



**Jersey Care
Commission**

INSPECTION REPORT

Silkworth Lodge Care Home

6 Vauxhall Street

St Helier

JE2 4TJ

12 January 2021

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

Silkworth Lodge home provides accommodation for a maximum period of twelve weeks as part of a recovery treatment programme that care receivers attend voluntarily to address drug/alcohol misuse.

In order to facilitate the programme, there are several communal areas on the ground floor and 1st floor that provide therapeutic environments for individual and group work alongside peer support provided between care receivers. On the ground floor there is a main lounge, an informal eating/coffee area with kitchenette, dining area, quiet lounge and group therapy room.

There are nine bedrooms, six singles and three twin rooms with domestic facilities readily accessible for use outside of the clearly defined timetable of activities. These schedules are overseen by trained counsellors and support staff.

While the home was first registered with the Commission on 13 November 2019, it was subject to regulatory inspections under the previous law.

Registered Provider	Families in Recovery Trust
Registered Manager	Alan Kiley
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of care receivers - 12 Number in receipt of personal support - 12 Age range – 18 and above Substance misuse (drug and/or alcohol)
Dates of Inspection	12 January 2021
Times of Inspection	9 am – 11.30 am
Type of Inspection	Announced
Number of areas for improvement	Two

Families in Recovery Trust operates the home and the registered manager is Alan Kiley. At the time of this inspection, there were 6 people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of a morning by one Regulation Officer and was announced with consideration for the restrictions imposed in response to the Covid-19 pandemic. The Care Home Standards¹ were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

- the service's Statement of Purpose and conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

This inspection was undertaken during the Covid-19 pandemic and therefore needed to be in accordance with the home's infection prevention and control measures. The inspection was also undertaken with direct reference to an associate home which is also registered with the Commission. This provides an overlapping service and is managed by the same personnel and administration team. In practice, this will primarily involve consideration for onward referral to that service for some of the care receivers at the end of their 12-week programme at Silkworth Lodge. The arrangements and protocols for this referral pathway and assessments that are included as part of the home's service were seen to be robust and comprehensive.

On this occasion, there was limited engagement with any care receivers partly due to Covid-19 concerns but also because it was possible to make observations of care receivers being actively involved in group and individual work, which did not warrant any disruption. These observations of practice provided good evidence of how the home operates to achieve its stated aims and objectives and as set out in its Statement of Purpose. However, it was conveyed to the care receivers by the manager that they were invited to contact the Regulation Officer following this visit, if they wished to provide any feedback about their experience of the service and of the support they have received.

Overall, the findings from this inspection were positive. On arrival, the Regulation Officer noted the attention that is given to promoting the safety of care receivers, specifically with risk of Covid-19 infection. A discussion with the manager about this specific issue, highlighted the attention that has been given to addressing this. With reference to how the home operates specifically with group work as part of its recovery programme, the manager had liaised with a Community Infection Control Nurse to ensure that adequate protocols are in place and are consistently followed as best practice.

¹ The Care Home Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

Staff reported a positive working environment with support and supervision readily available from the manager. They advised that clear frameworks are identified to ensure the support that is provided to care receivers is in accordance with the overall programme which is in place. This includes the maintaining of clear divisions of role and responsibilities between counsellors and support workers to best ensure a consistent approach and the facilitation of effective communication. These discussions highlighted the attention that is given to safeguarding and protecting care receivers' rights to privacy and confidentiality where sensitive matters may be discussed in therapeutic sessions.

There was evidence of both good teamwork and delegation of roles and responsibilities that promoted a calm, relaxed and therapeutic environment. This reflected the ethos and principles as set out in the home's Statement of Purpose.

Staff who were consulted, were helpful and receptive to the inspection process and appeared confident and knowledgeable in their roles and responsibilities.

There is a clear managerial structure in place which was demonstrated in the systems which were in place and the lines of accountability in how the home operates. Within this framework, the manager is supported by the Chief Executive Officer (CEO) for some of the key aspects of governance. This is appropriately prioritised to allow the necessary focus on counselling and therapeutic work to take place, in which the manager has a primary role. The manager also has a key role in all matters relating to standards of care provision.

