitable assessment policy and procedure that is followed for people who want to use the agency. On file there were copies of detailed assessments carried out by Ategi and also assessments carried out by other professionals. Specialised services offered by the company, for example around challenging behaviour, reflect relevant specialist and clinical guidance and there was evidence that contracted hours, staffing numbers and staff training met the needs of service users.

All service users have a service delivery plan. The content and breadth of the plan reflects the needs of individuals. The agency is trying to ensure that the service they deliver is person centred so that the process as well as the actual care plan is owned and controlled by the person. This has involved the agency working with case managers to ensure that where possible service users can have a lead role in reviewing the service they receive. The service user plans were very detailed about what the individual can do and is good at and what support they need. There was also information as to how best to communicate with the person and how support staff could understand a person's behaviour. The agency are trying to ensure that all service delivery plans and associated information have been compiled using the principles of person centred planning and the standardised documentation they have developed for this purpose.

On some files there were *Daily Activity Planners* which detail precisely how the service users would spend their day together with information about the degree of support required. These documents not only provide service users with a reminder of their planned activities but also importantly, give staff very clear information of the tasks they will be supporting service users with and a structure for using their time effectively.

The agency use *Active Support* which is a method of supporting someone to be engaged, take part and be included in everyday activities and relationships that make up day-to-day living. There was evidence on file to show that active support plans were being followed by staff working with service users and that support plans were being reviewed and evaluated.

In the case of a service user with mental health issues there was a *Crisis and Contingency Plan*. This document is very important as it provides staff with information about the signs they might observe when the service user is becoming unwell together with clear information about the steps they should take to help and support the individual.

Overall the five service user files looked at were in good order and provided staff with clear information about the support needs of the service user. However, a number of

relatively small issues were noted that should be addressed by the agency.

On one service user file there were a number of forms that recorded personal information about the physical health and behaviour of the person. There was no information in either the local authority care plan or the assessment or service delivery plan devised by Ategi that it was necessary to record this information. Information on the file also stated there was a *Psychology Plan* in place. A copy of this plan could not be found on the file but there were copies of *abc* charts and an intensive support service behaviour monitoring form. On the same service user's file it was noted that the last review by the local authority of the person's care had taken place in May 2009. It is recommended that the local authority is contacted to request a review.

It was noted that people's service delivery plans had been reviewed by the agency as changes in circumstances arose or otherwise on an annual basis.

Comments received from service users about the support they get from Ategi included:

- "The quality of care is very good"
- "I have a fantastic team"
- "My life has changed for the better"
- "Very kind staff"
- "Some staff are not so good but most are o.k."
- "I would rate Ategi 7 out of 10"

**Requirements made since the last inspection report which have been met:**

Action required	When completed	Regulation number

**Requirements which remain outstanding:**

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

- o Specific monitoring of people's health and behaviour should only be undertaken and recorded if this forms a part of the service user's agreed care plan.
- o It is recommended that the relevant local authority is contacted regarding the service user who had not been reviewed since 2009.
- o Service users (and / or their representatives) in supported accommodation should be provided with a statement of terms and conditions under which the care is provided by the agency.

**Personal care**

**Inspector`s findings:**

It was observed that agency records are stored safely and securely at the main office. People who use the service keep their own care plan files unless other arrangements have been agreed.

The agency generally provides a reliable and dependable service. Staff absences are covered within local staff teams and this helps to provide continuity. In the case of the Visiting Support Service, CSSIW received some feedback from the relatives of service user's that the service had, at times, been less reliable and that there were occasionally difficulties in being able to contact the manager of the Visiting Support Service. The agency felt that to some extent the issues had been addressed but acknowledged that the service's manager was not always available as they had responsibilities connected with Visiting Support that took them out of the office. It was reported that the Visiting Support manager will always try and call people back on the same day. The agency also try to ensure that there is a small pool of staff who are trained and able to work with each service user.

