

# Fairways Care (UK) Limited

# Athelstan Place

## Inspection report

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Date of inspection visit:  
13 February 2020  
14 February 2020  
20 February 2020

Date of publication:  
06 May 2020

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Athelstan Place is a care home providing personal care to up to six young people with mental health needs, learning disabilities and/or autism spectrum disorder. The home supports young people to transition from other settings, such as mental health hospitals, into long term living arrangements in the community. At the time of the inspection there were three people living full time in the home, one person was in hospital with their placement being held open for them. One person was being supported to transition into the home and was there part time.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Athelstan Place is an adapted building situated in a residential area of Southampton, close to local amenities and public transport links. Accommodation is arranged over two floors with bedrooms grouped into "pods" of two rooms and a shared living space. There is also a shared living room, kitchen area and sensory room.

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

People received personalised, safe care and support which met their needs and promoted positive outcomes. There were robust arrangements in place to assess and manage risks which were appropriate for the high level of needs of people living at the service.

There were suitable numbers of adequately trained and experienced staff to meet people's needs. The service sought and followed professional guidance to ensure people's needs were understood and support plans were based on best practice and national guidance.

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

Staff were caring and compassionate. They treated people respectfully and with empathy, supporting their emotional needs and empowering them to lead in the development of their support plans.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's communication needs were met, and staff supported people to understand their

options and make choices.

People had access to activities and hobbies which reflected their interests and background. Staff supported them to keep in touch with those important to them and to develop new relationships in a safe way as possible.

The service had been through a period of change in leadership. The manager in post at the time of the inspection was overseeing the service in the interim, however they were experienced, knowledgeable and knew the service well. Staff were positive about the support they received and there was a clear management structure with delegated responsibilities which staff took seriously. There was clear governance and oversight of the service and a continuous improvement plan which was being prioritised and progressed by the manager and senior team.

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

Rating at last inspection

The last rating for this service was good (published 11 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Athelstan Place

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Athelstan Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service's manager registered with the Care Quality Commission had recently left. There was an interim manager in place who was experienced and knew the service well. They will be referred throughout the report as "the manager".

#### Notice of inspection

We gave a short period of notice of the inspection because some of the level of risk of the people living at the service who may be distressed by the presence of the inspector. This was to allow the service to ensure adequate measures were in place to support individuals at the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and used this to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with seven members of staff including the nominated individual, the manager, two senior managers who supported the service, two deputy managers, and a support worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed how staff interacted with people in communal spaces within the home.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had procedures in place to minimise the risk of abuse or neglect to people. Staff were trained in safeguarding adults and children, they understood signs to look for and how to report any concerns.
- People were supported to understand how to keep themselves safe. Their individual risks of abuse, neglect or exploitation were understood and there were detailed support plans in place to help people stay safe.
- Actions were taken appropriately in response to any safeguarding allegations. We saw that any concerns were reported appropriately to any relevant agencies and were investigated.

Assessing risk, safety monitoring and management

- People's complex risks were assessed regularly, and people had dynamic risk management plans in place. This meant that a different approach was taken dependent on the time of day, recent events, the person's mood and other factors to best assess and manage the risk in that moment.
- People's risk assessments and management plans considered their every-day care as well as activities and community access. Their safety in their placement at the home was also regularly reviewed to ensure the home was the best place to support them.
- Health and safety and fire risks were well managed, there were good procedures in place to ensure environmental risks were regularly reviewed and any issues were acted upon in a timely way.

Staffing and recruitment

- There was enough staff to keep people safe and meet their needs. Staff were suitably trained, experienced and were deployed to ensure people had the support they needed. Where there were absences or vacancies, staff were deployed from the provider's other homes to support so that they were experienced and knew the people at Athelstan.
- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People's medicines were managed safely, and people had detailed support plans in place. The staff had a good understanding of people's medicines and how they affected them, such as medicines which affected people's mood.

- Medicines were stored securely. People's medicines administration records (MARs) showed they received their medicines as prescribed. Where people had 'as needed' (PRN) medicines, there were protocols in place for their use, and any administration was recorded with a reason given.

#### Preventing and controlling infection

- The home was visibly clean. Staff had training in infection control procedures and access to personal protective equipment. There was a cleaning schedule in place and staff supported people to clean and tidy their bedrooms.
- People's support plans identified their risks related to infection control and staff supported them to minimise these wherever possible.

