

# Statement of Purpose and Service Specification

## Bridge House

**Fair Ways Health Services  
Fair Ways Care UK (Ltd)**

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## **1 Purpose of Document**

This document summarises information about Fair Ways including Bridge House to ensure that prospective individuals, their guardians and professionals are informed about the range of service, facilities and care that is provided. Further company Policies and Procedures accompany this Statement of Purpose for staff reference.

Fair Ways is committed to ensuring that it complies with all legislative and regulatory requirements. As such, we will ensure that an up to date copy of our Statement of Purpose will be reviewed annually as per Fair Ways policy and a copy submitted to the Care Quality Commission.

The Care Quality Commission will be notified of any changes made to this Statement of Purpose within 28 days of amendments. This will be cross referenced against the regulated activities being delivered with consequent application changes if necessary.

Our Statement of Purpose meets the requirements of current legislation, including Schedule 3 of Regulation 12 of the Care Quality Commission (Registration) Regulations 2009.

## **2 Company and Registration Details**

Fair Ways Care (UK) Ltd is a wholly owned subsidiary of the charity Fair Ways Foundation – charity registration number 1,159,854; delivering a comprehensive range of child and adult social care, health, support, training and educational services in the Solent Area. The business is controlled and owned in the interests of its social mission. As such, the majority of the organisation’s profits are re-invested into the business in order to meet its Charitable Objectives which are to:

- Address Social Exclusion
- Improve Health and Wellbeing
- Promote Education and Literacy
- Support vulnerable children and young people
- Support vulnerable people and families

Fair Ways 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, Fair Ways 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 nearly 400 staff and has numerous CQC and Ofsted registered services. They include health residential homes, an outreach service, 3 schools, a contact centre, a fostering team, a

residential family centre, children’s residential homes and independent supported living services.

**Registration details:**

CQC registration Provider ID:  
1-2278337072 under ‘Fairways Care (UK) Limited’

Location ID: 1-7226766586

CQC Registered Manager: Victoria O’Donnell  
Nominated Individual: Caroline Campbell (Director of Health)

**Location address:**

Bridge House,  
2 Bedford Avenue,  
Woolston,  
Southampton,  
Hampshire.  
SO19 9GF.  
Tel: 02380 438261

<b>Contact Details: Head Office</b>
Fair Ways Care UK Ltd
Ground Floor, Building 1000
Western Road
Portsmouth
Hampshire, PO6 3EZ
Telephone: 02380 230400
Website: <a href="http://www.fairways.co">www.fairways.co</a>
Email: <a href="mailto:enquiries@fairways.co">enquiries@fairways.co</a>

**Insurance of personal items**

The service holds building and contents insurance, however, residents are responsible for their own personal belongings. Fair Ways are not responsible for resident’s cash, credit cards, cheques, certificates, bonds, deeds, documents or personal effects (including jewellery). They will have access to a personalised safe in their room where they can store valuable items and documents if necessary, and will be provided with a key to lock their bedroom door.

**Link to the latest CQC inspection report: (service not inspected yet)**

<https://www.cqc.org.uk/location/1-7226766586>

### 3 Fair Ways Mission Statement

Fair Ways Vision, Mission and Values:

**Our vision**

To build an institution that makes a difference to society and leaves a legacy greater than ourselves and our contributions.

**Our mission**

Making a difference through passionate care, support and education.

**Our values**

As a charity we measure our wealth by the difference we make, rather than any profit.

We believe that by embodying a culture in which every individual is valued for their own contribution, we can develop them and harness their potential, so that they may achieve great things.

Our values form the heart of the work we do, defined by Fair Ways people, for Fair Ways people. These are the values by which we operate, by which we are governed, and to which we are held accountable.

We therefore expect every individual within the organisation to *play their part*:

<b>P</b>	<b>PROFESSIONAL ATTITUDE</b>	<b>A</b>	<b>ACCEPTING</b>	<b>R</b>	<b>REFLECTIVE</b>	<b>T</b>	<b>TRANSPARENT</b>
<ul style="list-style-type: none"> <li>· We do what we say we will</li> <li>· We approach challenges with optimism and enthusiasm</li> <li>· We don't judge, we notice</li> <li>· We put the needs of the service before our own personal gains</li> </ul>	<ul style="list-style-type: none"> <li>· We don't give up on people</li> <li>· We value all individuals and are willing to challenge them</li> <li>· We embrace each other's differences as much as our similarities</li> <li>· We accept responsibility for our actions</li> </ul>	<ul style="list-style-type: none"> <li>· We give feedback, we invite feedback, we listen to feedback</li> <li>· We look inward before we look outward</li> <li>· We learn as much from our mistakes as from our successes</li> <li>· We listen to each other, learn from each other and grow together</li> </ul>	<ul style="list-style-type: none"> <li>· We are always willing to explain why</li> <li>· We have the courage to be open and honest</li> <li>· We earn trust through our transparency</li> <li>· We live by our values even when no-one is watching</li> </ul>				