With regard to privacy and dignity, the way in which service users prefer to be assisted with any personal care tasks was found to be detailed in care plans.

The active support model used by Ategi helps to ensure that service users are enabled to be as skilled and independent as possible. There was evidence in the service delivery plans and daily notes made by staff that service users are encouraged to participate in all daily living activities.

The agency has a clear policy regarding the ordering, storage and administration of medicines. Staff only provide assistance with administering medicines once they have completed appropriate training. The assistance that service users require is recorded in their service delivery plan.

**Requirements made since the last inspection report which have been met:**

Action required	When completed	Regulation number

**Requirements which remain outstanding from this inspection cycle:**

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**



**Protection**

**Inspector`s findings:**

All staff at the agency are required to undertake a range of health and safety related training so that they are able to work with service users in a competent and safe manner.

Where required, risk assessments had been completed to help ensure the safety of service users and staff and help and support people to be as independent as they can. Some had been written solely by the agency while individualised procedures for supporting service users who have behaviours which challenge had been prepared by other professionals working together with Ategi staff. An example was seen of a particularly detailed risk management plan which would provide staff with very clear guidance.

Commendably since the last inspection of the agency, Ategi has reviewed their policy regarding the provision of staff meals and who should pay for them. Service users are no longer required to pay for staff meals when they are being supported in their own homes.

Outside of their home, service users are required to pay for staff meals and refreshments, entrance fees for staff and the cost of travel, accommodation and support hours that exceed normal working hours when people are being supported on holiday. This is explained to any new service users and their representatives.

During a recent participation event called "Taking Part", Ategi reported that around 10 service users had said they were not happy with the change of policy regarding staff meals and wanted to eat meals with staff.

An appropriate procedure is in place relating to the many aspects of abuse and the protection of vulnerable adults. Records showed that staff are given training in abuse awareness and adult protection. A key aspect of preventing abuse is the monitoring of the service by managers. It was reported that managers carry out regular checks of settings to ensure that care plans are up to date and that medicines and financial systems are audited and managed appropriately.

**Requirements made since the last inspection report which have been met:**

Action required	When completed	Regulation number

**Requirements which remain outstanding:**

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

## Managers & staff

### Inspector`s findings:

Mrs Joanna Ali is the registered manager of the agency and is suitably qualified and experienced to carry out her duties in running the agency. Mrs Ali was not present during the inspection visit to the agency but questions were answered and assistance provided by the Chief Executive Officer (CEO) of Ategi and a manager who has responsibility for a number of settings and “acts-up” in the registered manager’s absence.

Mrs Ali is supported by a number of managers each of whom have responsibility for a number of properties where service users live and also a manager with specific responsibility for the Visiting Support Service. The agency has separate HR and finance departments that can also offer assistance and advice.

The agency has robust recruitment policies and procedures that help to ensure that staff are suitable to work with vulnerable people. Records were examined for three members of staff and all contained the required information including proof of identity, application form, references and Criminal Record Bureau (CRB) check.

The agency has a “Taking Part” group which allow service users to participate at all levels of the organisation including recruitment. Almost all staff interviews include a service user in the process who is able to ask their own questions and check to see whether the applicant has good communication and listening skills. The organisation feel that applicants benefit from meeting service users and that the feedback they offer is very useful.

The two managers spoken with were knowledgeable about the service users they work with and the issues involved in managing a number of staff teams. Both managers had a clear understanding of their role and responsibilities.

Feedback from relatives and friends of service users about staff support was generally quite good and included the following comments:

“A good agency”

“Well managed – we can discuss any issues that arise”

“Care workers and managers are wonderful”

“Any queries answered promptly – any problems quickly resolved”

“Carers are very good – well trained , pleasant and caring”

Relatives of two service users said that they did not receive enough information from staff members. The agency responded that the relatives of service users are invited to review meetings and kept up to date about any significant events.

