Ocean Recovery and Wellness Centre

Quality Report

Ocean Recovery and Wellness Centre
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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

We carried out a focused inspection to check whether improvements had been made since our last inspection in June 2015.

We found that:

- The provider had taken action to address concerns regarding premises, particularly in relation to fire safety.
- The provider had taken action to address concerns regarding safe staffing, recruitment and supervision procedures.
- The provider had taken action to address concerns regarding safeguarding arrangements.
- There was improved and visible leadership within the service.
- The provider had taken action to address the concerns regarding quality checks.

This all meant that the provider had taken sufficient action to address the issues we raised in two warning notices, which we issued in July 2015 following our last inspection.

However, on this inspection we found that:

- Personal evacuation plans were not fully individualised.
- One patient admitted with identified pressure ulcer sores was not receiving appropriate treatment to ensure their ulcer sores did not worsen.
- Care plans were not fully detailed as they did not explain what care and treatment people would receive.
- The safeguarding policy and complaints policy did not properly tell people about our role in complaints and safeguarding.

We have issued a requirement notice to the provider telling them they need to improve their arrangements to provide safe care. We will monitor the action they take.

Summary of findings

Contents

Ocean Recovery and Wellness Centre

Services we looked at:
Substance misuse/detoxification

Summary of this inspection

Background to Ocean Recovery and Wellness Centre

Ocean Wellness and Recovery Centre provides 24 hour care and treatment for people who are undergoing detoxification from alcohol or substance misuse. The service is based in a central location on the promenade in Blackpool centre. It has 18 beds over three floors. The service accepts nationwide referrals from male and females aged 18 or over. The service accepts referrals for people who are privately funded or NHS funded.

The service is registered with us to provide accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury. At the time of the inspection in September 2015, Daniel Voice (who was the registered manager) no longer worked for Ocean Wellness and Recovery Centre. There was a new manager in place who was applying to be registered. At the time of this inspection in September 2015, there were seven people who were receiving care and treatment at the service.

The service was registered with us in December 2014 and we have inspected the service once before. We carried out a focused inspection on 3 June 2015 following whistleblowing concerns.

As a result of what we found, we issued the provider with warning notices in July 2015 in relation to regulation breaches about premises due to poor fire safety arrangements and in relation to the management and quality assurance of the service. We told the provider they needed to take action by 14 August 2015.

We followed this up on this inspection.

Our inspection team

The inspection team consisted of two inspectors and an enforcement inspector.

Why we carried out this inspection

We carried out a focused inspection to check whether the provider had taken sufficient action to improve fire safety and safety concerns and improve quality checks identified in the warning notices we issued in July 2015.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

On this focused inspection, we checked whether the service was safe and well led. We do not currently rate independent substance misuse services.

Before the inspection visit, we reviewed information that we held about the location. We carried out a focussed unannounced inspection on the 25 September 2015.

During the inspection visit, the inspection team:

- spoke with the manager

Summary of this inspection

- spoke with two support staff, a sessional doctor, a therapist, a housekeeper and a chef.
- spoke with two people who used the service
- reviewed care records of people using the service
- reviewed staff files
- looked at the environment and in particular the fire safety arrangements
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with two people who used the service. People commented that they felt well supported at Ocean Recovery and Wellness Centre. They stated that they found staff very helpful and supportive.

People told us that they were regularly checked on throughout the day and night if this was necessary when they commenced their treatment. People told us they felt safe and the evacuation plans in the event of a fire were discussed with them. People told us when they were admitted to the centre they were shown the fire procedures and there were fire instructions displayed in their bedrooms.

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 found that:

The provider had taken action to address the concerns regarding fire safety:

- Staff were undertaking the daily, weekly and monthly checks as stipulated in the fire procedure.
- There had been changes to the environment to improve the fire safety arrangements including new fire alarm system, new fire door systems, new latches on the external gates and new signage.
- Staff induction checklists showed fire safety training had been completed.
- There were personal evacuation plans in place for each person in the event of a fire.
- There were new arrangements in place to prevent falls from the external flat roof space accessed from the third floor due to the low barrier.

