Fairways Care (UK) Limited

Athelstan Place

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

Athelstan Place is a residential service for up to six people. The service offers accommodation, care and support for young people aged 16-25 with mental health needs or a learning disability and associated mental health needs. The accommodation is provided over two floors and comprises a communal sitting and dining area and three 'pods'. Two of the pods contain two bedrooms and a kitchen and the other has a single bedroom, sitting area and a kitchen. There is also a garden which people can access to enjoy outdoor activities. At the time of our inspection there were three people living at the service although one was away on holiday at the time.

The inspection took place on 27 June 2017 and was unannounced. This was the first inspection of the service.

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

The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. The registered manager knew how and when to use safeguarding procedures appropriately. Risk assessments identified when people were at risk and plans were in place to minimise those risks and to deliver care and support which met people's needs. People's needs were met by suitable numbers of staff. Appropriate recruitment procedures were in place. People received their medicines as prescribed.

People's needs were met by staff who were trained to do so as the provider had an ongoing training programme in place. The management and staff were clear about people's right to consent to their care and support. People were generally independent with eating and drinking or needed little prompting and support. People were supported to access healthcare services, such as registering with a GP.

We observed a caring and positive attitude to people using the service, as well as people who had stopped using the service before our inspection. The staff team appeared to be a committed and confident staff group who believed that what they were doing was making a positive difference to young people's lives.

People were at the centre of how the service was run. Staff said they would not discuss people or their needs with others living at the service. When we arrived at the service in the morning, staff were sensitive to which people were in the building and where they were. Staff took care not to infringe on their privacy whilst showing us around.

The service was responsive to people's needs. People moved to the service either as a 'step down' (from hospital) because they needed less support than what was provided in a hospital setting, or a 'step up' because they needed more support than was provided in their previous accommodation. Care plans were detailed and specific to the individual's assessed needs. People were involved in the creation of their care plans which were detailed around every aspect of their lives. People undertook a range of activities which were their choice, including socialising in the local community. The provider had a complaints procedure in place and signs were displayed around the service. People were also advised of the complaints procedure in the 'welcome book' they were given when they moved to the service and one person told us they would feel able to complain.

There was a clear management structure in place. The registered manager completed audits and provided information to the board of directors on a regular basis. Improvements to the service were made based on feedback from people using 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?

Good

The service was safe.

Staff had completed training with regard to and the registered manager knew how to make appropriate safeguarding referrals.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Staff had been recruited following satisfactory pre-employment checks. There were enough staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who were well trained.

Staff supported people's rights to consent to their care and support

People were supported to eat and drink independently.

People were supported to access healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring.

People were at the centre of how the service was run and staff cared about them.

People were supported to express their views and be involved in making daily decisions about their care and support.

Staff supported people whilst being mindful of their privacy and

dignity.

Is the service responsive?

Good

The service was responsive.

People received care and support which met their assessed needs.

People accessed the community and enjoyed a range of activities.

People knew how to use the provider's complaints procedure and complaints were investigated appropriately.

Is the service well-led?

Good

The service was well led.

There were systems in place to monitor the quality and safety of the service provided.

The registered manager and provider promoted a positive culture that put people at the centre of the service provided.

The registered manager ensured the service met registration requirements.

Athelstan Place

Detailed findings

Background to this inspection

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

The inspection took place on 27 June 2017 and was unannounced. This was the first inspection of Athelstan Place since the service opened. The inspection team consisted of one inspector and a mental health specialist advisor with experience of working with people with mental health needs.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

During the inspection we spoke with four staff and the registered manager. We looked at a range of records including three care plans, three staff recruitment files and quality assurance records. People chose not to speak with us during the inspection but one subsequently spoke to us on the telephone.

Good

Our findings

The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. The registered manager knew how and when to use safeguarding procedures appropriately. Incidents of aggression or verbal threats between people using the service were reported to the local authority safeguarding team as well as to the police. One person told us they did not always feel safe living at the service because of the number of incidents, however, management plans were in place to minimise the incidents between service users.