## **4 Bridge House Service Specification**

- Bridge House is a 4 bedded CQC registered residential home in Southampton, providing a 24 hour recovery and rehabilitation service for young people aged between 14 – 25 years of age. We offer specialist care from experienced and trained professionals for young people who present with complex mental health difficulties and/or a learning disability as a secondary diagnosis. We enhance and maximise individuals' full potential through education, vocation, social activities and provide support with activities of daily living. A safe, caring and therapeutic service is delivered using a Therapeutic Community Model that encourages person centred care, whilst working flexibly to meet the needs of the young person. We use an NVR (non-violent resistance) model which enhances the therapeutic coaching process using a variety of methods to address violent, destructive and harmful behaviours in children and adolescents.
- Bridge House prides itself on collaborative working with multi-agency professional networks, both in local authority, NHS and private sector to ensure that service users have the best possible opportunity to thrive within a community provision. We support the needs of the individual who is progressing towards supported living or adult services whilst also requiring the structured support available within a regulated care setting.
- Residents who move to Bridge House may come from inpatient hospital settings, CAMHS tier 4 services, residential school placements or other community settings including their family homes. Bridge House works within an NVR model, however, staff are trained in breakaway techniques and other forms of physical intervention and will only use these if the need arises to preserve life and safeguard the resident, or others from immediate harm.
- We have an open door policy, and restrictions are minimal as we provide a rehabilitation and recovery community service.
- The purpose of Bridge House is to deliver effective care and support to residents to enable them to gain the skills they need to transition to independent living, supported living or re-unification with their families. The focus is on achieving the step to independence so we work holistically with our residents in all areas of their life to meet their goals. We will deliver a bespoke care package within our model to provide care, stability and a therapeutic residential homely setting.

## **5 Location and Facilities**

- Bridge House is a large end of terrace house located in a residential area in Woolston, close to the centre of Southampton where there are various education, employment and training opportunities available. It is situated near to local transport links to Southampton and neighbouring towns. The downstairs of the house comprises of a staff office, a

- communal lounge, a kitchen / dining room and a bathroom. The bedrooms, another bathroom and clinic room are located upstairs. There is outdoor space and a garden to the rear and side of the house where residents can get fresh air and smoke in a designated area. The indoor of the house is a non-smoking environment.
- Visible Closed Circuit television (CCTV) is installed to the outer walls of the home to maintain staff and resident safety and security.
- Bridge House complies with Reasonable Adjustments in accordance with the Equality Act 2010 which means there is disability access to the front of the building, a ground floor accessible toilet and meeting area. As the service is primarily for young people who have mental health or learning difficulties, we do not have full disability access to the bedrooms situated on the first floor.
- Each resident has an individual bedroom that is well decorated and furnished in a homely way. The residents are provided with a budget during transition or on arrival to buy items such as bedding, rugs and pictures to personalise their rooms. Residents are encouraged to bring their own items to help them settle into their new environment.
- Residents have safes in their rooms where they can store higher value or precious items. They also have a key to their bedroom door, and to the front door of the house.
- Residents are given a welcome pack on arrival which includes information regarding care planning, professional meetings and social support. Prohibited items are also listed which include alcohol, illicit substances and weapons, along with other valuable information. Fair Ways adhere to the company's searching policy, respecting rights and privacy but maintaining safety for all. A staff notice board is on display with photos and job roles.

## **6 Bridge House Aims and Objectives**

- To provide a safe and therapeutic home environment by using a strengths based model that encourages person centred care.
- To provide holistic care comprising of social, health, education or vocational elements as appropriate to the residents identified needs.
- For residents involvement to be central to all decisions about their care, and the service provided to them as a whole.
- To provide the service in a high quality environment that enables residents to experience privacy, respect and dignity.
- To promote residents independence, self-confidence and well-being; allowing residents to realise their own potential through person centred outcomes.