#### Learning lessons when things go wrong

- Staff understood how to report incidents that occurred and felt these were taken seriously and responded to. There were reviews of themes and trends emerging from incidents and these were used to guide future support plans for people.
- There had been a number of incidents reflecting the high level of need of people living in the home. These were managed effectively. The manager and senior team ensured actions were taken to minimise the risk of re-occurrence. For example, following an incident where a person was able to access medicines, the service changed medicines storage to combination locks rather than keys to reduce access.
- Staff were supported with de-briefs after any significant incidents which supported staff wellbeing and enabled the staff team to reflect and review their approach and response.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs were assessed prior to them moving to Athelstan Place. The service worked with other healthcare professionals to ensure the service was the most appropriate place for them and could safely meet their needs.
- The service ensured support plans and staff approach followed best practice principles and the guidance from other professionals involved in people's care to achieve the best possible outcomes.
- The service had implemented an evidence-based approach to supporting people's behavioural needs. This ensured the least restrictive approach possible and used role-modelling to help people learn to better manage and communicate their frustrations and emotions.
- Staff used "zoning" for planning support based on people's mood, and used "recovery star" which is a widely used tool for charting people's progress in managing their mental health and wellbeing.

Staff support: induction, training, skills and experience

- Due to the complex needs of people living at the home, the service chose to recruit only experienced staff so that they would have the necessary skills and experience to support people's needs. There was also a comprehensive induction for new staff to ensure they got to know people and their support plans.
- Staff had access to a range of training to cover topics relevant to their role and specific to the needs of the people living at the home. This included supporting behaviour which may challenge, epilepsy and training in people's individual conditions. Staff fed back positively about the training and ongoing support to develop their skills and knowledge.

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

- People could choose what they wanted to eat. Staff supported people to meal plan, to cook and develop their cooking skills. Staff helped people make healthy choices and understand nutrition.

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

- The service worked well with other agencies to ensure people received the support they needed. The provider worked with other agencies and the voluntary sector to provide a range of therapies for people.
- The service worked closely with other organisation and professionals. The service bridged the gap for young people moving from children's to adults' services and ensured people were supported through this.

Adapting service, design, decoration to meet people's needs

- The premises were suitable to meet people's needs and reflected their preferences. People could choose the colour of their room and their furniture. They could bring personal items to make their bedrooms their

own.

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

- People were supported to access other healthcare services such as the dentist optician or GP. People were supported with their mental health and well-being.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff had a good understanding of capacity and how to gain consent. Care plans reflected people's capacity to make decisions and involved relevant people where decisions needed to be made in someone's best interest.
- No one in the home was subject to Deprivation of Liberty Safeguards (DoLS) at the time of the inspection and people were free to leave the home should they wish to.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind, patient and compassionate. They showed genuine empathy for the people they worked with and were passionate about their role. One person told us, "They [staff] are good here, they are nice. They support me."
- Staff understood how to support people to identify when they were in distress and needed additional support. The service used 'zoning' to support people to identify their current mood. People were encouraged to suggest ways staff could support them when they needed emotional support. For example, one support plan reflected, "[Person] has asked following a previous incident for staff to squeeze her hand and tell her everything is going to be okay. This has proved successful."
- Zoning was utilised in support plans – each coloured zone identified indications of people's moods and methods staff could use to support them best at that time. Staff role modelled using zoning through a zoning board in the living room. Staff would identify their own mood and ways that people could support them when they were upset or distressed.

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

- People were supported to lead in developing their care plans as much as possible. Staff valued people's voice and views in developing them. Staff used a variety of communication methods to enable people to express their views.
- One person had expressed to the manager that staff didn't 'get them'. The service then supported the person to create a training program to deliver to their staff team to ensure all staff knew how best to support them. This included a presentation about their needs and preferences. Staff planned to support another person to create their own training programme for staff once they had settled into the home.
- The service had recently appointed a new member of staff as the lead for advocacy, as they had experience as an advocate. Their role was to ensure people got the most from their advocate and that the advocate was supporting their needs and views as best as possible.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff understood people's personal space and how important this was for them to feel safe. For example, staff balanced the need to promote personal hygiene and the need for people to feel safe and comfortable.
- Staff celebrated people's individuality and successes. People were supported to create goals and to work towards these over time. People's ambitions were considered central to their support plans.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's support plans were highly personalised and reflected their individual needs, choices, and preferences. People's personal histories were reflected and well understood by staff, which enabled them to support people in a way which could best meet their needs.
- People had choice and control and were encouraged to lead in developing and personalising their support plans. People were supported to set long term goals and have short term steps to reaching them. For example, one person had an ambition to become a support worker and staff were helping them complete educational courses towards that goal.
- Support plans were regularly updated and amended in response to changes in people's needs or following any incidents which occurred. People had a key worker who led this, linking with people and other staff to reflect on recent changes. People we spoke with knew who their care worker was. One person told us, "When I need them they support me."

