

Ategi Limited

Ategi Shared Lives Scheme

Inspection report

Unit M2 De Havilland Court
Penn Street
Amersham
Buckinghamshire
HP7 0PX

Tel: 01494932920
Website: www.ategi.org

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26 April 2019
29 April 2019

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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

About the service:

Ategi Shared Lives Scheme support people with a learning disability, physical disability, mental health concerns, older and younger adults. The scheme supports people to live within a shared lives arrangement. Each person is matched with a shared lives carer. The person then either lives or stays in the carers home as part of their family. The scheme provides long term placements, respite care (Short term placements) and offers a mentoring programme to support people develop their independence. At the time of the inspection is scheme was supporting 44 long term placements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People told us they were happy with their shared live arrangement. They told us "Yes, I am happy with my carers." "Yes, I would recommend my carer" and "They are very respectful when dealing with anything personal."

People were encouraged to engage in meaningful activities and be an active member of society.

People were supported by shared lives carers who had gone through a robust recruitment, selection and matching process.

People had opportunities to meet with the provider and to share their ideas for improvements for the scheme. Shared lives carers were able to contribute to the strategic plan for the scheme by sharing suggestions on improvements to the service.

People were encouraged to be as independent as they could be. One person told us how they went to work, it was clear they thoroughly enjoyed it.

Shared lives carers told us they felt supported by the registered manager and other office staff. Comments included, "This has been the best move possible for us. We receive regular and thorough visits, which enable us to feel confident and during which we are able to raise any concerns," "We have found the service amazing" and "In our experience, Ategi go beyond what we would normally expect in ensuring that any issues are completely and swiftly resolved so that all parties are fully satisfied with the outcome."

The office staff maintained regular contact with people and their shared lives carers. Care plans were updated to reflect people's current needs.

The registered manager and provider had systems in place to monitor the quality of the service provided.

Rating at last inspection:

The previous inspection was carried out on 13, 14 and 15 September 2016 (Published on 26 October 2016). The service was rated Good at the time.

Why we inspected:

This was a planned inspection to confirm that this service remained Good.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

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 remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained outstanding.	Outstanding ☆
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained Good.	Good ●

Ategi Shared Lives Scheme

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:

The inspection was carried out by an inspector and an expert by experience. An expert by experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was care of people with a learning disability. They made telephone calls to people who were supported and shared lives carers.

Service and service type:

Ategi Shared Lives Scheme supports people with a range of disabilities and ages to live as part of a family unit within a domestic home. People are matched with approved carers known as 'Shared lives carers' (SLC). The scheme offers long-term and short-term placements with SLC, it also offers a mentoring service to people to support them to be an integral part of the community.

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 48 hours' notice of the inspection visit because we needed to be sure the registered manager was available to support the inspection.

Inspection site visit activity started on 23 April 2019 and ended on 29 April 2019. We visited the office location on 23 April 2019 to see the manager and office staff; and to review care records and policies and procedures. On the 24 April 2019 we sought further feedback and reviewed the information we had gathered at the office visit. The EXE attempted to make telephone calls to people on the 23, 26 and 29 April 2019.

What we did:

Prior to the inspection we requested and received a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had planned.

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 sent emails to shared lives carers and office staff to seek feedback about the service.

When at the office we spoke with the registered manager, three office staff and one shared lives carer and the person they supported. During the course of the inspection we spoke with a further five people and two shared lives carers. We reviewed five people's care records We looked at seven shared lives carer recruitment and training records. We read incident and accident records, complaints and complements.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- People we spoke with told us they felt safe from abuse. They told us they would know who to speak with if they had any concerns about their safety. One person told us "I would tell 'mum'."
- A shared lives carer (SLC) told us "The girls have the office number on the inside of their wardrobes and can call them at any time."
- Shared lives carers are given training on how to recognise potential abusive situations and had confidence to raise any concerns to the office or local authority.
- The registered manager was aware of the need to alert the local authority when they had identified potential abusive situations. We saw evidence of how the service had worked in partnership with the local authority to protect people from abuse.

Assessing risk, safety monitoring and management.

- Risks associated with people's medical conditions were assessed. For instance, people who were at risk of choking had a risk assessment in place.
- Risk assessments were completed for a wide range of activities associated with supporting people. For instance, supporting people with medication, the use of bed rails, and using community facilities like swimming pools and beaches.
- Prior to a SLC being approved to support a person, the SLC's home was assessed for any potential risks.
- We received feedback from the provider and registered manager about the actions they were considering regarding the UK's planned departure from the EU. Government guidance was previously sent out to all providers advising them of possible action they needed to take in the event of a 'no deal scenario'. The registered manager told us they had attended local forums for registered providers where the topic had been discussed and kept up to date with further guidance issued.