At the time of the inspection, it was evident that the internal audit process relating to recording and reporting, lacked structure. This represents an area of improvement. Although routine reviews are undertaken, there was no monthly report collated by the provider to reports on the quality of the service, which is a requirement in the Standards. This area for improvement was discussed with both the manager and the CEO. It was advised that the service has a template which may be referenced and refined for this purpose. It was acknowledged that the nature of support, which is provided in the home, being time limited, also generates a rich source of data for review. An example of this includes the completing of 'satisfaction surveys' at the end of the programme by each care receiver.

A review of documentation was undertaken which established safe working practices relating to staffing levels, training and development alongside a review of care records. However, from a review of the training log, there were some gaps in the induction records for new staff and not all mandatory and statutory training topics as set out in the Standards were recorded. Notwithstanding the appropriate focus that is undoubtedly given to the specific training requirements for counselling relating to addiction, the core training needs also require some attention. This was highlighted as part of the inspection process as an area for improvement and was readily acknowledged by the CEO who oversees this area of practice.

There is a very clear systematic review and evaluation of care needs provided that is reflective of the therapeutic work that is carried out between counsellors and care receivers.

The Regulation Officer was satisfied that the care provided is consistent with the home's aims and objectives. The conditions on registration continue to apply and remain appropriate.

The home has the expected protocols in place which service users can follow in making a complaint. There are clear policy and procedures for all to follow regarding any safeguarding concerns. Care records promote a review and evaluation of care needs and progress. This is supplemented by encrypted access to relevant information to promote confidentiality and protect any sensitive information that may be recorded during the 12-week residency.

The expected employment protocols including the undertaking of criminal record checks, which ensure due diligence for all new employees contracted to work in the home, were clearly followed.

INSPECTION PROCESS

Information submitted to the Commission by the service, was reviewed prior to the inspection visit. This included notifications and any other communication initiated by the manager. Reference was also made to areas of practice arising from the period of lockdown. At the commencement of the inspection, it was also clarified with the manager, that the overarching approach and operational remit of the home, as consistently recorded from previous visits, remained unchanged.

There was a review of the communal areas on the ground floor and the commercial style kitchen. This included a brief review with the experienced and longstanding chef in post. It was possible to observe the practice of staff in supporting care receivers, during the visit. It was apparent that interventions were undertaken in a way which was organised and efficient, in line with the underlying approach and ethos of the service.

With reference to the restrictions indicated by Covid-19 situation, there was limited engagement with care receivers on this occasion. However, there was the opportunity to discreetly observe the attention that is given to active engagement with all care receivers by staff. Observations of this nature provided confirmation and evidence of the structured routine and environment which was described in discussion with the manager and staff. Information was provided for care receivers to reference following the visit. This ensured that they had the opportunity to contact the Regulation Officer with any feedback of their experiences in receiving support from the service.

Following the visit, four healthcare professionals who have had some engagement with the provider/manager in recent months as part of core business, were contacted. This was to request some feedback of their working relationship and of the nature of support which is provided to mutual clients who may have been accommodated in the home recently.

An overall summary of activity through admissions, referral pathways and onward discharge plans and follow-up support was established from a discussion with the manager and from records reviewed. This was evidenced from the immediate follow-up inspection at the associate home, where noted some care receivers had moved there on completion of this 12-week programme. This a seamless transition for those who had required a further level of support

It was established from a review of policy and procedures that the home has the expected systems and mechanisms in place to generate any notification or referrals if so indicated. The regular engagement with the Commission by the manager, during the first unparalleled lockdown, was noted. The manager had made appropriate enquiries as to what actions or adjustment to practice were needed. This evidenced the manager's approach and the attention which they give to responding to issues that potentially pose a risk to the care receivers.

Matters relating to staff recruitment, training and development were discussed and the training log was reviewed. A discussion with the small number of staff on duty at the time of the inspection, confirmed that training is provided as routine. A sample of three Human Resources (HR) files was reviewed to ascertain the level of scrutiny which is given to checking any new employees' suitability to work with care receivers.

