

Ategi Limited

# Ategi Shared Lives Scheme Thurrock

## 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Ategi Shared Lives Scheme Thurrock is a Shared Lives service that recruits, trains and supports self-employed Shared Lives Carers (SLCs) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community. The service is registered to support people with a variety of needs including people with learning disabilities and or autism.

Not everyone using this shared lives service receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'. This includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At this inspection there were four people using the service who received personal care.

People's experience of using this service:

- People spoke positively about their experience of the service. They said they were very happy with their SLCs, supported to be active in the community and could share any concerns with them.
- SLCs knew the people they supported well, they spoke of them fondly and we observed good relationships between them.
- The service applied the values and principles of CQC guidance Registering the Right Support (RRS), because people were enabled to make choices about their lives and were supported to be as independent as possible. RRS guidance works to 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.
- People's privacy and dignity was promoted. SLCs and scheme staff understood the Equality Act and were knowledgeable to be able to recognise and support diverse needs.
- Staff and SLCs were knowledgeable about how to keep people safe and how to report any concerns.
- People's needs were assessed before they joined the scheme and where risks were identified, there were plans in place to manage these safely. Support plans detailed the needs of people and what they could manage independently.
- Recruitment and assessment checks were carried out before SLCs were approved to join the scheme. People were then matched to suitable SLCs who fully involved people in their home and their family life as much as people chose. There were enough staff and SLCs to meet the needs of people they supported.
- SLCs told us they were very well supported by the scheme's staff and they received suitable training to meet the needs of people using the service.

- There were systems in place to manage medicines safely. SLCs knew how to reduce any infection risks to people.
- People were supported to maintain their health and had access healthcare services. Staff and SLCs worked with health professionals to meet people's needs.
- People were encouraged to eat healthily.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People, SLCs and staff spoke positively about the way the registered manager ran the service.
- There were effective systems in place to assess and monitor the quality of the service provided.
- Feedback from people, SLCs and families was requested to help improve the service.
- Staff worked with other organisations and professionals to promote, plan and deliver an effective service.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This was a planned inspection based on our guidance about newly registered services.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service is well led.

Details are in our Well-Led findings below.

# Ategi Shared Lives Scheme Thurrock

## **Detailed findings**

### Background to this inspection

The 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by a single inspector.

Service and service type:

Ategi Shared Lives Scheme Thurrock scheme supports people to live with Shared Lives Carers (SLC) within the SLCs home in their local area. The scheme recruits, trains and supports self-employed SLCs to provide care and support to vulnerable adults in the community.

The arrangements can be on a long-term basis with the adult living with the carer as part of their family, or as respite care to provide regular carers with a break.

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.

Notice of inspection:

We gave the service five days' notice of the inspection site visit because we needed to be sure people using the service and SLCs would be able to speak with us, either in person or on the telephone. We asked for permission from people and SLCs to speak with them about their experiences of using the service.

The inspection site visit activity took place on 21 February 2019.

What we did:

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority who commissions the service to ask for their views. We used this information to plan our inspection.

During the inspection we spoke with two people using the service, four SLCs, the registered manager, scheme coordinator and administrator. We reviewed a range of records. This included two care and support plans and reviews, risk assessments, SLCs recruitment and training records. We also reviewed records used in managing the service for example policies and procedures monitoring records and minutes of meetings.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- People were protected from the risk of abuse, harm, bullying or discrimination.
- People were supported to understand how to keep themselves safe by their SLC and the scheme staff. People said they felt safe with their SLCs. One person commented, "I am very safe."
- SLCs and the scheme's staff received training on safeguarding adults. SLCs, the registered manager and coordinator knew how to recognise possible signs of abuse and how and where to report any concerns.
- The scheme had raised appropriate safeguarding concerns to the local authority. They had worked with the local authority to protect people from further risks.
- There was a process for protecting people's finances where needed and the provider was in the process of improving these further at the inspection in consultation with the local authority.
- A system was in place to record accidents and incidents and any safeguarding issues. These were checked by the registered manager to check for any actions needed. The provider also reviewed these for any learning to share amongst the SLCs or improve the service. Any learning to improve the service was considered at the managers' meetings.