Staffing and recruitment.

- There was enough staff in the office and shared lives carers to support people's needs.
- The service had a robust selection and recruitment system in place to ensure only staff and SLCs with the appropriate skills and attributes were employed.
- The selection process involved potential SLC's application being presented to an independent panel to be approved, each SLC required to be re-presented to the panel every two years to ensure they continued to meet the required standard set by the provider.
- People were supported by office staff and SLC's who had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

Using medicines safely.

- Where people required support to manage and administer their prescribed medicine this was detailed in their care plan.
- Shared lives carers received training on how to safely support people with their medicines.
- We looked at records relating to prescribed medicines. We found some improvements were required to ensure the records followed the national guidance. Not all the records had full details about the strength of the medicine. We discussed this with the registered manager who agreed they would review the records maintained.
- Some people required medicine for occasional use. We noted there was no additional guidance for SLC's on as required medicines. We discussed this with the registered manager and a care co-ordinator. They were responsive to our feedback and updated the advice for the SLC immediately.

Preventing and controlling infection.

- Shared lives carers we spoke with knew the importance of maintaining good home hygiene.
- Shared lives carers (SLCs) told us they supported people to understand about how they could prevent infections. For instance, SLCs encouraged people to brush their teeth and carry out washing of clothes.
- Shared lives carers who supported people with the preparation of food received appropriate training to ensure they understood how to promote food safety.

Learning lessons when things go wrong.

- The service supported office staff and SLCs to identify when incidents and accidents needed to be reported.
- The provider monitored accidents and incidents to identify any trends. The registered manager was responsible for reporting the number of accidents and incidents to the provider every month.
- The provider had systems in place to cascade learning across all their registered locations. For instance, registered managers attended regional managers meetings where incidents were discussed.

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.

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

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. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA.

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

- The provider and registered manager were aware of the need to act within the code of practice for the MCA.
- The registered manager had previously referred one person to the local authority (LA) as they were concerned their liberty was being deprived. We had discussed this with the registered manager at the last inspection in 2016. At this inspection we checked if any authorisation had been made. The registered manager told us they were still waiting for the LA to assess the person. We have asked the registered manager to follow this up with the LA.
- It was clear from our discussion with people supported by shared lives carers (SLCs) they felt included in decisions and empowered to make their own choices.
- We found records demonstrated people had consented to their support plan and were fully involved in any new shared lives arrangements.

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

- Prior to a person being matched with a SLC, a full assessment of their care needs was carried out.
- The registered manager received an overview of the person's support needs from the referring authority. This was used to help match the person to a SLC.
- Where people were going to be living with other people supported by one SLC the registered manager ensured they were compatible.
- Prior to a person going to live with a SLC, they would meet them and given an opportunity to ask any questions about the SLC home. People were offered an opportunity to stay for a meal or an overnight stay prior to committing to live with the SLC.

Staff support: induction, training, skills and experience.

- Office staff and SLC were provided with training the provider deemed mandatory.
- Shared lives carers gave us positive feedback about the training offered. Comments included "We have recently, and historically, attended a variety of high quality and relevant training. In the last couple of months, we have attended training in safeguarding, first aid, mental health and capacity, deprivation of liberty, medication and food hygiene." And "We have attended a number of training sessions such as first aid, food hygiene, epilepsy awareness, deprivation of liberty, mental capacity, medication and safeguarding. All the training has been relevant and of high quality."
- Office staff received a regular one to one meeting with a line manager and had an annual review of their performance.
- Each SLC received regular support. Comments from SLCs included "[Name of registered manager and co-ordinator] are very supportive, we can contact them at any time and they are ready to help they are part of all we do, they contact us for a chat to make sure all is well, they keep us up to date with our training which they will arrange around our timetable." Another SLC told us, "They [Office staff] come out every month to see us, I feel very supported."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- Where people required support to maintain their nutrition and hydration levels, this was detailed in their care plan.
- People were encouraged to live a healthy lifestyle.
- Where required people were supported to attend weight loss classes or attend exercise groups.
- One SLC told us "We do try to eat healthy as one is diabetic, and one does slimming world so I do support that." Another SLC told us "We make dental, optical and doctor appointments for regular check-ups."

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

- Office staff and SLCs worked together to ensure people received effective care and support.
- Information was cascaded to SLCs about changes in legislation, or local initiatives which promoted people's independence.
- We observed there was good communication across the office staff. Changes in people's needs were recorded and acted upon in a timely manner.