Support staff that returned questionnaires confirmed that they receive training in health and safety related topics and also specialist advice, training and information relating specifically to the service users they work with such as Inclusive Communication, Person Centred Planning and Positive Behaviour Support/Management. All of the staff commented on the good availability and quality of the training they receive.

Staff are sometimes required to work in a number of different service user homes. It was noted that a relatively new member of staff was sent to work in a setting where moving

and handling skills would be needed. The records showed that the individual did not receive moving and handling training until after they started work in the new setting. The agency need to ensure that staff are suitably trained before they are required to work with a service user.

All new staff complete a three day induction training course which equips them with some practical knowledge and skills. Commendably the induction training focuses on the role and responsibilities of a support worker and the principles and values they should possess and demonstrate when working with service users.

There was evidence that staff receive regular formal supervision from their line manager and also an annual appraisal. Staff returning questionnaires said that they feel they have sufficient support from managers to do their job and a majority of comments also indicated that staff work well and cooperatively in their teams.

Ategi operate a "Staff Forum" which allows issues to be raised with senior managers and Ategi's Management Committee and also provides the company with a method of consulting with staff. Three members of the staff forum sit on the Management Committee. Feedback indicated that most staff continue to feel valued by their employer.

Comments received from staff included:

"I feel supported by management"

"Really good induction training"

"I feel valued"

"I don't feel valued by the organisation because of recent changes"

"The training is excellent"

"My line manager is supportive".

#### Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

#### Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

#### New requirements from this inspection:

Action required	Timescale for completion	Regulation number

#### Good practice recommendations:

- Managers should check that staff have the appropriate skills and training before deploying them in service user's homes.

## Organisation and running of the business

### Inspector's findings:

Ategi now operates from an office base in Rhydyfelin. The building is accessible, welcoming and bright with space for meetings and staff training. It was reported that service users sometimes drop in for refreshments and to meet the manager and staff who are based there and on the day of the inspection one service user visited. Some service users have had the opportunity to undertake work experience placements at the office. Two service users work for the Social Activities Scheme and one person does all of the paper shredding that is required.

Ategi is managed by a Management Committee which is made up of trustees, staff representatives, managers and service users. The day to day management of the agency is carried out by Mrs Ali, registered manager together with and supported by a Human Resources Manager and a Finance/Administration Manager. The Chief Executive of Ategi has overall responsibility for the day to day running of all parts of the organisation. This relatively small management team manages the staff group effectively and there is clarity regarding responsibility and accountability.

The question of financial viability was not extensively pursued during this inspection but accounts and the business plan demonstrate that the company is viable and that strategic planning takes place to ensure the on-going operation and stability of the business.

Ategi has a complaints policy and procedures. Service users are enabled and supported to complain not only through formal channels but also through the Taking Part group and the use of "Have a Say" forms which can be used by staff as a way of encouraging service users to raise concerns and issues that are worrying or affecting them.

Ategi's quality assurance (QA) system is clearly based on outcomes for the service users they support. Ategi try to ensure that service users have opportunities to express views about the service they receive. To achieve this goal, the agency hold events such as a recent "Taking Part Day" which service users were invited to attend. In addition, the agency send questionnaires out to service users. The views of Ategi staff and commissioners of services are sought and staff can also raise issues through their representatives on the Staff Forum.

There are systems in place to ensure that various aspects of the day-to-day work and service provided by Ategi is monitored and evaluated. These included monitoring visits which are carried out by the registered manager and other managers who audit medicines, finances and other records available in service user's homes.

### Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

### Requirements which remain outstanding:

Action required (previous outstanding)	Original timescale for completion	Regulation number

<b>requirements)</b>		

**New requirements from this inspection:**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

**Good practice recommendations:**

**A note on CSSIW's inspection and report process:**

This report has been compiled following an inspection of the service undertaken by Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. It is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.

The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. Those Regulations which CSSIW believes to be key in bringing about change in the particular service will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 23B (Compliance Notification) to advise CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: [www.cssiw.org.uk](http://www.cssiw.org.uk)