- To prepare residents for transition to adult services and / or supported living, to live independently or return to their families.
- To provide a high quality and holistic therapeutic residential setting that promotes person centred care and support to service users. This is delivered by showing acceptance and understanding of individuals with the challenges they face. Accountability and independence are promoted in order to support transition to independent living.

## **7 Referring to Bridge House**

Referral criteria to Bridge House can be made in a variety of circumstances, including:

- When a child or adult who has experienced mental health difficulties and who may have a learning disability is not ready for supported housing and requires a regulated care setting to meet their needs and presenting risks.
- When a child or adult with complex needs requires care with medication management.
- When a child or adult is in full time education and requires a residential placement to support with an education plan.
- When a child or adult requires 24/7 staffing.
- When a child or adult presents with complex mental health and / or social care needs.
- When a child or adult requires a step down service to enable transition from a highly structured placement to supported living independence or return to the family home.
- In an emergency where existing arrangements for an individual have broken down.

Bridge House will consider referrals for children or adults with the following diagnosis:

- ✓ A primary diagnosis of a mental health condition
- ✓ A mild to moderate learning disability with a mental health disorder
- ✓ Personality Disorder (including emotionally unstable)
- ✓ Depression and anxiety
- ✓ Attachment disorder
- ✓ Mixed disorder of conduct and emotions
- ✓ Mood Disorders
- ✓ Neurological Disorders
- ✓ Post-Traumatic Stress Disorder (PTSD)
- ✓ Autistic Spectrum Disorder (ASD)
- ✓ Attention Deficit Hyperactivity Disorder (ADHD)

Bridge House will also accept referrals from service users with diagnosed conditions where stability has been achieved, and structured support is required to promote independence. These include:

- ✓ Psychosis
- ✓ Bi-Polar Disorder
- ✓ Schizophrenia and Schizoid-affective Disorder
- ✓ Obsession Compulsive Disorder (OCD)
- ✓ Eating Disorders

Bridge House does not provide a long term home for individuals whose needs arise primarily from a learning disability.

The service will consider children and adults with a history or behaviours that challenge either by harm to self, others, or property.

Referrals can be made by any allocated professional or commissioner via the Fair Ways Placements Team using the designated referral email address. Referrals are also accepted via the Registered Manager or the Director of Health through NHS.net secure email. The Registered Manager reviews all referrals and will consider whether the referred individual meets the criteria for a pre-admissions assessment. The outcome of this decision will be formally notified to the referrer within one working week. Fair Ways Placement fees, a contract and terms and conditions will be sent to the referrer at the point of enquiry. These documents clearly lay out the fees schedule and services provided.

## **8 Pre-Admission Assessment**

- To determine the suitability of a referral, there will be a pre-admission assessment which will require the referring agency to provide a comprehensive chronology of the previous history and an up to date risk assessment.
- For child referrals, we will also request copies of the 'Looked After Child' documents for reviews held in the last year, and copies of care and placement plans endorsed by the Independent Reviewing Officer. For individuals who are care leavers, we will request a copy of their pathway plan. These documents are in addition to the chronology and risk assessments as detailed above.
- If risks of exploitation are identified, we will request the appropriate risk assessment and safety plan.

- The Registered Manager will undertake a pre-admission assessment either face to face or via video conference call, to determine the individual's suitability for the service and plans to safely care and support them.

## **9 Moving Into the Service**

- If appropriate and necessary, individuals and their placing authorities will be invited to visit Bridge House, following acceptance of a placement offer. Formal transition visits can begin on receipt of the signed funding agreement and contract.
- Individuals who move to Bridge House directly from hospital can be supported to make the transition during a period of Section 17 leave.
- Where distance or other restrictions prevent visits, key staff from Bridge House will visit the individual in their setting to build a relationship in order to smooth the transition period and aid in settling in.
- Residents are fully involved in personalising their bedroom and can bring items to make their space feel homely, familiar and comfortable.
- A plan will be made and shared, setting out the arrangements to support the individual to move in, which will include orientation during the first week.

## **10 Emergency Placements**

- We prefer individuals to move into our service in a planned way, however we recognise that this may not always be possible and people may be in circumstances where they need to move at short notice.
- If an emergency placement is requested, we will prioritise review of the referral and liaise with the professional network team via phone and email due to the urgency. A decision to accept an emergency placement is made by the Registered Manager, giving full consideration of the potential impact on existing residents.
- If a Looked after Child is referred in an emergency, we will request a copy of the Care and Placement Plan, and evidence of endorsement of the proposed care plan by the Independent Reviewing Officer.
- We do not normally accept emergency admissions at night or directly from Police Custody, unless there are exceptional circumstances. This would be a joint decision made by Fair Ways and the professional network of the individual.

