

Ategi Limited

# Ategi South Gloucestershire Shared Lives

## Inspection report

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Date of inspection visit:  
10 January 2020  
14 January 2020

Date of publication:  
21 February 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ategi South Gloucestershire Share Lives is registered to provide personal care for adults who may have dementia, a learning disability or autistic spectrum disorder, mental health need, physical, sensory, eating disorder and for older people. Placements are made on a short or long-term basis, including respite and a holiday service, with people living with their carer in their home as part of the family. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Throughout the report the term shared lives carer relates to the care worker who supports the person receiving care and support.

### People's experience of using this service and what we found

People received support that was person centred and reflected people's individual needs. People gained skills, in managing money, domestic tasks, cooking and accessing the community. People gained experience volunteering which was building their confidence and skills towards paid employment. The service was committed to ensuring people were not socially isolated.

People were fully involved in making decisions relating to their care and support needs. Time was taken so that people and their Shared lives carer could get to know one another before people and their carer made a decision about the placement.

The service had robust systems in place to ensure Shared Lives Carers were supported, trained and who had checks undertaken to work with vulnerable adults. Shared lives carers knew people well and they were able to demonstrate a good understanding of promoting independence, encouraging choice and control and developing people to move on to independent living.

The registered manager was accessible and approachable and all people, shared lives carers and health care professionals felt the culture of the service was positive. Shared lives carers demonstrated a kind and caring approach and they spoke about people in an inclusive respectful manner.

People were supported to have maximum choice and control of their lives and shared lives carers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection; This service was registered with us on 04/01/2019 and this is their first inspection.

#### Why we inspected

This was a planned inspection based on the registration of the service.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Ategi South Gloucestershire Shared Lives

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector on the 10 and 14 January 2020.

Ategi is a Shared lives service registered to provide personal care to people living with a Shared lives carer in a family environment. At the time of the inspection the service was supporting 10 people with long or short term placements.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 72 hours' notice of the inspection visit because we needed to ensure a registered manager would be present to facilitate the inspection.

Prior to the inspection we looked at information we held about the service including notifications they had made to us about important events. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection. The provider was not asked on this occasion to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited the office and spoke with the registered manager, regional manager and an office member of staff. We visited two people and their shared lives carers and gained feedback from two

others as part of the inspection. We gained feedback from two health care professionals as well as two parents. We also reviewed four people's care plans, policies and procedures, recruitment records, training records and quality assurance audit tools.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service.

At this inspection we found the service was Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by carers and shared lives staff who received training, so they could identify concerns or abuse and report these as required. We observed that people had a close relationship with their carers indicating they felt safe in their company. One parent told us, "Yes, I know [Name] is safe". The service undertook regular reviews to ensure people felt safe.
- Policies and procedures were in place to protect people from abuse. The registered manager made referrals when required. The service worked closely with health care professionals to support people's needs and to reduce the risk of placement breakdown.
- Regular team meetings were an opportunity to discuss any concerns. Carers were provided with an indemnity policy that cover them for employee liability and support in the event of a problem at work.

Assessing risk, safety monitoring and management

- Risks to people's safety were monitored and assessed. People had individual risk assessments in place. For example, people's care plans had risk assessments in relation to their mobility, finances, the risk of choking, and accessing the community. Carers were supported by staff and health care professionals to ensure they were trained in emergency first aid and they had the skills and competency to keep people safe.
- People were supported to experience new situations increasing their independence and access into the community. This positive risk taking was monitored by the service and health care professionals and support was provided to carers as required.
- A comprehensive assessment was undertaken of a carers home. This ensured all risks relating to the environment and health and safety were identified and managed. Six monthly and annual reviews monitored and reviewed these risks. Every two years carers underwent a re-validation process. This reviewed their suitability to remain a carer, the placement and any changes identified through people's assessments.

