

Ategi Limited

# Ategi Shared Lives Scheme

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 13, 14 and 15 September 2016. It was an announced visit to the service.

We previously inspected the service on 02 October 2013. The service was meeting the requirements of the regulations at that time.

Ategi Shared Lives Scheme is registered to provide the regulated activity of personal care to people living in their own homes. The scheme matches approved shared lives carers with people who have a learning disability. People being supported lived with the approved carer as a member of their family. The scheme supported people on three different levels: Long term, short term (respite) or through a mentoring programme. At the time of our inspection there were 38 long term, 11 short term and 8 mentoring arrangements in place.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback from people. Comments included "(carer) helps me feel safe, I really like living here, it is outstanding," "We just click, we get on so well." Another person gave us a thumbs up sign to demonstrate they were happy with the arrangement.

People were protected from abuse as shared lives carers had been trained on how to recognise abuse. People were aware of who to speak with if they had any concerns.

People were supported by a shared lives carer who understood their needs and wants. This was because robust recruitment and assessments were carried out. People were matched with shared lives carers through a gradual process which allowed each party to get to know the other. Shared lives carers had been approved by an independent panel and were approved for a time limited period. This meant the scheme ensured shared lives carers were suitable and had the right skills and attributes to support people.

Positive caring relationship had developed between people and their shared live carer. We had many examples provided where shared lives carers had supported people to achieve their potential. Some people were supported to gain independent living skills. For instance one person went to work and another person was looking forward to attending a cookery course.

People received personalised care. 'Adult plans' detailed people's likes and dislikes. Regular reviews of the 'adult plan' were made to ensure the information contained in them was relevant and current. People felt involved in decisions about their life and were encouraged to take control.

The scheme had strong leadership and communicated a clear vision through training. Shared lives carers and scheme staff understood the values of the organisation. Equality and diversity was evident through the assessment and care planning process.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from harm because shared lives carers received training to be able to identify and report abuse. There were procedures in place for office staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

### Is the service effective?

Good ●

The service was effective.

People received safe and effective care because shared lives carers were appropriately supported through an assessment and on-going support and training.

People received the support they needed to attend healthcare appointments and keep healthy and well.

### Is the service caring?

Outstanding ☆

The service was outstanding in the area of caring.

People were treated with respect and their privacy and dignity were upheld and promoted. People were consulted with and included in making decisions about their care and support.

People had developed positive relationships with their shared lives carer.

### Is the service responsive?

Good ●

The service was responsive.

The service responded appropriately if people's needs changed, to help ensure they remained independent.

People were supported by shared lives carers who understood

their needs, as adult plans were personalised.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and shared lives carers had confidence in the scheme and felt they could approach office staff at any time.

People were supported by a scheme that regularly reviewed its performance and sought to achieve excellence.

# Ategi Shared Lives Scheme

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 13, 14 and 15 September 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be available to help with the inspection. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the five people supported by the scheme who were receiving care and support. We spoke with five shared lives carers; the registered manager and three scheme office based staff. We contacted a further 10 shared lives carers to seek feedback. We reviewed recruitment files for five shared lives carers and three scheme office staff. We looked at five people's files which held information, including care plans and risk assessments for people who were supported by the scheme and cross referenced practice against the provider's own policies and procedures.

We spent time in the scheme office and we visited the homes of three shared lives carers and the people they supported.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people supported by Ategi Shared Lives Scheme.

# Is the service safe?

## Our findings

People and their shared lives carers told us they felt the arrangement kept people safe. One person told us "(carer) helps me feel safe, I really like living here, it is outstanding." One shared lives carer told us "The girls can be so vulnerable, they have been shouted at in the street." The carer told us how they would report any concerns to the local authority. One person supported by the same carer told us, "If I had any concerns I know (carer) would help me, they would be the first person I would go to."

People were protected from abuse. The service had a safeguarding procedure in place. Scheme staff and shared lives carers received training on how to safeguard people. We spoke with office staff who knew how to recognise abuse and how to respond to safeguarding concerns. Shared lives carers told us they were aware of how to recognise abuse and would know who to contact if any concerns were raised.