Risk assessments identified when people were at risk and plans were in place to minimise those risks and to deliver care and support which met people's needs. Through initial assessment processes, a 'Risk History Summary' was formulated along with a nine point plan. Where people moved to the service from hospital, there was a clear plan for their transition from hospital with a programme of visits and stays leading up to a final discharge. The risk assessments contained a detailed description of all the identified risks with details about what had happened in the past, what staff should look out for in terms of triggers, signs, and ongoing behaviour and plans identified how staff should respond to people individually. Risk assessments were reviewed and updated on a monthly basis or sooner if necessary.

Emergency procedures were in place should an evacuation be necessary, for example, through fire or flood. The procedures outlined where people would go if an emergency was to occur.

People's needs were met by suitable numbers of staff. When new people moved to the service, one to one staffing levels were put in place. Staffing levels were subsequently reduced as people became more independent. The staff were known as recovery support workers and all had experience of health or social care, learning disabilities and/or mental health needs. The registered manager told us the service had been staffed at 115% which meant there was rarely an occasion when shifts needed to be covered by additional staff. Where this had been necessary, staff from other services in the group had worked at the service but the registered manager said they had been trained to the expected standard to support people at Athelstan Place. The provider also employed a healthcare professional as the lead nurse therapist who was employed three days a week. Staffing levels were constantly kept under review as the registered manager reported to senior managers on a monthly basis.

Appropriate recruitment procedures were in place. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use

care and support services.

People received their medicines as prescribed and would ask for medicines which were prescribed as 'when required'. A Medication Administration Record was completed to record that people had received their medicines. Medicines were stored safely and appropriately and were given by staff who were trained and assessed as competent to do so. One of the aims of the service was to increase independence, so staff worked with people to look after and take their own medicines. This would be monitored and audited daily, with people starting to look after a small number of medicines first and increasing the number if this was successful. Risk assessments were in place whether people looked after their medicines or whether the staff did.

Good

Our findings

New staff completed an in-house induction which was tailored to individual need and based on previous experience. Staff started work as supernumerary to the staffing level required at the time so that they could be supported in their new role. New staff completed a six month probation period and completed a range of evidence based competencies outlined in the job description.

The provider had an ongoing training programme in place. Some training was completed by all staff, such as food hygiene and additional training was known as "role enhancement." Training needs were discussed at the monthly manager's meetings and delivered by staff with the knowledge to do so. Examples of training included how people formed relationships, how people managed their emotions, how people showed they were anxious and the effects of illegal drugs on people's mental health. A lot of the training was 'in house' by the lead nurse therapist. A staff member told us there were lots of training opportunities and they were impressed with the knowledge of the trainer. They also stated that the organisation offered lots of training and that additional training could be applied for, with a prompt response.

Staff were further supported in their work through regular supervisions and appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. One staff member said there was, "good monthly supervision and fortnightly team meetings and lots of relevant training." The service had not been open long enough for staff to have their first annual appraisal, however, the staff member who took the lead on training, was aware that appraisals were due soon.

The lead nurse therapist facilitated 'restorative space' sessions every two weeks. A staff member told us, "We can talk about any issues, we can work on these. Otherwise [the lead nurse] will look at themes, develop interest in subjects." They said the sessions were, "really supportive, we can reflect on our practice and challenge constructively. [The lead nurse] can guide us in the right way."

The management and staff were clear about people's right to consent to their care and support. This was evident throughout our inspection in the way staff talked about how they supported people. Where equipment was in place, such as alarms on doors, people had signed to say they gave consent. People could withdraw their consent if they changed their mind.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and authorised legally. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS). We spoke about these procedures with the registered manager who confirmed

that people were free to leave the service and that promoting this level of independence was part of the process when people moved to the service. People went out and about, accessing the community as they wished.