Staffing and recruitment

- The service was passionate about ensuring people received support from carers and an environment that was suitability matched to their individual needs. One parent told us, "[Name] had a lovely time with [name of shared lives carer]. It's all working brilliantly. We've even talked about going there a few more days".
- The recruitment process ensured carer's family situations were known so people could be introduced early into the recruitment process.
- The registered manager confirmed they were actively trying to grow the service. At the time of the

inspection they were looking for new carers and an office administrator. The recruitment of new carers went through an independent panel that reviewed the suitability of the carer and the placement being offered. People who received a service were part of interviewing new recruits and people were introduced to potential new carers. This was so the person and the carer had the opportunity to get to know each other and check their compatibility.

- People were supported by shared lives carers that knew them well.

#### Using medicines safely

- People were supported when required with their medicines by carers. Carers received training in the safe administration of medicines.
- Medicines administration records (MARs) were current and up to date. Care plans contained important information relating to people's medicines and any support needs.
- Carers were aware of the medicines people took including any impact of not receiving this medicine.

#### Learning lessons when things go wrong

- The service was open and transparent on when things could be improved. For example, the registered manager kept a log of all incidents and accidents. Actions were taken when required to prevent similar incidents from occurring. Incidents that identified risks promoted risk assessments to be undertaken or updated.
- The service's chief executive officer (CEO) monitored all incidents and accidents and these were reviewed in quarterly business meetings.
- The registered manager regularly discussed incidents and accidents at team meetings. This was an opportunity for carers to raise any problems or for the registered manager to discuss any learning, so improvements could be made.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service.

At this inspection we found the service was Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by carers who had skills to meet people's individual care needs. Carers were provided with mandatory training such as first aid, moving and handling, food hygiene, safeguarding adults and values and attitudes. Carers also attended refresher training, the registered manager kept a log of training including expiry dates. Carers confirmed the training was good and it supported them in their role. One carer told us, "Its brilliant. I've had moving and handling, first aid, autism and dementia". This meant people were supported by carers who had the skills and knowledge to support people.
- Shared lives staff were accessible to carers and all carers said shared lives staff were approachable and supportive if they needed them.
- Carers had an annual shared lives review. This was an opportunity to discuss any training or support needs. Carers also underwent an independent panel review every two years. This identified any training needs, changes to people's care and support needs and any changes to the carers' family situation.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by their carers to maintain a health balanced diet. One person confirmed they were learning new skills around planning meals, shopping, preparing and making decision that were health options.
- People were supported by the service to have referrals made when required. For example, referrals were made to speech and language therapists who undertook assessments and put support plans in place that identified the risk of certain food and how food might need to be modified due to the risk of choking. Care plans confirmed people's individual likes and dislikes and any other important nutritional information.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a wide range of health and social care professionals. Support reflected people's needs including any changes. People's needs were well understood by their carers and any changes were quickly identified and treatment or advice sought.

Ensuring consent to care and treatment in line with law and guidance

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

- People were supported to make decisions about their care and support. For those unable to make their own decisions, mental capacity assessments and best interest decisions were undertaken. This included meetings held with relatives, health care professionals, social workers, shared lives staff and carers. Those meetings ensured decisions were made in people's best interest.
- People were an active part in being matching to a carer who would be suitable and who the person was happy to spend their placement with. People's choice and views were regularly sought through service reviews.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service.

At this inspection we found the service was Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their carers were respected with their equality and diversity. Carers received training to ensure they recognised values and attitudes. Carers were able to demonstrate a good understanding about equality. One carer told us, "We support with money and access in the community. It's about building confidence and accessing the community safely". They went on to explain that people could be discriminated against because of their disability and this was something they were very aware of. They went on to describe how important it was that people get treated equally regardless of their disability.
- People were treated as part of the carers family. For example, people were involved with sharing family events such as holidays and celebrations. One person told us, "We are celebrating [Name] birthday this weekend". They were looking forward to this event. The carer told us how integrated the person was with their family and how they and the person had developed a strong relationship and bond with their family.
- Parents spoke positively about how supportive they found the service and what a difference it had made to their and the person's life. One parent told us, "[Name of shared life carer] is so lovely with [Name]. He really looks forward to staying there". Another parent told us, "I'm just so grateful for the support. [Name] is really well looked after".
- People were supported by carers who demonstrated a kind and caring approach. During the inspection carers spoke positively about people and we heard many acts of kindness that carers had undertaken towards the people they supported. For example, one person was being supported by their carers to have a special piece of jewellery made for them. This was important to the person as it was a memory to a family member they had recently lost.
- Various compliments of positive care and support had been received by the service. One compliment from a social worker included, "Thanks (name), It's been lovely working with you. I really like shared lives". One compliment from a person using the service was, "Thank you for all your help with my benefits".
- People's views and wishes were explored and sought as people were central to making decisions about their care and support. Carers liaised with shared lives staff and people's families so that people's views could be shared and support systems could be implemented if required.
- People's care plans contained important information relating to their individual needs.
- People were encouraged and supported by their carers to maintain and undertake daily routines. Carers supporting people with their daily routines meant that people were well presented with groomed hair and clean clothes.