Assessing risk, safety monitoring and management

- Any risks to people in relation to their health and support needs were assessed before they joined the scheme and these were monitored by their SLC and scheme to reduce possible risk. For example, risks in the community, possible risks in relation to people from their behaviour. Health and social care professionals' advice was sought to help reduce risks where needed.
- Positive risk taking was encouraged in line with the principles of RRS to help people learn new skills or enjoy experiences such as independent travel in the community including for example, learning to drive, within a safe framework.
- Possible risks in relation to the SLCs home environment and fire risks were assessed before SLCs were approved and then checked at reviews during the year, for any changes. We saw where an action had been identified in relation to electrical safety this was followed up and acted on. One SLC told us, "They are very thorough on checking things. But they do it respectfully."
- SLCs were aware of the importance of good health and safety practice. They received first aid and health and safety training and had access to advice from the local fire service in relation to fire prevention and to discuss the safest action to take in the event of a fire.

Staffing and recruitment

- There were enough staff and SLCs to meet people's support needs and the recruitment system worked to reduce risk.

- People and SLCs all told us that there was always support available to them when they needed it and they had contact details for any emergencies. One SLC said, "It has been amazing. I have never had a problem. They respond really quickly and have helped with all sorts of things"
- There were robust recruitment checks on SLCs and staff that followed the regulations. Criminal records checks were updated every three years to ensure no changes had occurred. Checks were also completed on anyone who supported the main SLCs with occasional respite for example.
- Insurance documents and safety certificates were checked before SLC were approved. There was no record kept of an annual check of car insurance. The registered manager agreed they would add that to the record to evidence these were checked regularly.
- The scheme's staff carried out a thorough assessment of SLCs over a number of visits to ensure their suitability for the scheme. One SLC told us, "The whole thing was very thorough. Of course, it does need to be but they considered everything." SLCs assessments were reviewed by a panel meeting of members such as social care professionals, to consider their suitability. SLCs went through a re-approval process every two years to ensure they were competent and suitable for their roles.

#### Using medicines safely

- People currently using the scheme were not supported to take regular medicines and were not managing medicines themselves. We found processes were in place to make sure people received their medicines safely when required.
- SLCs received regular training on the administration of medicines. Risk assessments had been completed to consider any risks in relation to allergies, storage and administration of medicines and the level of support needed should medicines be prescribed. SLCs had guidance on managing medicines and supporting people to manage their own where needed.
- Where people had been supported with as required medicine such as pain relief, this had been approved by a health professional. SLCs completed medicines administration records which were checked by the registered manager at monitoring visits.

#### Preventing and controlling infection

- SLCs received training on infection control techniques and food hygiene. They supported people to understand how to reduce the risk of infection.



# 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

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

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

- A full assessment of people's support needs was provided as part of their referral to the scheme. This helped staff to understand their needs, match them to suitable SLCs and develop support plans to meet these needs.
- Staff told us they would ask for any additional information if they felt this was needed.
- A number of introductory visits was agreed and arranged to enable people and the SLC to choose if they wished to go ahead with the match. People and their SLC told us they thought the matching process and visits had worked well.

Staff support: induction, training, skills and experience

- SLCs received a range of support and training to meet people's needs. They told us they received a range of suitable training as part of their assessment before they were approved. This training was refreshed when they were re-approved. We found they were also offered additional training to meet people's individual needs. One SLC said, "The training was good, there are no gaps and they are good at offering you other training or if you ask they can find it."
- SLCs were all pleased with the support they received from the scheme. One SLC remarked, "I have definitely had a lot of support. I can't thank them enough. Best thing I ever did."
- Some SLCs had a background of work in health and social care and had been foster carers and brought this experience to the role.
- Staff who worked on the scheme said they were well supported by the provider and regional manager and received regular supervision. A staff member told us, "There is always support available."

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

- People's dietary needs were assessed before they joined the scheme and any risks, such as allergies or weight loss were identified and managed.
- People told us they were consulted and involved in choosing the food and drink they had and encouraged to eat as healthily as possible. Where possible they described how they were supported to develop skills in shopping and preparing and cooking meals.