- An individual cannot be accepted into the service as an emergency placement without a signed funding agreement.

## **11 Family and Social Contact**

Family and social contacts are promoted by the home as these relationships are recognised as part of the recovery plan. We encourage planning of safe family and social contacts as appropriate, which are integrated into the resident's therapeutic programme. All visiting arrangements will be considered with attention to safeguarding. We also aim to support residents to develop positive relationships and roles within the local community. We promote residents to be independent and encourage the use of public transport. However, we have a fleet car at our disposal to transport residents where necessary.

## **12 Transitions**

The service works effectively with partner agencies and commissioning teams to ensure that Bridge House remains an appropriate placement to meet the resident's ongoing needs. When the time comes and the resident is ready to move on to a new service or home, they will be supported through a seamless transition by Bridge House staff.

We will ensure the resident is provided with information to identify local resources close to their new home. If they are engaged in learning, support will be provided in transferring across into the same or a similar course in their local area where possible.

We may provide outreach support where identified and as necessary, providing bespoke one to one care for a fixed and reducing period of time. This will be discussed and agreed with the resident, their representative and the professional network at the time.

Bridge House will work with social workers and personal advisors to ensure that young people are supported to understand how their rights and responsibilities change as they move to adulthood. We will support residents to understand these issues at this complex time in their lives. We will mark their achievements and plan an appropriate celebration of their progress at Bridge House before they depart the service.

### **Hospital Admission**

We recognise that at times in their recovery, residents may become more acutely unwell and require a period of treatment or stabilisation in inpatient services. During any hospital admission, we will share relevant care plans and information with the hospital team and maintain contact. Bridge House will keep open lines of communication via phone call, ward rounds, network meetings and visits. Section 17 leave can be used to visit Bridge House ahead of discharge back to the service.

If the resident is admitted to hospital for a period beyond 28 days, their placement at Bridge House would need to be reviewed and agreed with the commissioning team to establish time frames and potential outcomes in discharge planning. Bridge House may be able to hold the bed for the resident and a retainer fee paid until they are back fully into the service.

### **13 Termination of Placement**

The service will always aim to maintain the placement for the resident and deliver its agreed care and support as defined in the terms and conditions of the contract. However, at times Bridge House may no longer be a viable placement due to a change in circumstances, incidents or the level of risk increasing. The Registered Manager will meet with the professional network and identify any additional support necessary to sustain the placement, however an immediate or 30 days notice termination period may be issued in order to manage risks and safeguard the resident, other residents in the home or staff members. Please refer to the terms and conditions detailed in the placement contract for more information.

### **14 Assessment of Care Needs**

The service offers placements to meet the individual needs of the resident. Each individual pathway is different although the service aims to provide a staged structure to ensure progression and promote independence. Stage 1 is focused on assessment and establishing person centered goals. Stage 2 on implementation of support and care plans, and stage 3 is focused on transition from Bridge House.

**Stage 1:** (within the first 4 weeks) Completion of clinical assessments, Recovery Star Objectives, care plans and risk management plans by Bridge House staff and the Hub.



**Stage 2:** (from 4 weeks onwards) Attendance at weekly pathway planning meetings and staff to attend weekly clinical network meetings and ward rounds.



**Stage 3:** When the resident is ready, transition to independent or supported living or reintegrate into the family home begins. Outreach support to be provided where identified and agreed.

## **15 Care Pathway and Model of Care**

Bridge House compliments existing social care and residential services by providing a service transitioning towards more independent living. The service will accept referrals from residential services and supported living accommodation, as well as hospitals or from the family home. Every resident's pathway towards independence is individualised to meet their needs.

The service holds weekly internal pathway planning meetings with the resident, their keyworker, the Registered Manager and the allocated lead worker from the Fair Ways Hub. The purpose of pathway planning is to review progress and ensure that care delivered is person centered and is meeting the aims of the placement. The resident is fully involved in the process of care planning, and measuring their progress is paramount. Their areas of interest and what they want to work on developing or improving are identified, and daily support is provided to ensure that these are encouraged and met.

