



Statement of Purpose



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As a charity we measure our wealth by making a difference, not by making a profit.

By creating a culture that values every individual, we can harness and develop their potential so that they may achieve great things.

1. Make a difference
2. Never give up
3. Value every individual
4. Listen to each other, develop each other, and reach our potential
5. Quality and passion in what we do

Head Office Address

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1.1 - As a charity we measure our wealth by making a difference, not by making a profit. Athelstan Place is a specialist, independent residential care home for service users aged 16-25 years with mental health needs and those with learning disability and associated mental health needs. It is part of Fair Ways (Appendices A & B).

1.2 - The purpose of Athelstan Place is to deliver effective rehabilitation and recovery to service users whose needs cannot be met by less intensive mainstream mental health and learning disability services. The focus is on the treatment and care of service users with severe and complex mental health problems who are disabled and often distressed, and who are or would otherwise be high demand on in-patient and community services.

2 - Location and Facilities

2.1 - The property was historically a General Practitioners' surgery serving the area of Southampton. The unit is a detached property with its own parking facilities and outside area. Its urban location provides good public transport links and access to a wide variety of amenities.

2.2 - Partially purpose built unit with five en-suite bedrooms, clinic room with medication cabinet, therapy room, sensory room and meeting room. The bedrooms are grouped into three separate self-contained areas; two areas each sharing a kitchen and one self contained flat. There is a communal lounge and communal toilet. Staff have an office, en-suite bathroom and kitchen.

2.3 - Two bedrooms have reduced ligature fittings and toughened furniture. All bedrooms have nurse call systems. The bedroom are fitted with discreet door alarms to support staff in managing safeguarding.

2.4 - There is a general utility room for storage of cleaning products and COSHH substances.

2.5 - Reasonable adjustments in accordance with the Equality Act 2010 means that there is disability access to the front of the building, a disabled access toilet and meeting room. As the service is primarily for people with mental health difficulties and people with learning disabilities with co morbid mental health difficulties, bedrooms do not have full disability access.

3.1 - To provide excellent mental health and learning disability rehabilitation and recovery care in a therapeutic residential setting. The aim is to promote personal recovery, whilst accepting and accounting for service users continuing difficulty and disability, to enable them to achieve more independent living.

4 - Athelstan Place Objectives

- To provide a safe and therapeutic milieu by using the Therapeutic Community Model that encourages a person centred care.
- To provide holistic care comprising of health, social, education and vocation.
- For service user involvement to be central to all decisions about their care and the service as a whole.
- To provide the service in a high quality environment that enables service users to experience privacy, respect and dignity.
- To promote service user independence, self-confidence and well-being; allowing service users to realise their own potential.

5 - Referral to Athelstan Place

- **5.1** - Referral to Athelstan Place treatment, rehabilitation and recovery service will be considered when:
 - When a service user with complex mental health needs cannot be discharged from an acute psychiatric ward but is unlikely to benefit further from an acute ward environment.
 - When a person with Learning Disability with a dual diagnosis of mental health needs requires discharge from a hospital setting with the aim of discharge to community.
 - For assessment of, and engagement with, a service user with complex mental health problems who has become 'stagnant' and non-progressive in their recovery.
 - When there has been an erosion of therapeutic optimism within mainstream health services towards a service user with complex needs, which may be hindering their recovery.
 - When a service user is facing a transition from a highly supported setting to a less supported placement; this includes service users leaving forensic or secure services, service users leaving out-of-area placements, or leaving residential care to live in the community.

- When a person needs help in overcoming disabilities associated with severe and complex mental health problems that would benefit from a structured environment and therapeutic programme.
- For care, support and treatment in an environment which is rehabilitative and may be longer-term.
- **5.2** - The service will consider service users with the following diagnosis;
 - Attachment disorder
 - Mixed Disorder of Conduct and Emotions
 - Personality Disorders
 - Neurological disorders
 - Autism Spectrum Condition
 - Mood Disorders
 - PTSD
 - Eating Disorders
 - Mild to moderate Learning disabilities with a mental health disorder

5.3 - The service will consider service users with a history of behaviours that challenge, either by harm to self, others or property.

