

# Ocean Recovery and Wellness Centre

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Overall summary

This was an unannounced focused inspection relating to issues identified at a previous inspection in March 2017.

Following the inspection in March 2017, we issued two warning notices. They were issued under Regulation 12 (safe care and treatment) and Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this inspection we found

- The provider had made significant changes and had met the requirements of both warning notices.
- Client risk was effectively managed. Risks were assessed and identified during the assessment

process. Risk management plans were in place and being followed. Physical observations were being carried out in accordance with best practice and withdrawal symptoms were being monitored.

- Medication was being administered in line with identified prescribing regimes. Staff had been assessed as competent to administer medication. Prescription charts and medication administration records were completed properly, signed and dated. Medication was stored safely.
- The service was auditing the quality of care. The team manager conducted weekly audits of client records. The provider completed a quarterly quality and compliance audit.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		This was a focused inspection

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# Summary of findings

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### Summary of this inspection

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# Ocean Recovery and Wellness Centre

## **Services we looked at**

Substance misuse services;

# Summary of this inspection

## Background to Ocean Recovery and Wellness Centre

Ocean Recovery and Wellness Centre provide 24-hour care for clients who are undergoing detoxification from alcohol or substance misuse. The service is based in Blackpool. It has 18 beds over three floors but there are only ever a maximum of 12 clients admitted to the service at any one time. There were six clients admitted to the service at the time of our inspection. The service accepted nationwide referrals from males and females aged 18 years or older. The service accepted referrals for clients who were privately funded.

The service was registered with CQC in December 2014. It is registered to provide accommodation for persons who require treatment for substance misuse and treatment of disease disorder or injury. The service had a registered manager.

There have been five previous inspections carried out at the service.

The service was most recently inspected in March 2017. We found that previous improvements had not been sustained. The service was issued with two warning notices under regulation 12 (safe care and treatment) and regulation 17 (good governance).

At this inspection, we followed up on the findings of the March 2017 inspection. Since our last inspection, a new executive team had been formed in the provider organisation.

## Our inspection team

The team that inspected the service comprised CQC inspector Paul O'Higgins (inspection lead), a CQC inspection manager and a CQC pharmacist specialist.

## Why we carried out this inspection

This inspection was carried out to check whether the service was now compliant with Regulation 12 (safe care and treatment) and Regulation 17 (good governance). Following our last inspection Ocean Recovery was issued with warning notices under those regulations. The service was required to be compliant by 26 April 2017.

The warning notice issued under Regulation 12 related to a failure to effectively assess and manage client risks; a

failure to carry out appropriate physical health checks and monitor withdrawal symptoms; inappropriate medication management and a lack of adrenaline pens to respond to an allergic reaction.

The warning notice issued under Regulation 17 related to a failure to effectively monitor and audit client records and the quality of care being provided.

## How we carried out this inspection

On this inspection, we assessed whether the service had made improvements in response to the specific concerns we identified during our last inspection. We inspected elements of the following domains:

- ? Is it safe?

- ? Is it effective?
- ? Is it well led?

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

# Summary of this inspection

- ? spoke with the registered manager
- ? spoke to two other staff members
- ? reviewed six care and treatment records
- ? reviewed six prescription charts and medication administration records
- ? reviewed medication management and
- ? looked at policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

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

We always ask the following five questions of services.

### **Are services safe?**

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff assessed client risk on admission. Risk assessments were of a good quality. Risk management plans were in place. Risks identified during the assessment process were addressed in the plan.
- Staff managed and administered medication safely. Medication was stored appropriately. Prescription charts and medication administration records were fully completed, signed and dated.
- Staff had been assessed as competent to administer medication. Medication had been administered in line with prescribing regimes.
- Staff had access to two adrenaline pens in the event of an allergic reaction. Both pens were in date and staff had received training on how to use them.

### **Are services effective?**

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff monitored clients physical health and withdrawal symptoms. Staff completed Clinical Institute Withdrawal Assessment for Alcohol during the first phase of detoxification.
- The service was auditing the quality of care records, physical health monitoring and the administration of medication

### **Are services well-led?**

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service was auditing the quality of care it provided.