Bridge House uses a relationship focused model of care based on a Therapeutic Community Model that uses Non-violent Resolution to manage challenging behaviour. Within this, the 4<sup>th</sup> edition of the Recovery Star Approach (MacKeith 2020) is used to assess, monitor and involve residents in their journey to independence. The Recovery Star is formed by a family of tools which are designed to both support and measure change when working with young adults. The most appropriate tool within the Recovery Star family is used for the individual's assessed needs.

The support and advice offered by staff will be outlined in the individuals Recovery Star plan which will be created shortly after they move into the home with the resident and their social worker.

Bridge House will complete a monthly report which will identify all areas of progress and developmental needs going forward. The resident is involved in every step of this process.

## **16 The Hub**

Fair Ways therapeutic Hub offers support to young people, families, staff and the wider network. It comprises a multi-disciplinary team of clinicians and professionals working within a trauma-informed approach, with a systemic focus on the 'team around the relationship'.

- Support can include therapy, consultation, training and reflective supervision to staff.
- A dedicated clinician is allocated to Bridge House, who meets with staff and young people weekly either face to face or remotely as part of the Pathway Planning process.
- The Hub is based in Fareham, Hampshire, and 30 minutes by car from Bridge House where there are therapy rooms and space for young people to relax and receive therapy away from their home environment.

- The Participation team is also based at the Hub and sits within the Quality, Safety and Governance team; and promote the inclusion of young people in service development and in other forums shaping the future for residents in care.

## **17 Medication Management**

- The service follows CQC and NICE Guidelines on 'Managing Medicines in Care Homes' SC1 (2014) (updated December 2017) and subsequent 'Quality Standards' (QS 85) (2015). Fair Ways has a company wide 'Medicines Management' policy, as well as a local service policy for Bridge House that reflects NICE and best practice guidelines. These policies have been signed off by the (clinical) Director of Health and a Pharmacist, and are reviewed annually.
- Residents are encouraged to manage their own medication following a risk assessment undertaken by the care team and in consultation with the necessary professionals. Staff will work with the wider multidisciplinary and prescribing team to make decisions regarding a residents' ability to self-medicate.
- The service provides a lockable cabinet in each bedroom so that residents who are assessed as suitable to self-administer can securely hold their medication.
- For residents who are unable to self-administer their medication, the care staff will follow the medication policy and procedure which outlines medication reconciliation, dispensing, administration and disposal. Residents 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.
- For any person under 16 years old, medication will be administered by staff.
- Medication held by the service is stored in a designated lockable cupboard, and a staff access only lockable room. The service has the ability to store Controlled Drugs in line with the Controlled Drugs Regulations 2013.
- All staff complete online and face to face medicines management training delivered by a registered pharmacist. This includes safe administration, competency assessments and annual reviews which are carried out by trained in house senior staff.
- Medication reviews are arranged with the prescriber on a regular basis, whether a Consultant Psychiatrist and / or a GP.

## **18 Positive Risk Management**

Bridge House 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 resident, the staff will identify the potential risks involved and develop plans and actions that reflect the positive priorities of the resident. The service achieves positive risk management by;

- Empowering residents through collaborative working from the pre-admission assessment through to discharge about risk and risk taking.
- A clear understanding of responsibilities that the residents 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 residents to access opportunities for personal change and growth.
- Establishing trusting therapeutic working relationships whereby residents and staff can learn from their experiences.
- Delivering a full appreciation of the resident's strengths in order to identify the positives that underpin the confidence to take the risk.
- Maintaining an on-going risk decision making process not a one off decision.
- Maintaining a clear focus on the specific outcomes to be achieved.
- Bridge House operates an open door policy and residents are free to leave the service without restriction. In a situation where a resident appears distressed when they decide to leave, staff will encourage them to remain on site and follow the residents care plan and relevant 'missing persons' protocols.
- All evidence of positive risk taking will be recorded in the resident's progress notes.
- Working in partnership with the placing team and within statutory guidance is essential to safeguard the resident, staff and fellow residents living within the home.
- Risks will be reported on by the Registered Manager via a series of both internal and external channels. These are shared with the professional network and

reviewed as identified by the team, with necessary actions and interventions taken to safeguard the resident, staff team and others.

## **19 The Management of Behaviour that Challenges and the Use of External Agencies to Manage Aggression**

Fair Ways adheres to the following national guidance and its subsequent updates, amongst others:

National Institute for Health and Care Excellence (2018) NICE guideline NG93: *Learning Disabilities and Behaviour that Challenges: Service Design and Delivery*

National Institute for Health and Care Excellence (2015) NICE guideline NG10: *Violence and Aggression: Short-term Management in Mental Health, Health and Community Setting* 2019 surveillance of violence and aggression

The service has a policy on behaviour that challenges to ensure all residents 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.