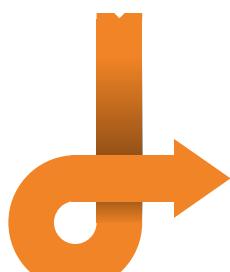
5.4 - Any professional or commissioner can refer a service user to Athelstan Place. Referrals will be made to the Registered Manager and / or Head of Health Care using the Athelstan Place initial referral form. The referral will be considered by the Registered Manager as to whether the referred service user meets the criteria for a pre admission assessment. The outcome of this decision will be formally notified to the referrer.

To determine suitability of a referral, there will be a pre admission assessment, which will involve the referring agency providing a comprehensive chronology, up to date risk assessment as well as an assessment of the service user. The Registered Manager will undertake an initial assessment to determine suitability for the service. A significant factor for admission to the service will be the motivation of the service user to engage in a therapeutic rehabilitation community with other service users.

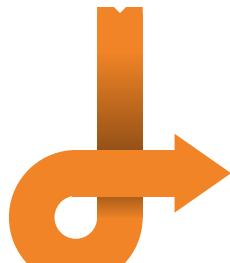
7 - Care Pathway

Athelstan Place complements existing health and social care provisions by providing a service as a step towards more independent living. The service will take referrals from inpatient services, residential services and community mental health and learning disability services. Every pathway is individualised although we aim to support transition to support living or independent living.

Inpatient Mental Health
Inpatient Learning Disability
Residential Care
Community Mental Health
Community Learning Disability



Athelstan Place Treatment
Rehabilitation & Recovery Service



Supported Independent Living
Independent Living

8.1 - Athelstan Place adopts a biological, psychological and social model of care to inform its clinical practice. It is recognised that for each service user one aspect of the three components may be more or less important at any one time and this needs to be reflected in their service user individual care plan. The service is a member of the Royal College of Psychiatrists Community of Communities to ensure therapeutic community model of care is adhered to.

8.2 - The following biopsychosocial treatments and interventions are on offer.

- Nurse led interventions and education with service user on their medication management with the aim of service user independent self-administration.
- Evidence based Psychological Interventions which include cognitive behavioural therapy under the consultation of a Consultant Clinical Psychologist.
- Psychological Education in the form of group work or individually e.g. Mental Health and well-being, Wellness Recovery and Action Plans.
- Regular Therapeutic Community meetings to promote service user involvement, confidence building, self-esteem and managing relationships.
- Regular 1:1 key worker sessions to provide a forum for a service user and a keyworker to build a trusting therapeutic relationship and review progression with plan of care.
- Occupational Therapy led rehabilitation assessments of service user functioning.
- OT assessment to inform Service User plan of care
- Regular Mindfulness and relaxation sessions.

Preparation for employment and/or further education through Fair Ways

- Fort Wallington service.

The service offers placements to meet the individual needs of the service user although the average length of stay is between 15-18 months. The aim is to move service users to more independent supported living.

Stage 1 3 Months 	<ul style="list-style-type: none">Completion of clinical assessment of need detailing the diagnosis, formulation and risk of the service user by Clinical Nurse Lead.Completion of keyworker assessment detailing progression with person centred care plans, risks, safeguarding and motivation to engage in therapeutic rehabilitation and proposed plans of care.Plan and clinical recommendations for Stage 2 agreed with service user and professional involved in care.
Stage 2 12 Months 	<ul style="list-style-type: none">Delivery of service user plan of care and clinical recommendations including 3 monthly review meeting with service user, family, registered manager, keyworker and relevant professionals.Minimum of monthly care plan review with keyworker.Minimum of twice weekly keyworker sessions with six monthly progress reports.Weekly therapy session with Clinical Nurse Lead and six monthly clinical progress report.
Stage 3 3 Months 	<ul style="list-style-type: none">Transition to supported independent living 3 months. Athelstan Place staff to provide outreach +
Stage 4 6 Weeks 	<ul style="list-style-type: none">This is an optional stage, offering up to 6 weeks out / in reach support to the service user once

All service users will be encouraged to be involved in the care planning process and will be fully consulted at each stage of their care plan development. The care plan will be made available to the service user and/or their representative with the permission of the service user in the form of signature and agreement.

