

Phoenix Futures Care Home Care Home Service

Munro Court
15 Castlebank Villas
Glasgow
G13 2XA

Telephone: 01413 320 121

Type of inspection:
Unannounced

Completed on:
26 July 2023

Service provided by:
Phoenix Futures

Service provider number:
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Service no:
CS2003016224

About the service

Phoenix Futures Care Home provides residential rehabilitation, care and support for up to 31 adults who are experiencing problems with substance misuse and who wish to achieve and sustain an independent lifestyle. These adults are referred to as community members. People typically stay for three months.

The service is in the Anniesland area of Glasgow and is staffed and managed by Phoenix Futures, a national charity. Accommodation is provided in a modern two-storey building, with a garden, and has single en suite bedrooms.

The principal aims of the service are to support people to regain self-worth and integration into society with opportunities to rebuild their lives and end their dependency on drugs/alcohol.

The programme comprises of four phases which people progress through at their own pace, according to their own needs and level of engagement.

About the inspection

This was an unannounced inspection which took place between 13 and 26 July 2023. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection, including complaints.

In making our evaluations of the service we:

- spoke with 14 people using the service, three people who previously used the service, and four of their family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals, and the commissioner for Glasgow Health and Social Care Partnership
- received email feedback from other organisations.

Key messages

- People benefitted from the structure and routine of the programme and the support of their peers.
- The additional support that some people needed, to compliment the peer support they received, was not always evident.
- The service worked well with other organisations and recovery communities, providing good opportunities to support people in their recovery.
- Improvements were needed to ensure that staff practice was consistent to avoid people feeling they were being treated less favourably.
- Further improvements were needed to ensure that the impact of trauma and mental health are a consideration in the design and delivery of the service, to compliment the current model.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

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| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 3 - Adequate |
| How good is our setting? | 4 - Good |
| How well is our care and support planned? | 4 - Good |

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We have evaluated this key question as adequate as there were some strengths, but these just outweigh weaknesses.

The support offered focussed on the Therapeutic Community model which included a structured schedule that community members were expected to adhere to. This involved participating in group sessions and work groups within the home, providing support by encouraging personal responsibility and interaction with others on their recovery journey.

A team of staff, some with lived experience themselves, facilitated group sessions and had key work responsibilities for individuals living in the home. Peer support provides an important element of the service's approach to rehabilitation. This type of support was valued by many of the people we spoke to, some spoke of the positive impact that having the opportunity to act as a peer to others had on their sense of self-worth.

Community members told us that staff encouraged them to seek support from their peers. However, for people with more complex needs, such as mental ill health and neurodivergence, peer support was not always sufficient to meet their needs. Community members reported that they did not feel equipped to support their peers when they needed greater levels of support or intervention. This had an impact on the wellbeing of both the peer, who felt unable to offer support, and on the person, who did not have their needs met by the support offered. It was encouraging to hear that the service was trying to recruit to fill a vacant mental health nurse post to compliment the staff team.

From speaking with people, we were not confident that staff always recognised when it would be more appropriate for them to speak to people rather than redirecting to peers. Relatives and visiting professionals also shared concerns that people were not always receiving the support they needed for their mental health and wellbeing (see requirement 1).

We spoke with community members as well as some who had successfully completed the programme recently. We also observed interactions between staff and community members. Some community members told us that whilst they found the programme challenging, the structure was needed to support them in their recovery. However, people using the service also told us that, at times, they felt staff spoke to them in unprofessional and inappropriate ways. This is contrary to the Health and Social Care Standards and codes of practice that staff should adhere to.

Staff members spoke positively about the people they supported and celebrated their successes. People we spoke with were complimentary about their keyworker and the positive impact they had on their progress through the programme.

Days at the service were scheduled to ensure people were engaging with the programme in place. In addition to group sessions, there were opportunities for people to participate in a wide range of activities. This included yoga, street soccer, drama therapy, creative arts, alcohol free social events, pride month events, and opportunities to spend time in nature. There were also opportunities for people to give something back to the community and we heard that people had been involved in maintaining planters at the local railway station.

The service had built good and effective working relationships with several partner organisations and local recovery communities. During the inspection, we received feedback from many of these organisations sharing their positive experiences of working with Phoenix Futures and the people they support. This meant that people had opportunities to learn new skills, build confidence and build relationships with other organisations and communities.