Bridge House works within an NVR model, however, staff are trained in breakaway techniques and other forms of physical intervention and will only use these if the need arises to preserve life and safeguard the resident, or others from immediate harm.

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

## **20 Restrictive Practices**

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).

It adopts the definition of Restricted Interventions from this guidance as being;

*“deliberate acts on the part of other person(s) that restrict an individual’s movement, liberty and/or freedom to act independently in order to: take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; and end or reduce significantly the danger to the person or others; and contain or limit the person’s freedom for no longer than is necessary.”*

The Royal College of Nursing (2017) Three Steps to Positive Practice: Principles for practice for health and social care professionals (restrictive Interventions) are also taken into account and reviewed during decision making process.

We recognise that people who move to Bridge House may have experienced care in environments where they have been held in physical interventions, belongings may have been removed or doors have been locked to maintain their safety. At Bridge House we do not use physical intervention, staff will seek to work with residents and their wider teams to plan how we will respond to incidents and develop care plans based on individualised risk assessments.

The focus of our work will be to de-escalate incidents and help residents to develop effective coping strategies that do not require physical contact from staff.

The service does not use physical interventions to hold people, staff are trained in Non-Violent resolution and de-escalation. Breakaway techniques may also be used with light physical touch to support and guide a person to move away from a hazardous or dangerous situation. Staff will only use physical interventions to preserve life and maintain the safety of the resident, themselves or others.

Bridge House has an open door policy and whilst staff will work to promote safe choices, residents are free to leave the building at any time of day or night unless individual Deprivation of Liberty Safeguards are in place. Restrictions are minimal as we provide a rehabilitation and recovery community service.

Where a resident leaves the building despite advice of staff, we will where practical initially attempt to maintain contact with them through line of sight observation where this does not increase risk taking and encourage them to return. If staff loose contact with the resident they will follow the appropriate Missing policy in line with individual risk assessments and continue to try to re-establish contact by phone.

There may be times when restrictions on all residents 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 are avoided unless necessary and justifiable, and will to be authorised by the Registered Manager. This would be for the shortest period of time possible to achieve safety, and notification will be made to placing authorities and kept under constant review.

## **21 Consent and Rights**

The resident (and their relatives if appropriate) is always fully involved in decision making and consulted about their care at every opportunity.

If it has been assessed that a resident is unable to consent in an area relating to their care, the involvement of an appropriate representatives will be sought. This is to ensure the resident's rights are maintained, and an appropriate decision making framework is applied in the resident's best interests.

The service has regular access to a local independent advocacy service who are integral to supporting their rights. The service adheres to the Mental Capacity Act (2005) statutory principles.

If the resident is under 16 years old, we will continue to actively involve them in daily decision making alongside the person, or where appropriate the Local Authority holding parental responsibility. They will be consulted on decision making about their care plan.

The service will always advise the resident on safe and healthy choices and promote their safety, but is not able to restrict the residents' choice or freedom in order to prevent unwise choices made.

- Residents are able to voice their views at the Bridge House community and care planning meetings
- Residents give informed consent to treatment and have a right to refuse care
- Residents have a right to take positive risks
- Complaints are treated with sensitivity and confidentiality, and residents are able to voice concerns without fear of reprisal

The service is committed to comply with safe data management and will ensure that Personal Identifiable Information (PID) is not deliberately or accidentally released or made available or accessible to a third party without the residents' consent.

- Residents choose their activities of daily living including what time they go to bed, the time they get washed and dressed, the number and frequency of showers/baths they have plus where and what they eat. Staff will always suggest and advise positive and healthy choices. If the resident's choice of activity has an impact on their recovery, collaborative care plans that promote healthy lifestyles and recovery will be developed between the resident and staff team.
- The television in the communal area will be turned off at 23.00 hours on Sunday to Thursday and 24.00 hours Friday to Saturday with the aim of encouraging a healthy sleep pattern for the residents.
- Residents are encouraged to choose their own General Practitioner, Dentist and Optician in the local area.
- Residents are consulted in the community meeting when any changes are made to the running of the service.