11 - Positive Risk Management

The service adopts a Positive risk-taking approach which is defined as weighing up the potential benefits and harms of exercising one choice of action over another. In collaboration with the service user the staff identifying the potential risks involved and develop plans and actions that reflect the positive potentials and stated priorities of the service user. The service achieves through:

- Empowering of service users through collaborative working from the outset of discussions about risk and risk-taking.
- A clear understanding of responsibilities that service users and the staff can reasonably hold in specific situations; and understanding the consequences of different courses of action.
- Making decisions based on a range of choices available, and supported by adequate and accurate information.
- Supporting service users to access opportunities for personal change and growth.
- Establishing trusting therapeutic working relationships, whereby service users can learn from their experiences.
- A full appreciation of the service user's strengths in order to identify the positive resources that underpin the confidence to take the risk.
- Being an on-going risk decision-making process, not a one-off decision.
- Having a clear focus on the specific outcome to be achieved.
- All evidence of positive risk taking will be recorded in the service user's clinical notes.

12.1 - The service follows NICE Guidelines on Managing Medicines in Care Homes (2014).The service has a policy on medication management that reflect the NICE guidelines.

12.2 - Service users are encouraged to manage their own medication following a risk assessment undertaken by the care team and in consultation with necessary professionals. The service provides a lockable cabinet in each bedroom so that service users who are assessed as suitable to self-administer can securely hold their medication.

12.3 - For service users who are unable to self-administer their medication, the care staff will follow the medication policy and procedure which outlines medication reconciliation, dispensing, administering and disposal. Service users will have to provide consent for their medication to be stored, administered and dispensed by staff. The service aims to promote self-management of medication as soon as is therapeutically appropriate and safe.

12.4 - Medication held by the service will be stored in the clinical room. The service has the ability to store Controlled Drugs in line with the Controlled Drugs Regulations 2013.

13 - Family and Social Contact

Family and social contacts are promoted by the home as these relationships are recognised as part of the recovery planning. We encourage planning of family and social contacts as appropriate, as integrated into the service user's therapeutic programme and the expectations and rules of the service. All visiting arrangements will be considered with attention to safeguarding. We also aim to develop positive relationships and roles within the local community.

Where a service user is unable to consent, the involvement of appropriate representatives will be sought to ensure the service users rights and health and safety are maintained. The service has independent advocates who are integral to supporting the service user's rights. The service adheres to the Mental Capacity Act (2005) statutory principles.

15 - Restrictive Practices

15.1 - The service works under the restrictive practice guidelines set out in the Department of Health Positive and Proactive Care: Reducing the Need for Restrictive Interventions (2014).

15.2 - The service defines restrictive practices as any practice, which could be construed as potentially restricting a person's rights of choice, self-determination, privacy, freedom and freedom of movement. Restrictions that apply to all service users (blanket restrictions) in the service are avoided. There may be times when restrictions on all service users are necessary for their safety or for others. Any restriction that the service implements will have a clear justification, including whether it is proportionate to the risk posed and when it will be reviewed. Blanket restrictions will not be for the convenience of the service. Any blanket restriction that is implemented will need to be authorised by the Registered Manager.