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.

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were exceptionally supported by their shared lives carer (SLC). Two people we spoke with described their SLC as "mum". They went on to tell us how they were supported to be an integral part of the SLC's family. We received feedback from SLCs about how they had supported people to go on holiday. One person showed us photographs of their holidays. It was clear they had thoroughly enjoyed spending time with their carer on holiday.
- People and their SLCs worked in partnership to ensure aspirations and life choices were respected and achieved. One person told us they were supported to attend church. They told us they helped clean the church and on Easter Sunday they carried the cross to the altar. They told us how important their faith was to them and they went on to say how important being a valued member of society was to them.
- One person told us how their SLC supported them with their hobbies. They told us what vegetables they were growing and how the SLC had bought them a new greenhouse cover. The person was very proud of the vegetables they had grown. The SLC told us "Whatever they want they get."
- People were encouraged to be part of the local community. One person told us how they supported their neighbour with hanging out the washing. It was clear from facial expression they enjoyed supporting their neighbour.
- It was evident from the discussions with SLCs they were committed to providing a strong person-centred culture. One SLC told us how they had been working on exploring a new work placement for the person they supported.
- SLCs without exception were complimentary about the support provided to them by office staff. One SLC told us how the office staff had supported them to complete a benefit claim form for the person they supported. They told us "They [staff] saw I was overwhelmed, they [staff] came to my aid and supported me with completing it, I couldn't have done it myself." Another SLC told us "They [Staff] have been so supportive and responsive when I have needed their support. They wrote to the council when [Name of person] lost their blue badge [Disabled parking badge]."
- One SLC showed us pictures of a family day out with the people they supported it was clear from the photographs people were enjoying the day out.

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

- People and SLCs told us they were involved in decision making. One person told us "Someone from the agency came to do a care plan with me." A SLC told us "I am really happy being a SLC with Ategi and the gentleman I have spoken about is also very happy with them and their review system where he has every opportunity to say whatever he wants to."
- Shared lives carers had the opportunity to attend a meeting with other SLCs. It was an opportunity to

discuss the support they needed and offer suggestions to the provider to make improvements to the scheme. One topic which had been discussed was health and safety training for the people who had been supported by the SLCs.

- The provider arranged for scheme days. These were events which people and SLCs could attend together. We noted feedback from people and SLCs was sought to drive improvement.
- People told us their SLC supported them to live the life they wanted. One person told us "I work with wood ... today I have been sorting tools." Another person told us "They [CEO of scheme] fight my battles." The person and their SLC went onto tell us how the CEO had given them support when they had become upset at a scheme event. The person told us how important it was to them and how they had confidence in the CEO to support them.
- Each person supported by a SLC was visited by an office staff member each month. This was an opportunity to speak with office staff independently of the SLC. One person told us "I like [Name of office staff], she makes me laugh we have fun together, I can talk to her about anything."
- One SLC told us "The support we get is second to none, it is better than before, better than outstanding." Respecting and promoting people's privacy, dignity and independence
- Without exception every person and SLC we spoke with told us they were treated with dignity and respect. People told us their SLC provided them with high quality compassionate care and support.
- One person told us how they were looking forward to a holiday in north wales. They visit the area often and they told us last time they went they went down a copper mine. It was clear from how they were recalling the visit they had thoroughly enjoyed the time away. The person's SLC told us when they go away the people supported stay in separate accommodation next door to the SLC. They told us "It gives them independence, but with the safety of us being next door."
- Every SLC we spoke with or received feedback demonstrated they knew how to promote people's independence. Comments from SLCs included "Short breaks give them some independence but with the knowledge I will help with any care and support they need. They all seem to have gained in confidence," "I have helped her get a mobile phone. This allows [Name of person] to call her own taxi when she has finished in the day centre which she attends. It also gives her family reassurance to get hold of [Name of person] when she's out and about" and "Whilst we are supporting people in our home, we respect their wishes and ensure that they are able to decide their own activities, such as an upcoming Beaver Camp for one of our ladies who is a young leader for a local group. We have helped prepare her for any activities she may be required to help with."
- One SLC told us how they had encouraged the people they supported to decide how they would like their bedroom decorated. They went onto tell us how the people were also encouraged to be involved in decisions about decorating communal areas within the home
- People were supported by their SLC to have a role in society. One SLC told us "I have helped him become more independent by showing him how to do domestic jobs including basic cooking, washing clothes and some gardening. I have assisted him to travel by bus independently and to settle into some sheltered voluntary work."