Staff working with other agencies to provide consistent, effective, timely care

- The staff had established good working relationships with a range of healthcare professionals to help support people and SLCs. For example, learning disability teams, advocacy services. We found the staff had actively promoted referrals to improve outcomes for people for example, by helping to reduce their anxiety.
- Staff had worked to build networks within the local community to raise awareness of the scheme. The registered manager spent time each week at the local authority to raise the profile of the scheme with social

care professionals.

- Staff who worked on the scheme attended local authority care reviews to ensure they had up to date information about people's views and their circumstances. Information was shared appropriately when needed between relevant professionals.

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

- People said that they were enabled to see a range of health professionals when they needed, such as their GP, optician or dentist.
- People's health needs were documented in their support plan and were monitored at reviews and monitoring visits to ensure they continued to be met.

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

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. We checked whether the service was working within the principles of the MCA.

- People's rights were protected. Most people using the service had capacity to make decisions for themselves. People told us SLCs and staff working on the scheme asked their consent before they gave them support. We saw where one person was being supported with a decision they had made by their SLC and staff from the scheme.
- SLCs and staff received training on the MCA. They knew what to do if they had doubts that someone they supported may lack capacity to make a decision. They were aware of the need for best interest meetings and had access to refer to an independent mental capacity advocate when needed, as an independent voice for people, to ensure people's rights were upheld.
- People can only be deprived of their liberty with appropriate legal authority. In Shared Lives services this means an application to the Court of Protection. The registered manager had worked with the relevant local authority team to ensure an application had been made when needed and was aware of their responsibilities in monitoring the order.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke in warm and positive ways about their SLCs and how they supported them. Some people had lived with their SLCs for a number of years and they spoke of themselves as very much part of the SLC family. One person told us, "We are very close, its home here." Another person said, "Best thing I ever did to join this." There was evidence of close bonds from the way SLCs spoke of the people they cared for. People took part in the SLCs family events and told us they got on well with the SLCs wider family.
- SLCs received training on equality and diversity and received training as part of their assessment. The staff team were committed to ensuring people's equality and diversity needs were met through matching people to the right SLC and through the importance they demonstrated of equality.
- The scheme did not currently support people from a wide range of diverse needs but we saw they had recruited a range of diverse carers to support diverse needs. People's diverse needs in relation to their culture, religion and sexuality were identified as part of their assessments and staff told us people's individual needs would be respected and supported.

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

- People all told us that their SLCs listened to them and supported them to express their views or make decisions. One person said, "I am asked what I think." Reviews we looked at also confirmed people's involvement.
- The scheme had developed links with an advocacy service to support people with some decisions. SLCs and the scheme staff had also advocated on their behalf to ensure their voice was heard.
- People were given information about the service in the form of a service user guide. Pen pictures (short introductory information and photographs), could be made available of SLCs to give people some information about SLCs before they met them.

Respecting and promoting people's privacy, dignity and independence

- People told us their SLCs and the scheme staff treated them with respect, consideration, kindness and dignity. For example, by knocking on their door and asking to come in and keeping their information private.
- Following the principles of RRS, people said their SLC encouraged them to be as independent as possible and told us about the skills they had learned. For example, to make a snack or hot drink, travel alone or enjoy time with friends. One person said, "I am more confident now than before."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The scheme offered personalised care that was individually tailored to meet people's full support needs. SLCs knew the people they cared for well, their background, preferences and communication needs. People's needs and what they could manage for themselves, was recorded in a support plan which was regularly reviewed with the person concerned and SLC to make sure it reflected their current needs. Scheme staff understood the needs of the person they supported.

- People's communication needs were identified, assessed and recorded in their care plans. Staff understood the Accessible Information Standard. This standard sets out a specific, approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. Support plans were provided in an easy read format. The registered manager told us that the provider could make information available in a range of different formats where this was needed.