The scheme took an individualised approach to risk assessment. We saw risk assessments had been completed where required to support the management of risk and reduce the likelihood of harm. For instance one person had a moving and handling risk assessment and a risk assessment for the use of bed rails. Another person had been identified at high risk from eating nuts and a certain flavour of crisps. Shared lives carers told us they were aware of risks and if any changes occurred they would contact the scheme office who would make amendments to the risk assessment.

Some people were supported with taking prescribed medicine. The level of support required was detailed in a plan. A record was kept of the type of medicine prescribed and when it was needed. We saw the completed forms were handed into the scheme office. This allowed office staff and the registered manager to monitor how medicine was administered. One shared lives carer told us, "I had training in medicines; this helps me understand what I need to give." Where people only required prompting with medicines, this was detailed in their adult plan.

The recruitment process for someone to become a shared lives carer was thorough and robust. This ensured new shared lives carers were suitable and had the right skills and attributes to work with people. New shared lives carers were subject to an assessment period of up to 12 weeks. This allowed the scheme to undertake all the pre-employment checks required. This included, a criminal records check (DBS) and a check on employment history.

Once the recruitment assessment information had been gathered, the evidence was presented to an independent panel. The purpose of the panel was to make a final decision about the suitability of the shared lives carer. The shared lives agreement was monitored by scheme office staff. There were enough suitably qualified staff in the office to ensure people were safe in their shared lives arrangement. The registered manager knew how many scheme staff were required. They had recently covered for maternity leave as they had identified they could not manage without a member of staff working in the post for the duration of maternity leave.

We saw that incidents and accidents were reported. This was initially by telephone by the shared lives carer.

The office staff would then send an incident form out to be completed. Each person supported by the scheme had an emergency plan in place. This ensured continuity of care in the event of the shared lives carer not being able to provide support. This often included a linked family shared lives carer. This was another person of the family unit who could assume the caring role in the event of an emergency.



# Is the service effective?

## Our findings

People were supported by a scheme that was effective. The panel approved carers for a period of two years, after this time shared lives carers were presented again. This ensured their on-going suitability to work with people with disabilities.

Once shared lives carers had been approved, a 'matching' process took place. The scheme used the process to ensure that people were supported by the right shared lives carer. People were introduced to the shared lives carer in a staged way. After an initial meeting people would be encouraged to go to the shared lives carers' home for more visits, for instance, for a meal and then an overnight stay. This was prior to the person or shared lives carer accepting the arrangement. This process ensured people were matched with the right carer. The scheme monitored the arrangement. The monitoring was flexible to respond to the needs of the shared lives carer or person being supported. Most arrangements would be reviewed monthly for at least the first three months. However we saw where more frequent contact was required this happened.

Scheme staff based within the main office were subject to an induction programme and probationary period. This helped the registered manager support new staff to understand their role. Shared lives carers had monthly contact with the scheme and had an annual review. The annual review sought feedback from people supported as well as any other professionals involved in the agreement. For instance a social worker.

Shared lives carers had initial training in topics the provider deemed mandatory, the scheme then offered ongoing training to ensure that skills were maintained. We saw evidence the scheme reminded shared lives carers when training was due. The training was monitored by administration staff and was recorded on a database. This database was regularly checked to ensure training was booked for shared lives carers who needed it. One shared lives carer told us, "We have been provided with high quality, relevant training on a regular basis."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people being supported by Ategi Shared Lives Scheme legal authorisation could only be granted by the court of protection. We spoke with registered manager about their understanding of the MCA. They were able to tell us their understanding and what actions they would take if they suspected someone was being deprived of their liberty.

The scheme was waiting to hear about one particular case, which had been referred to the local authority. The person's mental capacity had been assessed and a best interest meeting had taken place. We spoke with the registered manager about ensuring they were provided with copies of any minutes from meetings

which took place. Shared lives carers who we had contact with had a good understanding of the MCA and confirmed they had received training on the topic.