Is the service responsive?

Our findings

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

Good: 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; End of life care and support.

- People received a personalised service from the shared lives carer (SLC) and office staff.
- People were fully involved in the matching process. People were introduced to any potential SLC and had an opportunity to have a meal with them or an overnight stay prior to committing to move into the home of the shared lives carer.
- People were involved in the development of an adult plan. The plan detailed people's personal preferences, likes and dislikes. People's culture and religion was reflected in the adult plan. We asked one person if they felt their religious needs had been understood by the scheme. They and the SLC told us "They [Office staff] were aware faith is an important part of our life."
- The service identified people's information and communication needs by assessing them. Office staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals for instance. One-person adult plan detailed how the person communicated when they were angry and what strategies they used to prevent the situation escalating.
- People who were supported with long-term and short-term arrangements felt part of the SLC's family. One SLC told us "All service users thoroughly enjoy their visits. Whilst they are here, we consider them part of our family and they are valued equally by our friends and extended family. They enjoy visits to our relatives, one of whom lives by the sea."
- At the time of the inspection Ategi Shared Lives Scheme was not supporting anyone with end of life care needs.

Improving care quality in response to complaints or concerns.

- The service had systems in place to deal with complaints or concerns.
- We looked at the records relating to complaints and concerns, we found they had been appropriately investigated and recorded.
- The registered manager kept a record of complaints and analysed the record for any trends in concerns raised.
- The provider monitored complaints and shared learning from complaints across all of their locations.
- People and their SLC told us they would not hesitate to raise a concern, and had confidence in the scheme to resolve any issues in a timely manner.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care; Working in partnership with others.

- There was a clear vision and culture with the service. This was communicated by the provider to office staff.
- Systems were in place to monitor the quality of the service provided. Each person and the shared lives carer (SLC) were contacted each month to check how the placements was going. Each person had a formal review of their adult care plan. The scheme was part of Shared Lives Plus, which is the national member organisation. Office staff attended shared lives plus conferences. Where updates were provided to scheme members of any changes affecting shared lives arrangement. Recently all schemes have been reminded about changes to household insurance.
- The registered manager told us in the provider information return (PIR) that "A management report is sent to head of shared lives and the CEO every three months by all the Ategi schemes. The content shows developments achievements targets and any on-going issues within the scheme."
- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. There had not been any events which met the DOC threshold, however the registered manager was aware of what actions were required.
- The registered manager and provider kept themselves up to date with legislation which affected the care industry.
- The scheme had recently moved offices and had forged links with the new local community, using the village hall to host scheme events and coffee mornings.

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

- There was a registered manager in post.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse. We checked our record against records held at the service, we had been notified when required.
- The provider had policies and procedures in place which reflected best practice or national guidance. Policies had review dates and a version number on them.
- People's records were accurately and securely maintained and office staff used passwords to access

computer records.

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

- Shared lives carers felt valued by the registered manager and office staff. SLCs comments included "Ategi support by keeping in touch, always being at the end of a phone," "Ategi's knowledgeable staff have been very professional when dealing with any issues that have arisen with people who we've supported," "The office staff are always at hand to answer any question and also give me advice when I need it" and "The Ategi team at High Wycombe are great, they keep in touch regularly and are a massive support."
- Shared lives carers and the people they supported were invited to scheme events and had opportunities to be involved in the development of the strategic plan.
- Office staff maintained regular contact with SLCs and the people they supported. Comments from SLCs included. "In our experience, Ategi go beyond what we would normally expect in ensuring that any issues are completely and swiftly resolved so that all parties are fully satisfied with the outcome," "This has been the best move possible for us," "We receive regular and thorough visits, which enable us to feel confident and during which we are able to raise any concerns" and "We are very happy with what we do and how we are supported, It's the best decision we have made."
- The registered manager told us in the PIR "The assessment process of a SLC applicant usually takes between 8 and 10 visits which includes formal training regarding their roles and responsibilities, values and attitudes, confidentiality and safeguarding vulnerable adults. A full list of training is highlighted in the assessment report. During the assessment evidence is gathered by the co-ordinator illustrating the skills and knowledge statements which a shared lives carer is required to meet. The co-ordinator carrying out the assessment will complete a report which will be agreed by the co-ordinator and the applicant. Once completed the report is presented to the approval panel. This panel is a group of voluntary members who are independent from the assessment process and the management structure of the scheme. All applicants who are approved by the panel undergo an annual carer review and every two years carers are re-approved and a report again is completed and approved by the panel." Records we looked at reflected this.