The provider had taken action to address the concerns relating to safe staffing, recruitment and supervision procedures we found on our last inspection.

The provider had taken action to address the concerns regarding safeguarding arrangements :

- The service had a new safeguarding policy in place which was specific to the service and the service also outlined what people could expect from the service.
- Staff were aware of their responsibilities to detect and report abuse.

However,

- Personal evacuation plans were not fully individualised.
- It was not clear that staff were providing appropriate treatment for one person who already had pressure ulcers when they were admitted to the unit to ensure the pressure ulcers did not worsen.
- The safeguarding policy did not record the need to notify us, as the regulator, of any incidents of abuse or suspected abuse or include the local multi-agency safeguarding policy.

We have issued a requirement notice to the provider telling them they need to improve their arrangements to provide safe care. We will monitor the action they take.

Summary of this inspection

Are services well-led?

We found that:

- There was improved and visible leadership within the service.
- The service sought the views of people through community meetings and took action to address people' issues and concerns.
- Health and safety and environmental checks were now in place.
- The new manager had started to evaluate the quality of the service including identifying shortfalls in assessment completion.
- Staff meetings were taking place and evidence to show that staff views actioned
- Regular supervision of care staff was taking place
- The manager had taken action to ensure adequate staffing levels in the event of increased bed occupancy.
- New starters were recruited appropriately to ensure they were good caring staff. For example, all staff had Disclosure and Barring Service (DBS) checks completed and the reference numbers and dates of issue were held on their personnel files.
- The service had updated its policies, for example it now had an appropriate complaints policy in place and people knew how to complain.
- The service had taken a number of actions to address the fire safety concerns and gaps in the management of the service which had been identified on our last inspection.

However,

- The manager had not been able to obtain all the employment documents for existing staff, held by the company administrator and this included photographic identification. The manager assured us he would attend to this matter immediately, contact the company secretary for these documents and ask staff to provide photographic proof of identification. The manager provided written assurance following our inspection that this had occurred.

Detailed findings from this inspection

Substance misuse/detoxification

Safe	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

The provider had taken action to address the concerns regarding fire safety we found on our last inspection. On this inspection, we found that:

- Staff were undertaking the daily, weekly and monthly fire safety and environmental checks. The new manager had introduced these checks. Records showed that these checks had been carried out as stipulated in the fire procedure.
- The rusted bolts had been removed on the external gates allowing access to the front of the building. New latches had been fitted to ensure full means of escape in the event of a fire
- The gate from the fire escape from the third floor was no longer blocked by a large grey industrial waste bin. Staff were clear that the bin should not be placed in front of the gate. This meant that people could exit safely to the front of the building.
- There was a new fire alarm system fitted. This had a panel which was situated in the reception area which sounded the fire alarm and identified clear zones within the home with a corresponding map of the home showing the zones. This meant that staff could easily identify the area where any alarm was sounding.
- The fire doors had been changed and were now on magnetic openers so they would shut automatically in the event of a fire.
- There were new notices displayed throughout the building to indicate the routes people should take in case of a fire. On the day of our inspection, there was one fire exit door without a fire door sign above it. This was addressed during the inspection with a temporary sign put up whilst awaiting the approved fire door sign.
- Records of checks of fire escape routes and fire doors were completed twice a day by staff and displayed. This meant that staff checked that exit routes were clear in the event of a fire.
- The fire safety risk assessment was displayed in the office setting out the five steps staff should follow to risk assess people and the premises to reduce the risk of fire.
- In the staff records, staff induction checklists showed fire safety had been completed. Staff we spoke with were clear about the fire procedures. All staff we spoke with were aware of the evacuation procedure if the fire alarm was activated.
- Staff who were employed on a sessional basis and were frequently not on site said they were present when the fire alarms were tested. These staff told us they were not involved in fire drills. We raised this matter with the manager who assured us sessional staff would be involved in future fire drills.
- There was a recent fire risk assessment which was comprehensive and clearly identified the risks and the action to manage the risks.
- There were new arrangements in place to manage the external flat roof space accessed from the third floor. When we inspected in June 2015, the space was used by service users for sitting outdoors with chairs. We were concerned that this space had a fence which was only waist height and was not a solid structure which meant there was a risk of people falling from a height. On this inspection, this space was no longer routinely accessed and was only used a fire exit route from the third floor. Staff and people were clear that this was only to be used in an emergency, and was otherwise not in use. The door was locked but could be opened in the event of a fire. People were only on the third floor under supervision of staff. The manager was also looking into better fencing around the flat roof space.
- Two people told us that on admission they were given information about the fire evacuation procedure and fire safety information about the building. They said if they were not well enough to understand this information at the time then staff explained it to them again. In addition they said they were frequently checked on by staff throughout the day and night as part of their treatment. They commented when they were well enough, staff completed a personal