## **22 Residents Involvement and Fulfilment**

The service believes that residents are the experts in their own lives and that involvement in their care is therapeutic in itself. As such, resident's views are central in identifying, delivering

and supporting their own care delivery and in shaping the service. When residents are involved it can increase confidence, raise self-esteem and develop new skills. The service regularly provides opportunities for residents to attend house meetings where issues will be raised to the Registered Manager and Fair Ways Quality, Safety and Governance committee. Residents will also be involved in personalising their environment.

There are notice boards around the home where information is displayed for residents, and they can join in with activities run by the participation team based within the Quality, Safety and Governance team. The participation team offer activities and the opportunity to give individual feedback. Bridge House has links to local advocacy services that can work with residents around specific issues that arise and may need individual independent support.

- Residents are encouraged to fully realise their personal aims and potential.
- The service aim is for residents to be content with their quality of life.
- Where a residents has their 18th birthday whilst living at the service, Bridge House will support plans to celebrate their birthday, reflecting individual wishes and managing risks.

## **23 Privacy and Dignity**

- The staff team will knock and wait before entering a residents' room. They will only enter a resident's bedroom without permission if it is assessed that the residents is at risk to themselves, others or the property.
- The staff team are aware of the need to maintain resident's confidentiality.
- All communication with residents is respectful.
- Residents are to be called by their preferred names.
- A visitor's policy is in place to protect privacy and dignity of all residents.
- Private access to a telephone is available.
- Residents will have a key to their own room and are encouraged to lock it when away or out. They are also provided with a room safe, and if they are over 18 years old they may be provided with a front door key.

## **24 Equality, Diversity and Faith**

Resident's care plans ensure that their cultural, gender identity, heritage, and linguistic identity are maintained and promoted. Residents are encouraged and supported in attending appropriate support groups, services and celebrating festivals which relate to their individual

religious and/or spiritual beliefs. Bridge House is located in Southampton which has access to a variety of religious institutions. Residents are encouraged and supported to maintain links with their faith and to take part in services or gatherings at their preferred local place of worship.

## **25 Social Media and Technology**

Residents will have access to their own television in their bedrooms and an in-house Apple Ipad. There is also a television and DVD player in the communal lounge. Wireless internet connection is available which has security software installed to minimise the risk of exposure to online material that could be detrimental to residents' well-being. The service has a policy in place that residents read and sign on admission. Online internet safety training and awareness is available for both staff and residents.

## **26 Education, Employment and Training**

As part of delivering holistic person centred care, residents who are not in education, employment or training will have access to ongoing educational assessment by the Education lead in the Fair Ways Hub. The service will support residents in accessing education, employment and training opportunities in the community. Residents may also attend one of Fair Ways' Ofsted Registered Schools, based on individual assessment and need.

## **27 Safeguarding**

Bridge House admission criteria covers 14-25 year old young people therefore due to their vulnerability, staff attend yearly children and adult safeguarding training. Relevant internal policies and procedures support this training. Staff have access to external training provided by local safeguarding health and social care partnerships in Southampton and Hampshire.

Safeguarding is on the agenda of monthly individual supervision meetings. The Registered Manager reports on risks identified to the internal Quality, Safety and Governance team, as well as the professional network and external local authority team. CQC Notifications are submitted where necessary. The Registered Manager also reports on safeguarding in their weekly and monthly reports to the Director of Health and at internal safeguarding reporting meetings.

## **28 Complaints and Compliments**

Fair Ways aims to always deliver compassionate high quality care although recognises that, at times, there will be occasions when residents feel they have not received this. If a residents, family/carer or professional is not satisfied with the care the service is providing, we encourage feedback so we may investigate this further and learning from it. Information on how to make a complaint is available in the welcome pack and is available in communal areas. An anonymous feedback box is provided to post ideas, complaints and compliments. The box is opened and checked by the Registered Manager on a regular basis and feedback is provided to residents and staff on actions planned and taken.

There is an independent email address provided for complaints to be submitted to the Fair Ways Quality, Safety and Governance Team, which is independent of Bridge House. Complaints are logged, and the response provided including timeframes are reviewed and audited.

We appreciate compliments and positive feedback about the service delivered and its staff. This will enable the team to be informed about the standard of care they provide which provides encouragement and validation of the good work they do.

## **29 Staffing**

The service is managed by an appropriately qualified and experienced Registered Manager. The Registered Manager promotes close working professional relationships with internal and external multi-disciplinary teams who hold responsibility for the residents' care. Joint working with the resident's community clinical network team is essential in order to work collaboratively in managing risks and providing support. Key decisions will often be made jointly to provide the best outcomes.