An audit of three care records was undertaken. It was discussed that the provision of general support is recorded in a separate form to the provision of counselling. In addition, a sample of four page "Client Exit Questionnaires" were also reviewed. This provided a helpful reference to client experience and to how this is recorded.

INSPECTION FINDINGS

The service's Statement of Purpose and conditions on registration

The home's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The home's Statement of Purpose reflects the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider / manager fully understood their responsibilities in this regard.

Silkworth Lodge is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of Care: personal support Category of care: Substance misuse (drug and/or alcohol) Maximum number of care receivers: 12 Maximum number in receipt of personal support - 12 Age range of care receivers: 18 years and above Maximum number of care receivers that can be accommodated in the following rooms: Bedrooms 1-3, 5-7 one person, 8-10 two persons</p> <p><u>Discretionary</u></p> <ol style="list-style-type: none"> 1. The registered manager must complete a QCF Level 5 Diploma in Leadership in Health and Social Care Module by 31st October 2022.
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A discussion with the Registered Manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged. Prior and recent engagement with the Registered Manager as is routine to the current situation with Covid-19, had also established that the ongoing service continues to be delivered in accordance with the home's registration.

There had been few notifications of incidents submitted to the Commission in the period prior to the inspection. This was viewed positively and was in line with expectations given the remit and function of the home. It was nonetheless acknowledged that when notifications or safeguarding referrals were needed, that the manager had initiated such actions promptly and appropriately.

The Regulation Officer was satisfied that all conditions were being met and that established systems and personnel were in place to oversee and administer all the necessary policy and protocols. The discretionary condition was discussed relating to the leadership qualification. The Regulation Officer was advised that good quality training has been sourced locally which will enable this condition to be met within the identified time frame. From a discussion with both the manager and the CEO, it was clearly apparent as to the attention and priority that has been given to access a quality syllabus to meet the discretionary condition which is in place.

It was identified from discussions that, as the provider extends their portfolio of services beyond the direct scope of the home, the need to bolster the governance arrangements is indicated. It was therefore noted that additional resources relating to the training and development of staff which had been sourced, and supervisory processes which were in place, are expected to have a positive impact on the home and its staff group. This ambition is in line with the provider's overarching aims and objectives. The manager was able to give examples for this in practice. This included their mentoring of other managers across the provider's services. It is intended that the overall governance arrangements will be further enhanced by this progress.

The Regulation Officer's walkabout of the premises was undertaken on the ground floor only due to the restrictions associated with infection control. However, reference was made to the last visit during which a more comprehensive tour of the building was undertaken, which highlighted no areas of concern. The home retains a high standard of décor and cleanliness across all areas which were seen and there is ongoing investment in the building through routine maintenance and redecoration as and when may be indicated.

Safeguarding (adults and children)

The Standards for care homes set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

The home's Safeguarding Adults Policy was examined and noted to contain clear aims and objectives with a planned review date set for May 2021. The policy clearly sets out roles and responsibilities relating to raising concerns, referral pathways and the involving of other agencies as required.

There have been no recent issues of concern which have warranted any alert to be raised formally with the Adult Safeguarding team. However, it was evident that the manager has a detailed understanding of the wider issues relating to vulnerable adults and of the challenges relating to addiction which have the potential to expose care receivers to the risk of harm. Furthermore, it was apparent that consideration and attention is given to the involvement of care receivers' families as part of the holistic approach in supporting care receivers' recovery while in residence.

By the nature of some care receivers' situations and backgrounds, such as previous or ongoing input from other services, routine consideration is given to their vulnerability as part of assessments carried out prior to commencing the programme. This approach further addresses any potential risks that may require safeguarding considerations as part of the support which is provided.

Supervision and appraisals provide further opportunity for staff to make any reference to areas of concern in respect of safeguarding matters. While there is a clearly defined policy, it was noted that there were some inconsistencies in the extent to which this subject was covered in the training syllabus for all staff. This should be considered within the area for improvement recorded at the end of this report.