Some people were receiving the support they needed to be able to maintain or re-establish relationships with their children. However, people with young children at home said that the time when they could make calls was too late for their children. Families and supported people also told us that the allocated time for visiting did not suit everyone due to work or childcare commitments, and some people felt this meant they could not see their families. The management team explained that there was flexibility with visits and times for calls. We asked the management team to provide clarity to people as this was not the understanding of people we spoke with.

In order to prevent social isolation and participate effectively in the programme staff encouraged people to participate in group activities. People told us that that staff needed to be more sensitive to their mental health needs to avoid feeling pressurised to attend groups when they were feeling unwell or 'having a bad day' (see area for improvement 1).

We saw evidence of good support for people with physical health needs including weight loss and good access to health professionals such as community nurses. The service provided regular opportunities to participate in exercise, both indoors and outdoors, and encouraged people to make healthy lifestyle choices, including with their diet. This meant that people were able to make improvements to their health and wellbeing if they chose.

The service had an arrangement with a local GP who dedicated time each week to the service. This arrangement provided people with medical support for their initial period in the service if they were still undergoing a detoxification process. GP appointment requests were arranged by staff; however, we could not see evidence that staff processed every request for an appointment. Some people said that they had resorted to asking to attend the accident and emergency department at hospital, in an attempt to be seen by a doctor. External healthcare professionals also told us that the service did not always support people to prioritise scheduled appointments with them. This meant that people's health needs were not always addressed or attended to in a timely manner.

People said it was expected that they would open up within the group setting in accordance with the participative groupwork approach. As there was limited evidence of a trauma-informed approach, we were concerned about people's vulnerability and the potential impact of disclosing traumatic experiences for both the individual and their peers. It is vital that appropriate safeguards are in place to ensure people do not feel compelled to disclose information when it is not safe or appropriate for them to do so, or they do not have the necessary skills to keep themselves safe afterwards (see requirement 1).

Whilst the manager said there were plans to increase the level of trauma training for staff, we were concerned that a trauma-informed approach had not progressed further and was not reflected in policies.

Requirements

1. By 30 September 2023, the provider must ensure that there are appropriate safeguards in place to support people who have experienced trauma. To do this, the provider must, at a minimum:

- Develop a plan to ensure trauma needs are included in the design and delivery of the service. This should include how a trauma-informed approach will be embedded within policies, procedures and working practices.
- This plan should ensure that trauma training provided to staff is commensurate to their role and regularly reviewed to ensure that staff apply their learning to practice.
- Provide clear guidance to staff to minimise the risk of vicarious trauma for community members. This includes that staff recognise occasions when it is inappropriate for people to seek support from their peers.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This is to ensure staff skills and knowledge is consistent with Transforming Psychological Trauma: A knowledge and skills framework for the Scottish workforce.

Areas for improvement

1. To ensure that people receive the support they need, staff should be considerate of factors such as low mood or ill health and its impact on people being able to engage in group activity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, as strengths only just outweighed weaknesses.

It was evident that the management team were passionate about the service and the Therapeutic Community model. They were able to identify some of the ways in which the service could improve. This meant that management were able to reflect on practice and had a desire for improvement.

Staff members spoke positively about the management team and about how they felt supported by them. They told us that the door was always open if they needed advice or support. Management would get involved in the running of the service when staff needed their support. This meant that staff in the service felt they had the support they needed to work effectively.

The management team were often involved in the delivery of groups and sessions, as well as providing one-to-one support for people in the service. Whilst this meant that they were accessible to people at the service, it potentially impacted on time that could be dedicated to focusing on driving service improvements.

The service had some systems in place to monitor aspects of service delivery and ensure quality. However, we found that these were often being overlooked. For example, cleaning being carried out by community members was required to be signed off by staff to ensure that sufficient standards of cleanliness were being met. We found that this had not been done for several weeks. This meant that management were not able

to ensure that there was effective infection prevention and control management. Whilst the systems that we saw had the potential to ensure quality, we could not see how management were ensuring these were followed.

We viewed the service improvement plan. The service had used the Care Inspectorate's Quality Framework. This reflected some feedback from people that they would like more outdoor activities. We saw that there were plans to involve people in changes to the programme. The plan could be improved by including self-assessment and reflective questions to clearly indicate where the service felt improvement was needed and to evaluate progress.

Whilst there was opportunity for people to give feedback about the service through an electronic survey, there were several reports from community members and their relatives of issues and concerns that had been raised with management but that nothing had changed. This meant that people did not always feel that they were listened to, or their concerns addressed. Management said they spoke to individuals about their feedback and tried to support their requests when they could. We did not see a clear pathway for how comments, compliments or complaints received were recorded or acted upon (see area for improvement 1).