# Detailed findings from this inspection



# Substance misuse services

Safe

Effective

Well-led

## Are substance misuse services safe?

### Assessing and managing risk to clients and staff

Following our inspection in March 2017 there were concerns related to safe care and treatment. We found that the service did not properly assess, mitigate and manage risks to clients undergoing a detoxification programme.

At this inspection, we found that the provider had introduced new risk assessment tools. Staff had received training on the new documentation and the risk assessment process. Staff we spoke with were able to explain the risk assessment process and where information was captured.

We reviewed six client records. All six records had a risk assessment and risk management plan in place. The quality of risk assessments was good. We found that risks had been identified and were being managed. However, we found one record where the client had undergone repeated recent detoxifications. This had not been identified as a potential risk factor. However, the client was being monitored appropriately so the risk was being mitigated. Risk management plans that were in place were being followed. Staff we spoke with showed a good understanding of individual client risk. This meant that the aspects of warning notice relating to the management of client risk had been met.

At the previous inspection, there were concerns related to the safe management and administration of medication. We identified that prescription charts and medication administration record sheets were not always completed in accordance with best practice and relevant legislation. In addition, we found that medication was not always being administered in line with the prescribed regimes.

At this inspection, we reviewed six prescription charts and medication administration records sheets. All six clients had their allergy status recorded on their records, which reduced the risk of receiving something they were allergic to. There was no duplication of prescription charts and all

charts were signed by a doctor. Clients had a record of regular medicines, supplementary medicines and a detoxification prescription as appropriate. The medicines records had been revised to include pre-printed information to reduce the possibility of transcription errors and provide relevant information. Prescribing regimes had been followed. There were no gaps in the administration records seen, which meant all clients received their medicines as prescribed.

Patients own medicines and prescribed medicines were stored correctly and safely. Regular checks were carried out to maintain stock levels and daily stock counts were being performed. However, we found several medicines in the cupboard that were not on the stock list. Controlled drugs were stored safely and the stock balance was correct. The service had two adrenaline pens for emergency use that were both in date. Staff were being assessed against a competency framework prior to being able to administer medication.

This meant that the aspects of the warning notice relating to safe administration of medicines had been met.

## Are substance misuse services effective? (for example, treatment is effective)

### Best practice in treatment and care

At the previous inspection in March 2017 there were concerns related to a failure to effectively monitor the physical health and withdrawal symptoms of clients during detoxification.

At this inspection, we found that the provider had introduced new guidance and training around physical health, client observations and the use of withdrawal assessment scales. Staff we spoke with were knowledgeable about the processes.

At this inspection, we reviewed six client records. All observations requested by the admitting doctor had been completed. One client had not been admitted for a

# Substance misuse services

detoxification. However, the other five records had completed alcohol withdrawal scales in place. These had been repeated during the first phase of detoxification. They had been completed fully and in line with guidance. Where scores indicated the need for additional medication or identified a potential risk staff followed appropriate policies.

This meant that the aspects of the warning notice relating to the effective monitoring of physical health and withdrawal symptoms had been met.

We had concerns at the previous inspection related to a failure to audit medication administration records and the use of alcohol withdrawal scales.

At this inspection, we found that weekly audit checks were performed on all client administration records. This included medication administration records and withdrawal scales. Discrepancies, actions and learning was recorded and shared with staff through supervision and in team meetings.

This meant that the aspects of the warning notice relating to the effective auditing of records had been met.

## Are substance misuse services well-led?

### Good governance

At the previous inspection there were concerns related to a failure to effectively audit service delivery. The service had put an audit calendar in place to achieve this but had not been following it.

At this inspection, we found that weekly audit checks were performed on all client administration records. Discrepancies, actions and learning was recorded and shared with staff through supervision and in team meetings. In addition, the provider had begun undertaking quarterly quality checks at the service. The results and recommendations from these audits were shared with staff in team meetings. The provider had also rewritten and reissued a range of policies and procedures to provide clearer guidance for staff.

This meant that the aspects of the warning notice relating to the effective auditing of service delivery had been met.

# Outstanding practice and areas for improvement