Meeting people's communication needs

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

- The provider ensured information was available in a range of formats to meet people's needs. Staff understood how best to communicate with people based on their individual needs and preferences. For example, one person used a mobile phone app, expression cards, and Makaton. Makaton is a way of communicating that uses signs and symbols with spoken language for people with communication difficulties.
- Where appropriate, people had easy-to-read versions of their support plans so that they could be fully involved in creating them.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain their personal relationships, such as with family and other loved ones. Staff supported people to spend time with loved ones in a safe way, to build relationships and learn safe and comfortable personal boundaries.
- People were supported to find and take part in activities which reflected their interests. People could try new activities and had regular access to art-based therapies at the provider's "hub". There were activities available in the home, as well as a sensory room, and people could choose what they wanted to do.
- There were good links into the local community. The manager and staff worked with local businesses to

improve understanding of people's needs. Some people in the home had jobs in local businesses.

Improving care quality in response to complaints or concerns

- The provider had an accessible complaints policy. People were supported to make a complaint should they wish to, staff regularly spoke with them to gain their feedback. There had been no formal complaints raised in the 12 months prior to the inspection.

End of life care and support

- No-one living at the home was receiving end of life care at the time of the inspection. The service specialised in supporting younger people and so would not routinely provide end of life care. People's cultural, spiritual and personal views were captured in their support plans to assist should any advanced decisions need to be made.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong, positive culture within the staff team who were positive about their jobs and the staff team.
- The manager empowered staff and worked with them as a team. They were a positive role model for staff in their approach. The manager told us, "I am proud of the supportive approach of staff towards each other."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

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

- There was a structure of roles and responsibilities in the home, staff understood the expectations of them in terms of performance and contributing to maintaining high quality care.
- The service had local audits in place to review quality and safety, such as medicines, care plans and the health and safety of the home. There was also an external company commissioned to undertake reviews in line with the CQC standards. Actions were identified from any audits and were closely monitored to ensure they were completed.
- There was good oversight of staff performance with regular supervisions, appraisals and team meetings. The senior managers regularly visited the home unannounced and the manager of the home worked with staff to deliver care regularly. Staff were encouraged to use reflective practice to continuously learn and improve.

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

- The service sent out annual surveys to people, their loved ones and other stakeholders to gain their views. Any suggestions for improvements were acted upon where possible.
- Staff felt empowered to make suggestions for improvements. Staff regularly consulted with people to gain their views. People's key workers would review their support plans, the activities they had been participating in as well as their progress in line with their goals and ambitions.

- People fed back what they wanted to do differently or new things they wanted to try and this was acted on. For example, one person wanted to get a guinea pig and staff were supporting them to research and budget for their pet.

#### Continuous learning and improving care

- The service and provider had a clear continuous improvement plan. This included ideas from people and staff. There was a quality lead role in the home, they helped pull together improvement ideas from staff and people. There was a rotating focus for improvement throughout the year, for example the service had recently been focusing on improving medicines management.
- The nominated individual showed us the wider improvement plan to support the people across the provider's services. For example, the provider had improved the management of referrals to the service so that decisions were more consistent, and the provider could identify any gaps in the types of care available for people to meet that need with new or expanded services.

#### Working in partnership with others

- The service had developed strong links with local businesses, for example the local garage would host barbeques in the summer and invite people and staff to come.
- They had developed a close relationship with the police and had a named constable. They regularly visited the home to get to know people and understand their needs. They were also linking with the fire service, particularly to support with advice about evacuation procedures.
- The service had good links with the wide range of professionals involved in people's care to ensure their needs were met and their transition between services was as smooth as possible.