People were supported to access food and drink. We observed this on all the visits to people in their own home. One person had made themselves a cup of tea, while another person had made themselves a squash. Where people had specific dietary requirements (due to allergies) this was noted in their 'adult plan'. Scheme staff were knowledgeable about whom to contact, for example, dietitian if concerns were raised about a person's nutritional intake.

We saw where required appropriate referrals were made to external healthcare professionals. For instance the registered manager told us about a person who they supported to attend a psychiatry appointment. Another scheme staff member told us about how they had supported a person to be referred to the occupational therapist for equipment. One shared lives carer told us how they liaised with the local GP. The GP met with the people they supported at least once a year and together they produced a health action plan. They also showed us a health passport, which is a document which detailed what support the person needed if they were hospitalised or needed medical attention.

## Is the service caring?

### Our findings

People gave us very positive feedback about their experience of living in a shared lives arrangement. Comments from people included, "My (shared lives carer) is amazing," "It's great living here, I really enjoy it," "We just click, we get on so well." Another person gave us a thumbs up sign to demonstrate they were happy with the arrangement.

Shared lives carers were handpicked to care for the people who lived with them. People were supported and encouraged to live as a family member. We found positive relationships had developed between the shared lives carers and the person who lived with them. We received many examples of where people supported by the shared lives scheme had been integrated into the carers' family. People told us they felt a valued member of the family. One person showed us pictures of a family wedding they had attended. One shared lives carer told us that one person they supported was the godparent to their grandchild. Another shared lives carer told us how they supported someone over and above the hours allocated. They mentored one person for social activities for nine hours a week. However, the person was fully integrated in the family unit. This included going on holiday with the family very often and attending family events like birthday celebrations.

When we visited people in their home it was clear that shared lives carers treated them with dignity and respect. We found shared lives carers were kind and compassionate. One shared lives carer told us how they had supported the people they cared for to understand about their biological family. They had introduced a 'memory box' for each person they looked after. This stored important information about the person's family history including photographs. The shared lives carer told us why they had introduced this. This demonstrated they were thoughtful and respectful of the person's life history. This meant that people they supported were encouraged to understand about their family history and important personal information was accessible to them if they needed to look at it.

Another shared lives carer who we visited told us about how they had supported the person they cared for to maintain their role as a daughter and a parent to her family members. The person told us the contact they had with their mother and daughter was very important to them. They also told us how excited they were as their daughter was expecting a baby and they were looking forward to being a grandparent. The shared lives carer told us how they had facilitated regular family contact. This meant they had understood what was important to the person. In another example the shared lives carer had arranged a holiday near where a person's sister lived. This meant they visited their sister. The person told us the relationship with his sister was important to him.

We saw when people became upset; this was responded to by a shared lives carer in a kind and professional manner. The situation was quickly managed by the shared lives carer to reduce the time the person was upset.

Shared lives carers were able to demonstrate how they cared for people in a meaningful way. One person told us how they liked to make model planes and they had an interest in aircraft. The shared lives carer who

supported them told us how they had arranged a surprise helicopter ride for a special birthday. They also told us how they had found a group which built model aircrafts in the same county but a long drive away. The shared lives carer told us how they supported the person to attend the group. This meant the shared lives carer understood the interest of the person they supported. When we spoke with the person about these experiences, they were clearly very pleased how the shared lives carer had supported them. This meant that they were able to undertake an activity they thoroughly enjoyed. Another person told us how much they were looking forward to the new Harry Potter release. They had made the shared lives carer aware of this. The shared lives carer told us how they intended to support the person to watch it. This meant the person was supported with their hobbies which gave them a great sense of enjoyment and emotional well-being.

People told us their privacy and dignity was maintained. For instance, one person showed us areas in the garden where they liked to sit. Another person told us how they had decorated their room to their wishes. They told us how the shared lives carer had supported them to get the new items of furniture. This made the person feel a valued member of the family, as well as a sense of independence and autonomy.

People were supported by the shared lives carer and the scheme to express their views. People told us they felt involved in decisions about their life. For instance people told us they were able to choose what they wanted to eat and when to eat. Another person told us about how they liked gardening. The shared lives carer who supported them told us, "She tells me what she wants and I go and buy it. As you can see she grows a lot of different things." The person showed us what they had grown, which included carrots, tomatoes and potatoes. We could see how proud they were by what they had achieved.