We suggested a community member's forum or house meeting where people could discuss matters specifically relating to the service. Community members and ex community members we spoke with agreed this would be a good idea. Management advised that this was something they did previously, as well as having a 'You said, We did' board. We spoke with management about the benefit of forums being independently facilitated. This would mean that people had an opportunity to be genuinely involved in decisions about how the service is run (see area for improvement 1).

We saw that the service had procedures in place to learn from adverse events, meaning people were, overall, protected from harm. However, on reviewing accident and incident records, we found that the service were not always reporting these to Care Inspectorate or other external bodies in line with their legislative duties (see requirement 1).

Tasks that were the responsibility of staff who had either left their employment or were on long term leave had not been effectively redistributed. This meant that tasks that were important to the effective running of the service were being missed, such as ensuring satisfactory levels of cleanliness. During the inspection we found that cleaning lists had not been signed off by staff for several weeks. Management should ensure that responsibility is delegated and tasks carried out.

The programme delivered by Phoenix Futures aims to support people to learn skills such as self-regulation. As part of this, people were both praised and challenged in relation to their behaviour. These approaches were designed to support people to reflect on their behaviour and the impact it had on themselves and on others. However, staff were not always consistent in how these were managed and, at times, interpreted the rules differently. We discussed this in more detail under key question 1. This had the effect of some people feeling that they were treated less favourably than others. We asked the management team to provide clearer information about the house rules and to advise people that there may be consequences if these were not adhered to (see area for improvement 2).

People supported by the service and staff alike often had different interpretations of events, rules, and policies. Examples included whether drinks and snacks were available at any time of the day, whether family could only visit at allocated times, or could visit at different times if they were unable to attend the specified slot. There was also some uncertainty about what was allowed under the medication policy with regards to over-the-counter complementary medications. This lack of consistency sometimes caused people to feel that they had been treated less favourably than others. It also meant that some people felt

they were not having their needs met. We discussed the need to have clarity in relation to the house rules with the management team. This will help to ensure that people know what to expect, promote their rights and manage their expectations (see area for improvement 2).

Staff had opportunities to develop their skills and knowledge through training available. Gaps in knowledge could be identified through the supervision process. Irrespective of this we found inconsistencies in staff knowledge to support people with conditions such as Attention Deficit Hyperactivity Disorder, autism and eating disorders. Consistent approaches to supporting people require management oversight to ensure that all staff are using the same information and learning to support people. This meant that people could not be sure they would receive consistency of approach and support that met their individual needs.

Requirements

1. By 30 September 2023, the provider must ensure that there are appropriate systems in place to inform the Care Inspectorate of all notifiable events in a timely manner.

This is in order to comply with Regulation 21 (notification of death, illness and other events) of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations, 2022 (SSI 2002/114).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This is to ensure staff knowledge is consistent with the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

Areas for improvement

1. To ensure that people have opportunity to improve the service they receive, the management team should reinstate the community member's forum. A record of discussions and decisions made at these meetings should be kept and made available to all staff and community members.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

2. The management team should ensure that staff are consistent in their practice and that practice meets expected standards. This should include, but is not limited to observing staff practice, and ensuring that people who receive the service are provided with information about house rules and the consequences of not adhering to these in a manner that suits their needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, as strengths only just outweighed weaknesses.

The service's mandatory (induction) training did not cover legislation and relevant codes that would be expected in care services in Scotland, with reference only to English Mental Health and Capacity law, rather than Scottish legislation. The training also omitted relevant professional standards, such as the Health and Social Care Standards and the Scottish Social Services Council Codes of Practice. This meant that staff were not formally made aware of the professional standards expected of them in a work setting prior to beginning their employment. From speaking to staff, community members and their families, it was evident that not all staff were consistently reflecting these codes of practice. We found that some staff struggled to make the transition from a person with lived experience to social services worker. Management need to ensure that staff are well supported during this time and that the induction period is sufficient to support this transition (see area for improvement 1).

We saw some examples of "Toolbox Talks" that the manager carried out with some of the staff. These were a good example of supporting staff to reflect and receive feedback, on their practice. We would like to see these used with more regularity in a planned way to ensure all staff have this opportunity and that all topics are covered with staff. This would mean that the manager would have an opportunity to assess the level of skill that staff have and identify any development needs.