16 - Service User Involvement

The service believes that service users are the experts in their own illness and needs for care and that involvement is therapeutic in itself. As such, service users' views are central to their own care and shaping the service. When service users are involved in shaping the service it can increase confidence, raise self-esteem and develop new skills. The service has bi-weekly community meetings where issues will be raised to the Registered Manager and Fair Ways Quality and Safety governance committee. The service users will be involved in personalising of the environment. There is an anonymous feedback box for service users that gets checked by the Registered Manager on a regular basis and provides feedback to service users and staff on actions taken.

17.1 - Privacy

The staff team will knock and wait before entering a service user's room. They will only enter a service user's bedroom without permission if it is assessed that the service user is at risk to themselves, others or the property.

The staff team are aware of the need to maintain service user confidentiality. There is no mixed sex sharing of the 3 bedroom 'pods'.

17.2 - Dignity

- All communication with service users is to be respectful.
- Service users are to be called by their preferred names.
- Private visiting in service user's bedrooms, kitchens and communal area is allowed with prior risk assessment.
- Visiting hours are between 10:00hrs to 22:30hrs.
- Private access to a telephone is available.
- Service users are able to choose their own clothes and purchase their own clothes.
- Service users will have a key to their own room and shared key for their pod.

17.3 - Rights

- Service users are able to voice their views at the community meeting and Recovery Pathway Planning.
- Service users and/or their relatives are to be consulted when planning care.
- Service users have a right to take positive risks.
- Complaints are treated with sensitivity and confidentiality and service users should be able to voice concerns without fear of reprisal.
- Service users give informed consent to treatment and have a right to refuse care/treatment.
- Service users are allowed to bring their own furniture and possessions of their choice in their bedrooms. They are allowed to personalise their rooms with pictures.
- There is an open door policy with no restriction on the liberty of service users to come and go from Athelstan Place.
- The service is committed to security of service users and staff records. The service will take steps to ensure that Personal Identifiable Information (PID) is not deliberately or accidentally released or made available or accessible to a third party without the service user's consent.

17.4 - Choice

- Service users may have choice over their activities of daily living including what time they go to bed, the time they get washed and dressed, the number of showers/baths and where they can eat. If the service users activity of daily living has an impact on their recovery, collaborative care plans between the service user and staff team will be developed.
- The communal area will turn off the television at 23.00 hours on Sunday to Thursday and 24.00 hours Friday to Saturday with the aim of encouraging a healthy sleep pattern of service users.
- Service users will have a choice as to what meals they want to cook.
- Service users are encouraged to choose their own General Practitioner, dentist and optician in the local area.
- Service users are consulted in the community meeting when any changes are made to the running of the service.

17.5 - Fulfilment

Service users are encouraged to fully realise their personal aims.

Service users are encouraged to fully realise their full potential.

The service aim is for service users to be happy and contented with their quality of life.



Service users are encouraged and supported in attending appropriate services and celebrating festivals which relate to their individual religious and/or spiritual beliefs. The service user care plans ensure that the service user's religious, cultural, gender identity, heritage and linguistic identity are maintained and promoted.

19 - Management of Behaviour that Challenges

19.1 - The service has a policy on behaviour that challenges to ensure all service users are cared for in a safe and non-threatening environment. If required, early intervention plans will be used to avoid the escalation of behaviour that challenges. There is a clear procedure that provides guidance on the display of aggressive and violent behaviour to ensure that it is managed professionally and ethically. Staff are trained in Non-Violence Resistance (NVR) and break away techniques.

19.2 - Police will only be called to assist as a last resort when all other strategies to safely contain the situation are beyond the resources of the service.

20 - Social Media and Technology

Service users will have access to their own television in their bedrooms. There will be access to Wireless internet connection in the service which will have security software on it to minimise the risk of exposure to online material that could be detrimental to their well-being. The service has a policy in place that service users read and sign on admission. Online internet safety training and awareness is available for both staff and service users.

As part of delivering holistic care, service users who are not in education, employment or training will have access to Fair Ways Therapeutic Hub where an educational assessment of need can be undertaken. The service will support service users in accessing education, employment and training opportunities in the community.