People were generally independent with eating and drinking or needed little prompting and support. There was a kitchen in each 'pod' which was used by one or two people. People therefore made their own meals, with support if necessary and did their own food shopping. People did get together for a Sunday roast and the meat was chosen at the weekly community meeting. In addition, people would get together on a Friday night for the 'cultural evening' which focussed on a different country and the catering was linked to the chosen country.

Within the first two weeks after moving in to the service, people would register with a GP and have a full health screening. They would also see the optician and dentist within the first month. Thereafter, staff supported people with healthcare depending on where they were in the programme. The aim was to become independent, so staff would initially go with people to visit health care professionals but as time progressed, they would be supported to go independently.

Good

Our findings

One person had mixed views about how they felt about staff but told us that on "good days" staff were, "Really lovely. They have done so much for me." They also said they felt that staff did care about them and what happened to them.

In our discussions with the staff team, we observed a caring and positive attitude to people using the service, as well as people who had stopped using the service before our inspection. Staff spoke about people with respect, whether or not they were currently living at the service. The staff team appeared to be a committed and confident staff group who believed that what they were doing was making a positive difference to young people's lives.

People were at the centre of how the service was run. An example of this was the registered manager told us they had had conversations with people using the service, regarding how they would like staff to refer to them in conversation about them. People felt they would like to be known as 'service users'. Another example was that people had decided they would like to paint a wall in the lounge. Paint charts were on display and people were choosing the colours they liked.

A 'community meeting' was held weekly and went ahead even if people did not wish to attend. The reason for this was to show consistency and to show that the meeting was still available, should people wish to attend. The community meeting was used to, amongst other things, choose the country for the 'culture night' on Friday and the Sunday lunch. The service bought in an advocacy service for one hour a week and they joined the community meeting. The registered manager saw advocacy as being incorporated in the day to day running of the service rather than an additional service only to be accessed by request. The registered manager said the advocate was planning to lead a service user group and managers were to be invited. This puts the service user as central rather than the staff or managers.

The building was set out with two bedrooms in each 'pod' area. These pods were single sex only: males and females did not share a pod. Staff told us about how they respected people's privacy and dignity. People had their own keys to their bedroom so they could come and go as they pleased. Staff did not go to people's rooms unless "absolutely necessary" and were aware of how to prompt people with their personal care with dignity. Staff said they would not discuss people or their needs with others living at the service. When we arrived at the service in the morning, staff were sensitive to which people were in the building and where they were. Staff took care not to infringe on their privacy whilst showing us around.

Good

Our findings

The service was responsive to people's needs. The building had originally been designed to accommodate up to six people, with three 'pods' which contained two bedrooms and a kitchen. As the service had become operational this layout had been reviewed, changing one of the pods into a single bedroom with sitting area and its own external door. This area was felt to be better designed to act as a semi-independent unit for people to use when preparing to move out of the service and into the community. This example shows the willingness of the registered manager and staff to reflect and reassess what they were doing and to quickly and efficiently make changes where they identified that these would be beneficial.

Staff told us how they worked with people to try to achieve their dreams and goals. For example, one person wanted to work in a care setting. A staff member used their contacts to find a voluntary position in a nursing home. However, the person had not yet been able to go to the home but staff were supporting them, a step at a time, to build their confidence.

People moved to the service either as a 'step down' (from hospital) because they needed less support than was provided in a hospital setting, or a 'step up' because they needed more support than was provided in their previous accommodation. There was a stage programme in place which people were supported to progress through. The first stage was a twelve week assessment, which included a four week transition stage, where there was the option to move back to the previous placement. The assessment was completed with the person and professionals including an occupational therapist. A number of meetings were held with the person, their relatives, where appropriate, and health and social care professionals to review the progress. The second stage would last 12-15 months, dependent on the individual, with the final stage being up to six weeks transition to another setting with staff supporting them.

Care plans were detailed and specific to the individual's assessed needs. People were involved in the creation of their care plans which were detailed around every aspect of their lives. Staff used a particular format of a 'zoned' care plan: green, amber and red zones. This allowed people to share how they might present behaviourally and emotionally and what staff could best do to respond to and communicate with them in the most effective and sensitive way. Other parts of the care plan included information on, for example, communication, their favourite things, places they liked to go, their dreams and goals, therapy and recovery plans. People signed their care plans and were involved in the regular reviews, at least monthly.