The Registered Manager and staff team are also supported by a clinical Director of Health and other clinicians and healthcare professionals in order to deliver the best care possible.

The Hub staff team of clinicians and therapists provide consultation and advice to the service on a regular basis. This includes facilitating professional meetings, proving group reflective supervision and advising on clinical pathways and interventions.

Bridge House is staffed twenty-four hours a day, seven days a week, fifty-two weeks a year, and there are no unstaffed times.

Residents and staffing ratios are determined by the assessment of need, however we have a staffing model which provides a minimum staffing ratio for staff to resident. Additional staffing can be commissioned day or night for specific periods of time to cover an increase in clinical activity to ensure safe quality care in delivered and maintained. This may be chargeable in addition to the paid weekly fee to the referring authority.

Fair Ways operates an on call system for out of hours to provide support to all levels of staff. This enables escalation to managers and directors to assist in decision making and risk management.

### **30 Training and Development**

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, Team Teach and NVR, food hygiene, medication management, COSHH, infection control, information governance and an introduction into therapeutic approaches. Staff are also trained on Clear Care which is the electronic resident's record system.

Within the first year of employment, staff complete Fair Ways Therapeutic Training which includes topics on attachment theory, brain development, mental health and core therapeutic skills to work with residents including CBT and DBT.

Recovery Support Workers are qualified or are expected to undertake training towards the level 3 Diploma in Health and Social Care. Registered Managers complete the Level 5 Diploma in Leadership and Management.

We provide and support (both internally or externally sourced or provided) Continued Professional Development opportunities for Health and Social care practitioners and nursing staff. This is reviewed during regular supervision meetings and annual appraisals. Funding is provided for bespoke training and courses where necessary and applicable, which staff can apply for to support their development and increase their knowledge base and skills.

### **31 Supervision**

Staff are individually supervised by experienced health and/or social care practitioners. Staff receive monthly group supervision facilitated by the Hub and one to one supervision by their line managers at all levels. An external clinical Psychologist is also contracted to provide supervision to the Registered Manager on a monthly basis.

### **32 Quality Assurance and Governance**

We have a number of ways of monitoring that care is consistently appropriate and effective to meet the needs of the residents. These include:

- A planned schedule of internal audits and reviews of practice

- Feedback from residents, families and professionals
- External independent advocacy
- Quality Assurance oversight by the Quality, Safety and Governance Team, an operationally independent team within Fair Ways.
- Quarterly visits by an Independent Quality Assurance lead to provide external scrutiny and benchmarking
- Monthly multi-disciplinary meetings to review residents' care plans
- Monthly in-house team meetings and health managers meetings
- A visiting senior manager to undertake unannounced visits to speak to staff, residents and assess the quality of care and the environment.
- External regulator inspection by the Care Quality Commission to ensure compliancy with the Health and Social Care Act 2012 and associated regulations.

Quality and safety issues are reported weekly via the Fair Ways risk reporting process. Weekly and Monthly reports are submitted to the Director of Health, and quarterly reports are submitted to the senior management team. There is a monthly rolling agenda item at the monthly staff team meeting to review learning from incidents.

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

We follow The Care Quality Commission's key lines of enquiries and implement best practice guidelines.

### **33 Fire Policy and Procedures**

The service has a fire policy with associated procedures which define the responsibility for fire safety to the Registered Manager. On moving in, residents receive an individual Fire Induction to ensure they know what to do in the event of a fire. Bridge House is a non-smoking environment and residents are encouraged to smoke off site and where appropriate to access smoking cessation programmes. The service has four statutory fire drills each year including one that takes place at night time. We complete a yearly full Fire Risk Assessment and this is saved on our SharePoint file. All staff are trained at induction on Fire Safety and attend annual updates. Residents are informed about fire procedures on admission and are orientated to the fire escapes and assembly point (s) within the home. The service has smoke alarms and a carbon monoxide detector, and the boiler is serviced yearly. A Fire Certificate is also provided by a regulated fire inspector.

### **34 General and Clinical Waste**

The service has arrangements in place 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 to an external agency. Fair Ways ensures we are compliant with all HSE and DOH guidelines and legislation, including:

- The Environment Protection Act 1990 (including Duty of Care regulations);
- The Controlled Waste (England and Wales) Regulations 2012;
- The Health Technical Memorandum 07-01: Safe Management of Healthcare Waste 2013;
- The List of Wastes (England) Regulations 2005; and
- The HASWA 1974.