- People spoke positively about their shared lives experience and they and their SLCs told us they had grown in confidence since being placed with them. People told us they were enabled to make choices about how they lived their lives. For example, SLCs told us how the scheme coordinator had supported them to make the adjustment from foster care placement to shared lives to enable the person they supported to take more responsibility for their dietary choices and eat more healthily. They told us, "It's been brilliant and responsive; the staff think outside the box."

- In line with our registering the right support guidance, we found support from the scheme and SLCs focused on providing opportunities for people to learn skills, enjoy being a part of the local community and where appropriate have goals; to aim for. For example, people had been supported to find a job or voluntary work, take part in community events, take up hobbies and interests, meet friends and family locally and chose holidays abroad or in the UK. This helped reduce the risk of isolation and low self-esteem and enabled them to grow in confidence. One person told us, "I am learning a lot and am really happy, I prefer this so much more."

Improving care quality in response to complaints or concerns

- People told us they had not needed to make a complaint. If they did they would speak with their SLC or the scheme staff, if they were unhappy about anything. They were aware of the complaints process, which was included in the service user guide.

- SLCs also told us they had never need to complain but were aware of the complaints process

- The registered manager told us there had been no complaints since the service started. If any complaints we received they would be considered for any learning and improvements needed.

#### End of life care and support

- The registered manager told us nobody currently using the scheme was at this stage of their lives. SLCs would receive training in this before they supported someone who was reaching the end of their life, if this was appropriate.
- Staff working for the scheme were booked for training on end of life care training; to support them to develop care plans with the SLCs and people using the scheme in accordance with people's wishes and with the support of palliative care professionals as required.

# 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

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

- Staff and the SLCs all understood their roles, they were aware of the procedures and policies they needed to follow and what information they needed to share.
- The quality of the service was checked through regular monitoring visits and reviews. Review records showed the visits covered a full range of people's care needs. Actions identified for either staff or SLCs to complete were followed up at the next visit to ensure they had been addressed.
- Staff were positive about the registered manager. They told us the registered manager was supportive and committed to providing a high-quality service.
- The registered manager was supported by the area manager and the provider's network of other shared lives registered managers. This enabled them share ideas and gain knowledge.
- SLC panels were held to consider the applications of SLCs. However, while these panels had independent members, they had not always followed the provider's policy in relation to having an independent chair, for added oversight. We discussed this with the registered manager who told us they were trying to recruit the chair and expressions of interest in the role would be requested in the next month.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and SLCs were positive about the way the scheme was run. They told us the registered manager and staff were helpful, thorough and very supportive and put people's needs first. One person said, "They are perfect. I can't think of anything else they could do for me." One SLC remarked, "They are brilliant. I have all the right support."
- We identified that regular checks on vehicle documents were not always recorded and this was addressed at the inspection with a more detailed system of checks introduced straight after the inspection across the provider's services.
- The provider's values were displayed in information about the scheme to raise awareness. These included enabling people to reach their potential and to recognise, respect and value difference. Feedback at the inspection showed that staff displayed these values.
- The registered manager understood the responsibilities of their role, including what they were required to notify CQC about.
- The provider checked the quality of the service through a review of the managers monthly reports and their own service visits.

### Working in partnership with others

- The scheme staff worked to develop good relationships with health and social care professionals and voluntary networks to promote an understanding of the scheme. Shared Lives champions had been created in the local authority to spread information about the service.
- Management reports and care records showed there was active communication with a range of professionals to support and promote individual people's needs.

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

- People told us the scheme staff regularly asked them for their views about the service and checked they remained happy with arrangements.
- More formal feedback was sought annually through feedback forms. Completed feedback forms were positive about the service. The registered manager told us that if any issues were identified these would be acted on.

### Continuous learning and improving care

- The registered manager looked for ways to improve and promote the service. For example, the improvements to financial checks being made at the time of the inspection.
- The registered manager, scheme staff and SLCs were members of the Shared Lives Plus network which is a network for family-based ways of supporting adults that offers guidance, support and a way of sharing ideas and practice, to help improve the quality of the service.
- The registered manager told us they were in the process of setting up a SLC forum to provide an opportunity for SLCs to meet and share useful information and mutual support.