People undertook a range of activities which were their choice. People went out as they wished and

socialised in the community. Activities were also arranged which met their individual needs, such as attending college, visiting family and organised activities at an activities centre. During our inspection, one person was on a week's sailing trip as this had been identified as something they would benefit greatly from. The person was enjoying the trip and at times rang the staff at the service for reassurance or to touch base.

The provider had a complaints procedure in place and signs were displayed around the service. People were also advised of the complaints procedure in the 'welcome book' they were given when they moved to the service and one person told us they would feel able to complain. In addition, there was a suggestion box which people could use to put their ideas forward to the staff team. Records showed that people had used the complaints procedure and the registered manager had investigated and addressed the complaints appropriately with the complainant. This process included taking the time to talk to the person face to face about their concerns and making any changes to the service provided when this was appropriate. As part of listening, seeking service users' views and responding, staff displayed a board entitled, "You said, we did" which showed people what action had been taken with their concerns or ideas.

Good

Our findings

There was a clear management structure in place. The registered manager was supported by two assistant managers: one was mental health nurse and one from a children's social care background, as the service was provided to young people from the age of 16. Both had two days a week when they were rostered off shift so they could concentrate on management tasks. This showed the provider's commitment to delivering high quality care.

One of the assistant managers was about to undertake training about the 'Community of Communities' programme. This is an initiative of the College Centre for Quality Improvement and is a quality improvement and accreditation programme for therapeutic communities in the UK and overseas. Members have access to various information and tools on the website as well as useful links and documents to download. The programme includes scoring their own service which is then peer reviewed by three to five other people, who could be service users. There are standards to work to and other people score the service and give observations and ideas for improvement. There is a timeframe to complete the work by and the service will draft an action plan to address any areas identified for improvement. The service was just beginning this programme and the assistant manager was going to present information to the staff team after they had completed the training. The provider was committed to this programme as a way of improving the quality of the service.

One of the provider's values was being "dedicated to empowering and developing our staff so they are able to leave, but choose to stay." Staff spoke highly of the organisation, the project and its management. One staff member had worked for the provider for some time and said they believed they had been able to develop while with Fairways Care. Another staff member said, "I enjoy my work and role at Athelstan Place and feel valued and supported."

One staff member was the named health and safety lead for the service. They told us they compiled a monthly report of any environmental issues with the building and that they got a good response from the provider with issues being dealt with in a timely fashion.

Records showed that adverse incidents were reported, investigated and analysed. The registered manager told us how they had started a quality and safety committee which met monthly and was chaired by a director. The purpose of the committee was to identify any learning from incidents within the provider's portfolio of services. An example of this system improving the service was that following a safeguarding issue raised in another of the provider's services; the provider commissioned an external professional to

undertake a safeguarding review for all services. A recommendation was made to divide the safeguarding policy into four sections to better reflect the age range of people using the service. The registered manager undertook training and amended the policy.

The provider had a number of other services in the area but Athelstan Place provided a different service to a different group of people. The registered manager told us about the 'on-call' arrangements, where staff could access support and advice outside of usual work hours. The provider had four levels of management available via the on-call system with additional managers and directors available to respond if more specific advice was needed.

The registered manager told us all the managers met to ensure they were doing everything they could do to ensure the service continued to meet standards and regulations as well as where improvements could be made. The registered manager reported to the board director about any risks or issues for people using the service, such as concerns around staffing, training and so on. The board sat every week and considered the feedback provided and supported the service, for example, by providing access to further training. The registered manager told us one of the questions the board asks themselves is, "Are we confident that people are safe?" Following this process a piece of work had been commissioned whereby an external nursing professional had completed a review regarding how the service supported people who were self harming. The service was waiting for the written report as a form of external validation but the registered manager said the verbal feedback had been positive.