## Respecting and promoting people's privacy, dignity and independence

- People were supported by carers who promoted their privacy, dignity and independence. We heard of various positive stories of people receiving care and support from their carers that promoted their independence. For example, people were encouraged to undertake their own laundry, changing their beds and cleaning their bedrooms. This was developing people's independence towards independent living.
- People were supported to attend short classes to learn new skills such as cooking. Two people at the time of the inspection were attending these. Another person told us that part of their daily routine was to plan, prepare and make meals with their carer.
- People were encouraged to learn new routines such as how they presented themselves. Carers supported people to purchase clothes and shoes suitable to the season as well as their daily routine of washing and dressing. The shared lives staff confirmed people were learning new skills all the time in how to present themselves and wear suitable clothes and shoes.

## Supporting people to express their views and be involved in making decisions about their care

- People were involved and encouraged to make decisions relating to their care. Where people were unable to make decisions about their care their family, advocates and/or health professionals were involved. Shared lives staff regularly undertook reviews to ensure people's care was delivered in line with their wishes.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service.

At this inspection we found the service was Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that was tailored to their individual needs that promoted choice, control and flexibility of their care.
- People were inclusive in the getting to know their shared lives carer. This was done over several visits and took place over several months. One parent told us, "The introduction to the service was really well done. We met [Name of shared life carer] with [Name of person] over a period of time. This was relaxed and in a coffee shop. We had a talking point which was the new communication passport". They felt this gave the person a talking point. They went on to say, "Everything is really positive. [Name] communicates with us a lot its nice and relaxed and is all working brilliantly". One shared lives carer told us, "[Name] came to visit the home a few times before they stayed". This was so the person could become familiar and comfortable prior to their stay. This meant people had an opportunity to get to know the shared lives carer and the home environment this was so the process was relaxed and at a pace that enabled the person to feel comfortable and in control of their care and decisions.
- People were supported to gain practical skills. For example, in relation to managing money independently. Shared lives carers supported people in learning practical skills in managing their money and important skills in recognising its value. This was an important step towards people living with less support and greater independence. One parent told us, "This is a transition service as we hope this will build more independent living". The registered manager and office staff played an active role in ensuring people were referred and assessed for the correct financial support.
- People's care and support plans were individualised and included important information relating to their likes, dislikes and personal support. Care plans included information from health care professionals such as diabetes plans, speech and language assessments and hydrotherapy plans.
- People learnt skills in becoming independent such as traveling on public transport or accessing the community by themselves. One person told us how they walked to the local shops.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way that they were able to understand. The service worked with health