evacuation plan with them and discussed the fire procedures. They were able to tell us what the fire escape routes were and the meeting point was at the front of the building.

However, whilst there were personal evacuation plans in place for each person in the event of a fire, the plans were not fully individualised. In two out of seven files, people were identified as requiring assistance in the event of a fire due to mobility issues. The provider had taken some action to manage the risks as both of these people had bedrooms on the ground floor. The personal evacuation plan did not detail the assistance that these two people would require. This meant that personal evacuation plans in place for each person were not fully tailored to ensure that staff could support them properly in the event of a fire.

Safe staffing

The provider had taken action to address the concerns regarding safe staffing, recruitment and supervision procedures we found on our last inspection:

- Rotas were now planned four week in advance. The manager also had the authority to refuse admissions if this might compromise the safety of the service or people who used the service. This meant that the service had arrangements in place to ensure safe staffing levels were maintained which could be adapted to an increase in the numbers of people using the service.
- New night staff had been recruited and one more member of staff was due to start soon. There was now a small bank of staff and part time staff could work flexibly.
- Staff confirmed that the new manager was approachable and supportive. Staff confirmed and records showed that staff were now receiving regular training and supervision. This helped to ensure that people received a good quality of care from well supported and trained staff.
- The manager had introduced a supervision contract which staff had signed up to and the manager had held an initial supervision meeting with staff to discuss their role, responsibilities, support and training needs.
- Staff had completed training on the prevention and management of infection control, health and safety, medicines management, safeguarding adults, manual handling of objects, first aid and fire safety.
- Staff files were available and key personnel information was held on-site rather than at head office. This meant that staff files were available for us to check that there were safe recruitment procedures when we came to inspect the service.
- Files now showed that care staff had received relevant checks such as Disclosure and Barring Service (DBS) and reference checks. This showed that the provider was undertaking appropriate checks to make sure that staff were of good character and suitably qualified.

However, the manager did not have all the employment records of existing staff and told us the company administrator had provided some information to him. We looked at the information held about staff and did not find photographic proof of identification which is a requirement. The manager assured us he would attend to this matter immediately, contact the company secretary for these documents and ask staff to provide photographic proof of identification. The manager provided written assurance following our inspection that this had occurred. This would ensure that managers had access to a photograph of each member of staff in case of an incident.

Assessing and managing risk to patients and staff

The provider had taken action to address the concerns regarding safeguarding we found on our last inspection:

- There was a new safeguarding policy in place which was specific to the service. This clearly outlined what abuse was, what the expectations of staff were and the action staff should take to report suspected abuse. The policy also linked to other policies the provider had including whistleblowing, professional boundaries and recruitment policies.
- There was a version of the safeguarding policy for people using the service which also outlined what people using the service could expect from the service, the right to be treated with dignity and respect and what they could do if they felt that they were being abused.
- Staff had been asked to read and sign the policy and when we spoke with staff they were clear about abuse and their responsibilities.