We saw that people were routinely asked their views of the arrangement; people were spoken with by scheme staff and sent a questionnaire to seek their views. The questionnaires were available in different formats to enable all people supported to express their views. The promotion of equality was clear throughout the scheme. We saw the scheme provided training to shared lives carers about prejudice and how their role could support people to overcome this. One shared lives carer was able to demonstrate how they had approached a number of situations where the person who they supported had been affected by hate crime.

The shared lives scheme promoted the development of independent life skills. Information was provided to people and their shared lives carer at scheme events. One person told us how the scheme had introduced them to Talk Back, a self-advocacy, participation and involvement group. One service Talk Back provided was activity sessions. Shared lives carers we spoke with had knowledge of other advocacy services available to people. We saw that scheme staff communicated information to shared lives carers when they had knowledge of new services which would benefit people they supported.

Shared lives carers supported people to achieve their goals. This was embedded into the ethos and values of the shared lives scheme. People were encouraged to tell the scheme and their shared lives carer what they wanted to achieve. This was monitored at review meetings. One person told us how they wanted to be able to cook. The shared lives carer had found a course the person could attend. This meant the shared lives carer helped the person reach their goal.

A shared lives carer told us how they had supported someone to be more independent and take control of decision making. They supported a person who sought an alternative living arrangement following a family bereavement. When the person was first introduced to the shared lives carer they dressed in a manner that was chosen for them by a third party. Once they had moved in with the shared lives carer, they told the carer they were not happy about how they looked. The shared lives carer took them shopping. The person chose

new clothes which appealed to them. The shared lives carer told us how this person's personality and confidence grew after this. They were more outgoing and felt more in control of their own life.

Another shared lives carer and the person they supported told us how they had worked together to build confidence in the person to be able to use public transport. The person lived in a rural location, with a limited public transport service. The person told us how they used the bus to get to the local town. They had achieved this after they were supported by the shared lives carer. This included education about personal safety. We could see how the person was pleased that they could do this.

All the people we visited at home were extremely happy with their shared lives arrangement. Comments from people included, "It is outstanding," "(shared lives carer) is a really nice person." Shared lives carers told us they were happy with the support provided from the scheme. One shared lives carer told us "We cannot fault the service or their staff. We are constantly impressed by their knowledge and expertise, coupled with approachability."

The shared lives scheme staff had worked with people to build their confidence in 'professionals'. A number of the people we spoke with had been through the care system and had previous involvement with social services. We were provided with sensitive examples of very difficult times some people had experienced. As a result they had a negative view of social services and did not welcome visits by social workers. However they told us how the staff from the scheme were "friendly", "caring" and always welcomed. One person told us "(scheme staff member) is great, she is funny, and I like it when she comes to see me."

A shared lives carer told us how they had adapted their life to manage the challenging behaviours presented by the person they supported. They told us how complex the person was. However they dealt with each challenge one at a time and worked with professionals such as social workers and the police. They told us how their life had been enriched since they supported people through the shared lives scheme. "We feel lucky that they have chosen to live with us and even though there are a few hurdles to overcome, we wouldn't change it for the world." This demonstrated that people were placed with shared lives carers who had the right skills and attitudes to meet people's individual needs and challenges. This provided good outcomes for people and their shared lives carers.

# Is the service responsive?

## Our findings

People received a responsive service which understood their personal preferences and how they wished to be supported. Each person was referred to the scheme by a social worker. The scheme received the social worker's comprehensive assessment, together with a referral form. This detailed information about the person and why a shared lives arrangement was being considered.

Each person was visited by a scheme staff member to gather more information about their situation. An 'adult plan' was then written up. The plan detailed likes and dislikes and how the person wished to be supported. It contained information about what support was needed from the shared lives carer to support contact with the person's family. The plan also contained information on communication, personal care and medicine to name a few.

People were supported to have personalised care that was responsive to their needs. We found information contained in the 'adult plan' was kept up to date and when changes were needed these were made in a timely manner. People we spoke with were aware of the information contained in their plan and told us they had contributed towards it. We saw information detailed in the plan reflected what people told us about the support they required.