22 - Transition to Adulthood

22.1 - The service is aware of the changes in legislation, individual rights, access to statutory services, safeguarding across Children's and Adult health and social care services. The service aims to provide consistency in care from a young person transitioning from child to adult services. We do this by ensuring all statutory requirements are met in relation to this transitional period and will support service users to understand these issues during this complex time in their care.

22.2 - The service is aware of the need to differentiate between young people under 18 years and young adults over 18 years.

23 - Termination of Placement

The service will always aim to maintain a placement within its available resources and capacity to safely manage risk. If a service user becomes unsuitable for the service due to their level of risk, the service will organise a professional meeting to identify if Athelstan Place can continue to meet the needs, manage the risk of the service user and safeguard other service users. If it is unable to the commissioners will be given 28 days' notice of the termination of the placement.

The service is located in Southampton which has access to a variety of religious institutions. We aim to foster links with religious leaders who will visit the service to meet individual service users, conduct services, or assist in religious practices e.g. prayer, communion. Service users who are able, are encouraged to maintain links with their religious beliefs and to take part in services or gatherings at their preferred local place of worship.

25 - Safeguarding

The age range of 16-25 and the vulnerability of the service user group requires staff to be competent in children, adolescents and adults safeguarding policy and procedures. Staff are annually trained in safeguarding and is on the agenda of monthly individual supervision.

26 - Complaints

Fair Ways aims to always deliver compassionate high quality care although recognises that there will be times when the service users feel that they have not received this. If a service user, family/carer or professional is not satisfied with the care the service is providing the service wants to hear about it and if appropriate investigate it further and take learning from it. Information on how to make a complaint is available in the welcome pack and is visible in the communal areas.

27 - Compliments

We appreciate compliments and positive feedback about the service to enable the team to receive feedback about the care they provide with the aim of replicating good practice.

28 - Use of Police and External Agencies to Manage Aggression

Police will only be called as a last resort when all other resources are exhausted in the home to maintain the safety of service users and the staff team. The service has links with the local police constabulary and aims to work in collaboration to reduce potential risk of harm to service users and the local community.

29 - Staffing

29.1 - The service is managed by a Registered Learning Disabilities Nurse. The Nurse has clinical and managerial experience in NHS Mental Health Services. There are two assistant managers with relevant health and social care experience. There are a number of Recovery Support Workers who support the delivery of care.

29.2 - A nurse therapist provides consultation to the service and staff team.

29.3 - Service User and staffing ratios are 1:1 on admission and reviewed after 3 months. There will be additional staffing provided for periods of time to cover increases in clinical activity to ensure safe and quality care.

29.4 - At night there are two Recovery Care Support Workers with one sleeping in the other on a waking night shift.

29.5 - Fair Ways operates an on call system for out of hours support for staff. This includes on call escalation to directors to ensure communication to board level.

30.1 - We have a robust induction programme that is completed by all new team members. This programme includes Health and Safety, Fire Safety, Moving and Handling, Level 1 First Aid, NVR, Food Hygiene, Medication Management, COSHH, Infection Control, Information Governance and Introduction in Therapeutic Approaches. Staff are trained on Clear Care which is the electronic service user record system. Within the first year of employment, staff complete the Fair Ways Therapeutic Training which content includes Attachment theory, brain development, mental health and core therapeutic skills to work in a therapeutic community such as the use of PACE (Hughes) and mindfulness.

30.2 - Recovery Support Workers are qualified or are training towards Level 3 Diploma in Health and Social Care.

30.3 - Continued Professional development opportunities for Health and social care practitioners through an annual funding provision that staff can apply for.

31 - Supervision

Staff are individually supervised by experienced health and/or social care practitioners. Staff receive monthly group supervision. All staff receive an annual appraisal.