However, whilst the manager was aware of the formal duty to notify us of any abuse or suspected abuse on a statutory notification; this requirement was not reflected in the

policy. The local multi-agency safeguarding policy was referred to within the policy but was not attached to the policy for staff to refer to. The manager agreed to address this.

The provider had begun to take action to improve and audit the care planning and risk management processes to help manage the risks and improve the quality of care:

- People were now routinely assessed with a physical health examination on admission. They were assessed to understand any current risks due to people's history and withdrawal of substance misuse using a recognised assessment tool known as CIWA (clinical institute withdrawal assessment of alcohol scale), and people also undertook a drug screen.
- We looked at five care records and plans to understand how regularly audits of plans of care were occurring. The service managed risks from people using alcohol and illicit substances through a range of restrictions that people consent to on their admission. This included participating in the programmes and agreeing to a staff escort whilst outside.
- The manager was developing an initial 72 hour care pathway and plan to ensure people received safe and effective care. This would lead to a more individualised care plan after 72 hours. However this was not being used yet. The manager told us that it would be discussed at a staff meeting for comments and implemented within a month.
- People were provided with a range of treatments and group sessions to promote their recovery form substance misuse. The manager had developed individualised lists of treatment groups and therapies which people were assessed for and attended.

However, the written plans of care in people's files had limited information about the care, treatment or goals for people being admitted to the service.

On one file, one person within the service who, when they were admitted, was identified to already have pressure ulcer sores was not receiving appropriate treatment to ensure these did not worsen. The assessing doctor who identified the pressure sores stated that the sores should be monitored but not dressed to allow the pressure ulcers to heal.

There was no plan of care to show how the pressure sores would be monitored, by whom, how regularly and any specialist input required. The pressure sores were not body mapped to enable staff to identify where the sores were and the size and grade of the sores. This meant that it wasn't clear whether staff were checking whether the sores were healing or getting worse.

The daily records of care identified that the sores were looked at on a sporadic basis which was less than daily. The running daily records showed that on occasions staff were dressing the sores contrary to the doctor's advice without any explanation.

We spoke with the manager who understood the importance of pressure ulcer management. He explained that the person was receiving treatment with barrier cream to help heal the sores and the sores had improved due to improved continence.

The manager told us that the person had not received any specialist nursing input as the skin was still intact. The decision not to involve specialist nursing input was not recorded to fully understand the rationale for coming to this decision.

This all meant that a person with identified pressure sores was not receiving appropriate or co-ordinated care and treatment to prevent the sores worsening.

We have issued a requirement notice to the provider about safe care. We expect them to provide us with an action plan to show how they are going to improve their arrangements to provide safe care. We will monitor the action the provider takes to ensure improvements are made.

Are substance misuse/detoxification services well-led?

Good governance

We found that the provider had taken action to address the concerns regarding the lack of quality checks we found on our last inspection

- We found that there was improved and visible leadership within the service. There was a new manager in place who had experience of managing substance

misuse service. He had made a number of changes and improvements since our last inspection and taken action to address the issues identified within the warning notices.