The scheme staff regularly reviewed the information contained in the plan. A formal review was held every six months. This was a face to face meeting with the person, the shared lives carer and a representative from the scheme. The registered manager told us that external professionals were invited to the review meetings.

The scheme had an out of hours contact number. One shared lives carer told us how they had used this when the person they supported was unwell. They told us how supportive the out of hours staff had been. One shared lives carer told us "Ategi staff are very thorough, reliable and quick to respond to any issues we may have." Another shared lives carer told us how supported they had felt by the scheme. The shared lives carers we spoke with told us how the scheme kept them up to date. One comment made by a shared lives carer in an annual questionnaire was "The scheme provides lots of support, I can always call Ategi and I am supported instantly. I think what Ategi does is really good. You bring hope to people when they have none."

People who were supported by shared lives carers were encouraged to live a full and active life. One person showed us a scrap book of all the places they had visited with the shared lives carer. This included theatre trips, holidays and celebrating Halloween amongst other events. Another person told us how they made jewellery to sell at local events in aid of animal rescue charities.

A scheme co-ordinator told us about a person who was supported by the service. They had been introduced to a number of different activities. They liked one more than the other so wished to attend three days a week. Another person told us of all the activities they enjoyed through the week. One shared lives carer told us how every day was filled with supporting people attend different activities. Another shared lives carer told us how the people they supported liked to go away every weekend to a caravan park. They told us "We wouldn't get away with not going one weekend." We spoke with the people supported. They told us how

much they enjoyed going to the caravan park and liked to learn all the new dances.

The scheme had a complaints procedure. It had not received any complaints in the last twelve months. People told us they knew who to speak to if they had any concerns about the arrangement. Shared lives carers were allocated a scheme co-ordinator who they could discuss any concerns with. This ensured any concerns were dealt with promptly.

## Is the service well-led?

### Our findings

People were supported by a scheme that was well-led. There was an experienced registered manager in post who was supported by experienced scheme staff who were passionate about the care they provided. There was a clear culture within the scheme; this was communicated to shared lives carers through values and attitudes training. Shared lives carers and scheme staff were fully aware of the core values of the scheme.

People and their shared lives carers felt able to contribute towards developments within the scheme. They were given opportunities to share their views about the service. The scheme held twice yearly meetings. All shared lives carers and the people they supported were invited. We heard how people felt empowered to stand up in the meetings to congratulate the scheme on the support they had been provided with.

The scheme promoted social inclusion. It was willing to consider people onto the scheme who had failed placements elsewhere. A scheme co-ordinator told us of how the service had supported a brother and sister to remain together. Following a family bereavement the siblings were in danger to be placed apart from each other. They were referred to Ategi shared lives and the co-ordinator told us "They have not looked back."

Scheme staff were encouraged to contribute to the development of the service. A yearly team building session took place. Scheme staff spoke positively about these sessions. Scheme staff meetings happened once monthly, and in addition to this regular senior management meetings occurred. Shared lives carers felt involved in the management of the scheme as they had the opportunity to attend a shared lives carers forum. One shared lives carer we met sat on the panel to approve other shared lives carers.

The scheme regularly sought feedback from people and their shared lives carer. They used this feedback to improve the service provided. We looked at the last feedback provided. Comments from shared lives carers included "We are blown away how efficient Ategi have been as this is my first experience," "It's rewarding to be able to support (person) to live independently" and "We have always found the shared lives schemes helpful, positive and beneficial."

The scheme had quality assurance process in place. It had recently introduced a new method of measuring performance. The registered manager was positive the new system would help drive improvements within the scheme. An annual quality report was produced which helped the scheme identify areas of improvement. An action plan was produced to ensure areas identified were improved.

The scheme supported staff to maintain strong links with other shared lives scheme. They were members of Shared Lives Plus, a nationwide network for shared lives schemes. Shared Lives Plus provided support; co-ordination and guidance to Ategi shared lives scheme as well as representing the sector in policy making.

The registered manager was aware of their role and what was required to be reported to CQC.