32.1 - We have a number of ways of monitoring that the care is consistently appropriate to meet the needs of the service users. These include:

- 4 Monthly visits by an Independent Quality Assurance lead.
- Regular multi-disciplinary meeting to review service user's care plans.
- Visiting senior manager to undertake unannounced visits to speak to staff, service users and assess quality of care and environment.
- External regulator inspection

32.2 - Quality and safety issues are reported weekly via the Fair Ways risk reporting process. Monthly reports are submitted to the Director of Operations on a monthly basis. There is a monthly rolling agenda item on the Monthly Team meeting for learning from incidents.

32.3 - The service uses a range of outcome measures to help monitor individual service user's progress and gain feedback on the quality of interventions provided.

33 - Fire Policy and Procedures

The service has a fire policy and procedure which defines the responsibility for fire safety to the Registered Manager. The service has four statutory fire drills each year one at night time. All staff are trained at induction on Fire Safety and attend annual updates. Service users are informed about fire procedures on admission and are orientated to the fire escapes and assembly point. The service has a Fire Certificate provided by a regulated fire inspector.

34 - General and Clinical Waste

The service has arrangements for the disposal of General and Clinical Waste in accordance with the Certificate of Registration under the Control of Pollution Act 1989. This service is contracted out.

It is necessary for all service users, or their representative, to be responsible for ensuring the full replacement value of their personal belongings. The service is not responsible in any way for cash, credit cards, cheques, certificates, bonds, deeds, documents or personal effects (including jewelry) retained at the service. Service users will have access to a personalised safe in their room where they can store valuable items and documents.

36 - Registered Manager

The Registered Manager of Athelstan Place is a Registered Learning Disabilities Nurse (RNLD) with 10 years' experience in a wide variety of NHS mental health and learning disabilities services. The Registered Manager has worked in both community and inpatient services so has experience of multi-agency and multi-disciplinary transition of service users and their complex care pathways through services. The Registered Manager has an Advanced Diploma in Learning Disabilities Nursing (distinction), Forensic CAMHS Mental Health accredited UCAS module, and is a qualified mentor for nursing students.



Fair Ways is the trading name of Fairways Care (UK) Ltd, a wholly owned subsidiary of the charity, Fair Ways Foundation.

Fair Ways delivers a comprehensive range of services to children and young people, including social care, support, training and education services. The majority of the organisation's profits are reinvested in the business in order to achieve its social purpose and deliver its charitable objectives.

The Residential services include Residential Children's Homes, a Residential Family Centre, Crisis Intervention Centre (Wales) and Post 16 transition to independence units; We provide two specialist Schools, a Foster Care provision and a large Training Centre for internal and external use.

Fair Ways provides a continuum of care, offering specialist interventions for children and families at the high end of the spectrum of need.

History of Fair Ways

Fairways Care (UK) Ltd was established in 2002, having previously been the Foster Care provision subsidiary of Cornerstone Service Support Ltd, a residential care provider for children with disabilities. From the outset the company sought to deal with more difficult and vulnerable children to provide stable familial placements for them.

In July 2015, Fairways Care (UK) Ltd was acquired by the charity Fair Ways Foundation, effectively turning the business into a charity.

From humble beginnings, a single office and 15 dedicated staff, today Fair Ways employs over 220 staff across 5 key services providing 8 supported living units, 3 Ofsted Registered Children's Homes, 1 CSSIW Registered Crisis Centre, 1 Ofsted Registered Residential Family Centre and 2 Ofsted Registered schools.

The original Foster Care department remains more active than ever, providing specialised foster placements which are coordinated as part of an Ofsted registered Independent Fostering Agency.

Fair Ways Values

- We deliver compassionate high quality services and when faced with challenges will strive to maintain our reputation as the agency that never gives up.
- We are dedicated to empowering and developing our staff so they are able to leave, but choose to stay.
- We are committed to providing the highest standards of accommodation to everyone in the organisation.
- We are an inclusive organisation that actively contributes to social change improving the lives of people who use their services.

Appendix B - Organisational Structure