To support the proportionately large female population at the service, an understanding of power imbalance in relationships and the impact of gender-based violence would be beneficial. The management team should ensure staffing arrangements and skill mix meet the needs of people being supported including those with health needs and the specific needs of women. In addition, staff should be supported to provide suitable support to people with more complex support needs for example; mental ill health, autism, attention deficit hyperactivity disorder and literacy issues (see area for improvement 2).

It was positive to see that both staff and community members received training on the administration of Naloxone, which is a medication used to help prevent deaths through opiate overdose. This training, along with the availability of Naloxone, meant that staff and the community had the skills and equipment to prevent deaths from overdose should they require. Staff were also supported to undertake training that, allowed them to provide meaningful activities. This contributed to increasing the number of activities that were available for people.

Areas for improvement

1. To ensure that induction training for all staff is in line with recognised best practice, the provider should ensure that they map their induction training with the National Induction Framework for Adult Social Care in Scotland.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. To ensure that staff have sufficient skill and knowledge to effectively support people being supported by the service, the manager should carry out a training needs analysis. The findings from this should inform a training and development action plan and should reflect the diverse needs of people the service supports.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How good is our setting?

4 - Good

We have evaluated this key question as good as a number of important strengths, which taken together, clearly outweighed areas for improvement.

The building was well laid out and nicely decorated. Individual bedrooms were grouped into small gender specific units where people had access to communal seating areas and small kitchens. The service benefitted from outdoor space. There was a large dining area where the whole community could come together at mealtimes, this was also used for group activities. A small gym was available for community members to use. Community members also had access to a laundry as well as domestic washing machines in the small kitchens. This meant that people had access to facilities that met their needs and promoted their independence.

Whilst some areas needed attention, the service improvement plan outlined plans for redecoration and refurbishment. This indicated that the service had ongoing plans for improving the environment and maintaining standards.

The cleaning of the premises was carried out by community members as part of their programme. As staff assigned to check that cleaning schedules were completed had not been carrying this out routinely, this meant that some infection prevention and control standards were not being maintained (see area for improvement 1).

Items were left out, such as irons and ironing boards. Toilets were being used to store vacuum cleaners and cleaning products were left lying around instead of locked away. This created unnecessary environmental hazards and restrictions in the use of parts of the building.

Areas for improvement

1. To ensure people benefit from safe infection prevention and control (IPC) practices, the manager should implement more effective governance and quality assurance measures in relation to IPC management. These should meet the standards of the NHS guidance in the Care Home Infection and Prevention Control Manual.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How well is our care and support planned?

4 - Good

We have evaluated this key question as good as a number of important strengths, which taken together, clearly outweighed areas for improvement.

We reviewed a sample of care plans and key working notes for people in the service. The service used the Drug and Alcohol Outcome Star to measure progress and plan support. These formed the basis of people's care plans. The use of an outcome tool meant that people were at the centre of the discussions about their progress and could see the progress that they were making in relation to their recovery.

Within care plans and the key work notes, we saw that as well as discussing their progress within the programme, people were able to discuss their own personal goals and aspirations and identify interventions to support them to achieve these. We saw that some people progressed quickly through the programme and completed the actions they had agreed at their previous key work sessions. Others were carrying over tasks from session to session. We didn't see any evidence of a discussion about what support they needed to complete the programme.

We suggested that care and support planning could be improved by including more detail about how each individual is to be supported. Using information provided by the person and other professionals who know them would support this. Examples of detailing planned support might include; how people can best be supported with their communication, what should staff be looking out for in terms of supporting individuals' mental health needs and how best to support these. This would contribute to optimising the support people receive and potentially improving their experience of the programme (see area for improvement 1).

Areas for improvement

1. The service should develop care plans to include information about the person's support needs in regards to their physical and mental health needs, as well as any communication support or reasonable adjustments they require to be able to participate in the programme.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

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| How well do we support people's wellbeing? | 3 - Adequate |
| 1.1 People experience compassion, dignity and respect | 4 - Good |
| 1.2 People get the most out of life | 4 - Good |
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |

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| How good is our leadership? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |
| 2.4 Staff are led well | 3 - Adequate |

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| How good is our staff team? | 3 - Adequate |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 3 - Adequate |

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| How good is our setting? | 4 - Good |
| 4.1 People experience high quality facilities | 4 - Good |

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| How well is our care and support planned? | 4 - Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good |

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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