- The service sought the views of people using the service through regular community meetings and took action to address concerns raised by people. Community meetings were taking place routinely once per week. There were notices informing people of the community meetings.
- We saw minutes of the meetings and these confirmed that people's views were sought and action taken. For example, we saw that following one meeting the provider had started having aftercare meetings at weekends for people who had left the service to continue to meet and have ongoing support. A patient told us about the weekly therapy meetings which took place for people who were using or had used the service. They said the meetings offered people ongoing support following discharge but acted as an opportunity to feedback on how the service supported them and how it could be improved.
- Staff meetings were taking place routinely once per month. We saw minutes of the meetings and these confirmed that staff views were sought and action taken. For example, we saw that at one staff meeting staff commented on the need to recruit more staff. This was actioned with the provider carrying out recruitment and the appointment of two new staff. Staff told us that they could contribute to ideas on service improvement and their ideas were genuinely taken into account
- Regular supervision of care staff was taking place. Staff confirmed that they found these helpful and reported feeling supported by the new manager.
- Health and safety and environmental checks were now in place. We saw that the manager was carrying out room checks on a regularly basis. There were fire safety checks and staff were making records of the checks they were making. Health and Safety issues were also discussed at staff meetings.
- The new manager had started to evaluate the quality of the care and therapies delivered. The new manager had started to look at the 72 hour care pathway and then develop ongoing support from there. We saw that there was monitoring of the service occurring, for example we saw that the manager was checking whether staff had completed people's history and withdrawal of substance misuse using a recognised assessment tool known as CIWA (clinical institute withdrawal assessment of alcohol scale). At a staff meeting the manager had discussed the importance of these assessments, identified shortfalls in the assessment records and requested that staff ensure they were completed.
- At the last visit we were concerned the staff records were not maintained and it was difficult to see if staff had been recruited properly. On this inspection, new starters were recruited appropriately to ensure they were good caring staff. The new manager had set up new staff files so that it was easy to check that staff had been recruited properly and were being supervised appropriately.
- The manager had taken action to ensure adequate staffing levels in the event of increased bed occupancy.
- The service had updated its policies, for example it now had an appropriate complaints policy in place and people knew how to complain. The new complaints policy was available in the foyer and therefore accessible to people using the service. On the day of the inspection, the manager organised a complaints record book to log all complaints and would be maintained as stated in the policy. There had been no formal complaints since the manager started. There had been a number of compliments received.
- The service had therefore taken a number of actions to address the environmental and fire safety concerns and gaps in the management of the service which had been identified on our last inspection.

However, the written plans of care in people's files had limited information about the care, treatment or goals for people being admitted to the service. We saw that there were plans discussed at the most recent staff meeting to audit patient files to ensure there were improvements in care plan recording. Whilst the new manager had started to evaluate the quality of the care (for example, through checking that CIWA assessments were completed), care plan audits and clinical audits were not fully detailed or recorded in such a way to ensure that staff learn from the results and make improvements to the service.

Whilst the complaints policy was detailed, it stated that people using the service could contact the Care Quality Commission if they were not happy with the provider's

response to their complaint. We informed the manager that we do not have a role in individual complaints unless the complaint related to the use of the Mental Health Act. The manager agreed to address this and ensure that the complaints policy was improved to properly reflect that we do not investigate individual complaints.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- People using the service admitted with underlying health conditions, such as pressure ulcer sores, must receive appropriate care and have a written care plan and risk assessment in place to ensure that the risks of any underlying health conditions are mitigated fully whilst people are receiving treatment.
- People using the service who are identified as requiring assistance to evacuate in the event of a fire must have a written, individualised, up-to-date plan which clearly outlines the specific support they require and how this will be provided.

Action the provider SHOULD take to improve

- The provider should ensure that care plan audits and clinical audits are carried out and recorded in order to enable staff to learn from the results and make improvements to the service and care planning.
- The complaints should be improved to properly reflect that we do not investigate individual complaints.
- The safeguarding policy should be improved to properly reflect the responsibility to notify us of any abuse or suspected abuse.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People using the service were not protected against the risks associated with unsafe or care and treatment. The provider was not always doing all that was reasonably practicable to mitigate against the risks of unsafe care. This was a breach of regulation 12 (1) and (2) (b). This was because: A person admitted with already identified pressure sores was not receiving appropriate treatment or care to reduce the risk of the pressure sores worsening. The management of the pressure sores was not properly recorded in a care plan, monitored with body maps, risk assessed or co-ordinated with other professionals. The records relating to personal evacuation plans were not individualised to direct what staff assistance and support would be required in the event of a fire evacuation when service users required assistance such as those with limited mobility.