care professionals and people's families to develop communication passports and care plans that applied standards to people's individual needs. People's care plans also included important information relating to if people needed to wear glasses or hearing aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was passionate at providing people with personalised care that prevented social isolation and enabled people to participate and grow within their local community.
- The registered manager, staff and shared lives carers had a strong commitment to social inclusion. People were supported to improve skills by going to a local community college and gaining voluntary employment which had the potential to develop skills and experience to progress into paid employment. One parent told us, "[Name] goes to college in the week".
- People were supported to attend activities and hobbies of interests that were important to them. For example, people attended local exercise clubs, gyms and cookery classes. This was all within their local community.
- People were supported to gain skills in managing daily domestic tasks. These included, mowing the lawn, cooking, washing up, tidying, washing clothes, and keeping their bedroom tidy. This meant people were learning skills to promote independence in the future.
- Shared lives carers supported people to attend local shows, the cinema, local trail walks which included sculptures of interest, the pantomime and the theatre.
- Shared lives carers supported people in accessing work. For example, one shared lives carer expressed how passionate they were to support the person to complete a curriculum vitae and for them to start voluntary work. This was a positive step towards them gaining skills and experience within a work environment.
- One person told us they were about to start work locally. They were excited in what opportunities might arise from undertaking this voluntary role. They were hopeful that the skills and confidence they gained would lead to paid employment.
- People went on holiday with their shared lives carers. For example, one person regularly went away with their shared lives carer to a place they were familiar with. Adaptations had been made to the property so that the person could access the bathroom safely. Another person told us of various holidays they had been on with their shared lives carer. They were about to go abroad again and they were looking forward to this holiday a lot.

Improving care quality in response to complaints or concerns

- The service had a complaints policy should people wish to complain. People and their shared lives carers were happy with the service. One parent told us, "I've never had any complaints. I'd be happy to talk to office staff if I had any concerns or problems".

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service.

At this inspection we found the service was Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager undertook various quality performance reports to the local authority and to the shared lives chief executive officer (CEO). Reports included monitoring the performance in complaints, incidents and accidents, new referrals, new carers, external promotions, events and newsletters.
- Shared lives staff and carers were clear about their roles and responsibilities. Shared lives staff felt it was a nice place to work and they were well supported by the registered manager, the area manager and CEO.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- All shared lives carers we spoke with felt the service had a good culture. One shared lives carer told us, "The new manager is really nice" they went on to say, "Ategi are pretty good". Another shared lives carer told us, "I have a named co-ordinator. I can call anytime, their very supportive, and they are always there to support you".
- The registered manager knew people well. They also spoke about people in a person-centred inclusive manner. We received feedback from one health care professional who told us, "I have a very high regard for Ategi staff and the registered manager. It is an excellent service and offers positive options and alternatives for people. Leadership is good and communication is excellent with Ategi".
- The provider and registered manager was aware of their responsibility relating to when notifications were required. Notifications are when certain changes, events or incidents occur that affect the service or people. The registered manager was open and honest when lessons could be learned from and improvements made. The nominated individual was accessible and approachable within the service. They attended coffee mornings, monitored the performance of the service and were part of an active recruitment campaign.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service fully considered people's equality characteristics. The registered manager felt the aims and objectives of the service were to, "Create a person-centred family life ethos. Where people are treated as part of the family to achieve their goals. Families have also gained and experienced something as well as the

person. The person is supported to gain daily living skills as well as social, educational, and work goals as well". All shared lives carers received training in values, this meant there was an inclusive positive culture within the whole service.

- People and their shared lives carers were supported by registered manager and staff who had a positive culture of involving and developing people and their shared lives carers to their full potential. One shared lives carer told us, "They are brilliant. Really good, if I'm unsure of anything I can always call into the office".
- Shared lives carers had their views sought with regular meetings and coffee morning. These were an opportunity for the shared lives carers to build support networks with other shared lives carers. As well as bringing any concerns or issues up with the registered manager and the director of the service. Newsletters were regularly circulated giving shared lives carers updates and information relevant to their role.
- Shared lives carers were covered by an employee indemnity policy this covered them should any employment issue arise.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a positive working partnership with people, carers and relatives along with outside agencies such as the local authority and health care professionals. We received positive feedback. One health care professional told us, "Joint working and ideas are always being worked on. Communication on individual's and often complex situations is excellent and there are excellent working relationships".
- The registered manager worked with outside agencies such as local authorities, social work teams, mental health and learning disability teams when required.
- The registered manager was proactive and involved in the day to day managing of the service and people's care. They reviewed incidents and accidents and due to their hands-on management, there was a culture of people receiving the right care from the right support.