Mental Welfare Commission for Scotland

Report on announced visit to: Phoenix House, 60 Florence Street, Glasgow, G5 0YX

Date of visit: 01 June 2016

Where we visited

Phoenix House is an eight bedded rehabilitation unit, principally serving the northeast of Glasgow. It is a community based inpatient service, not on the main hospital site, and uses the same range of services and resources that patients would access if living independently. The average stay is between six months and a year but this varies considerably and there are two patients who, due to the complexity of their needs, have been there around two years. We last visited this service in 2011 as part of a national themed visit and the report was positive.

Who we met with

We met with and/or reviewed the care and treatment of five patients and spoke at length to the ward manager.

Commission visitors

Alison Goodwin, social work officer

Mary Leroy, nursing officer

What people told us and what we found

Care, treatment, support and participation

We met with five patients and reviewed their records. The patients we spoke to did not raise any concerns about the ward and were positive about their interactions with staff. They generally understood their rehabilitation programmes and were largely engaged with these, some requiring more prompting and support from staff than others, depending on the complexity of their needs and motivation. Meal planning, shopping and self-catering is an integral part of the rehabilitation programme. Patients are responsible for their own laundry, household tasks and there is a four step programme for self-medication. Each patient has an individual weekly programme including activities of daily living, therapeutic, educational, social and recreational activities.

Care plans are very person-centred and detailed. They reflect the risk assessments and occupational therapy (OT), psychology and nursing assessments that have been done. We were pleased to see that there are regular multi disciplinary reviews of care and treatment plans recorded in the chronological notes. All patients are managed on the Care Programme Approach (CPA) and the minutes of the CPA meetings cover each area of care and support with clear action plans.

There is good attendance of the multidisciplinary team (MDT) members at ward meetings and it is clear from the chronological notes and MDT minutes that there is good communication and team work. There is a full time OT Band 6 post shared across the two Rehabilitation Wards, Phoenix House and Ailsa. There is an

additional 0.8 OT clinical support post in place to augment OT provision at Phoenix House. There is a psychologist post which is shared across the rehabilitation wards and we have been informed that the service has recently recruited two additional psychologists, which may allow more time to complete formulations for all the patients in Phoenix House as well as the ongoing work with individuals.

Pharmacy support for patients to progress to self-medicating is provided from Leverndale Hospital.

The consultant psychiatrist continues to cover patients when discharged until they are transferred to the local community mental health team. The Discharge and Resettlement Team provide the CPN support during this transition. Pharmacy at Leverndale, arrange transfer of medication arrangements to local services post discharge.

Patients attend the ward and CPA meetings and are involved in setting the goals for their rehabilitation. 1:1 time with key personnel was evident in the chronological notes. There are two patient meetings each week, one to plan the week's activities and one to plan the communal meal that is on a Sunday. There is a regular documented discussion with each patient to encourage the use of advocacy, advanced statements and nomination a named person, where appropriate.

There is recognition and encouragement of family involvement. There are two staff who have been trained in Behaviour Family Therapy and the psychologist is looking at starting a family therapy group in October for Ailsa ward and Phoenix House patients. We saw recognition of the importance of other relationships for patients and some good examples of positive risk-taking by staff with regard to this.

All patients have an annual health check completed by their GP and there is good follow up of any physical health issues arising from this, as well as on an ongoing basis.

Use of mental health and incapacity legislation

We were pleased to find all consent to treatment forms under the Mental Health Act were in place.

There were good personal spending plans for those patients whose funds were managed under Part 4 of the Adults with Incapacity (Scotland) Act 2000 Act (Adults with Incapacity Act).

There were copies of section 47 certificates of incapacity to consent to medical treatment under Part 5 of the Adults with Incapacity Act, where appropriate.

Rights and restrictions

There is an open door policy and patients are asked to sign in and out so staff know who is in the building. The external door is locked at night for the safety of patients and they require to knock to get in, if out late.

None of the patients are specified persons. Very occasionally patients are asked to provide urine samples where there is a suspicion they have taken illegal substances.

Activity and occupation

Each patient has an individualised weekly activity planner. This includes therapeutic, social and recreational activities and activities of daily living. OT and nursing staff work closely with each person on their timetable.

There is a programme of weekly activities within the unit but the majority of activities involve using community resources. Community activities are wide-ranging and include Glasgow North and South Integrated Training, the Restart project (horticulture, art, crafts, computer skills, woman's group, healthy living group etc), the local library with internet access, sports centres, educational classes, and use of a variety of leisure facilities according to individual interests.

The physical environment

The unit is in an ideal location to fulfil its function as a rehabilitation resource. It allows patients to easily access the full range of services and community facilities that they could utilise if living in their own homes. This makes the transition to their own accommodation much more streamlined than if they were in a ward on a hospital site. The unit is bright and clean with a lot of natural light. It has a pleasant sitting and dining room. There are eight spacious single rooms.

Summary of recommendations

None

A copy of this report will be sent for information to Healthcare Improvement Scotland.

Alison Thomson,

Executive director (nursing)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.
The Commission visits people in a variety of settings.

The MWC is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors. Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at

when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk


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