Complaints

The Standards for care homes set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

There were no recent complaints on record which may have required any investigation or action by the manager or provider, at the time of the inspection. There is a complaints procedure and whistle-blowing policy provided in the employee handbook and reference is also made to confidentiality and information sharing in this document. This is an area which is given attention to ensure that any sensitive information that may be recorded within therapeutic engagement is appropriately and securely filed.

The home operates with a focus on recovery and promoting autonomy and independence. Aligned with this is opportunity for care receivers to engage regularly with their counsellor and support staff. This ensures that any areas of concern that may become evident or which are reported, can be addressed promptly through informal or formal process, as appropriate.

Within the system to address complaints, depending upon the nature and seriousness of the complaint, the manager may take the initial lead. However, if an independent or objective investigation is necessary, clear lines of accountability and oversight are set out within the policy.

An observation of the support provided by staff to care receivers in the communal areas, was reflective of a supportive care environment. No issues of concern were raised by any follow-up contact or initiated by care receivers following the inspection visit.

It was also highlighted by the manager and the CEO as to the attention that is given in gathering care receivers' feedback relating to their experience of the service which is undertaken as routine at the completion of the programme, which is generally around 12 weeks. This enables the manager and the team to reflect on all feedback as part of their quality assurance framework. Where complaints arise, these are usually elicited during the 1:1 counselling session as part of the overall therapeutic approaches that are followed.

A small sample of "Client Exit Questionnaires" was viewed by the Regulation Officer. These provided very positive testimonies of care receivers' overall experience when in residence. They included feedback about the assessment and admission process, accommodation standards, staff effectiveness and support, food and more specific information about the impact and effectiveness of the programme which they had completed.

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

The Regulation Officer reviewed three Human Resources (HR) records. All were found to be in good order, with the expected involvement of the Registered Manager as confirmed in the discussions around this subject. The review of these records confirmed that the necessary pre-employment checks including references and Enhanced Disclosure and Barring Service (DBS) criminal records checks had been undertaken.

A review of the training log highlighted that there were some shortfalls in respect of the recording of the induction programme. It would be expected that all staff would complete this when newly employed in the service. Furthermore, although it is acknowledged that the challenges/restrictions associated with Covid-19 over the course of the previous 10 months, had made the provision of training difficult, it was a concern that there were some gaps in the training syllabus. This indicated that the minimum statutory and mandatory training requirements for all staff had not been fully met.

It was highlighted in follow up correspondence as to the subjects which needed some attention. The undertaking of mandatory training represents an area for improvement. However, it is acknowledged that the service provides comprehensive training relating to the areas which are integral to the home's purpose in supporting recovery from addiction.

Despite this gap in training records, the management team highlighted its focus and investment in to incorporating a broader and high-quality training portfolio. This is to be sourced locally from a recognised training provider and which will be bespoke to the home's function. This will ensure that the training has relevance and practical application to the function of the home.

The 2021 training plan for the "Silkworth Group" and the associated funding which has been identified, demonstrated the necessary action which is already being taken to provide some enhanced training. It would be anticipated this will suitably address the area for improvement as mentioned above.

Outside of the training syllabus, there is a clearly defined managerial structure in the home, with delegated roles and responsibilities. Investment in the staff group is evidenced by ongoing attention to the "Investors in People" portfolio and the demonstrating of best practice which has enabled the home to previously obtain that formal recognition.

The staff team is well established, with clear roles and responsibilities. The manager ensures that supervision and managerial support is routinely provided to their staff team. With reference to the category of care for which the home is registered,

(which is for personal support of an adult age range and with limited residency in the home of a maximum for 12 weeks), the staff ratio is appropriate. This is limited to a small number of support workers outside of the 9-5 core business hours which focus on the therapeutic activities set out in the programme.

Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

Three care records were reviewed as part of a random sampling with some reference made to how confidential and sensitive records are protected by encrypted access. This is viewed as integral to how care receivers can have ownership and the opportunity to access their records in conjunction with their key worker (counsellor) throughout their 12-week residency, and to their application to the programme which they have committed to.

As part of the overall process of support provided in the home, the continual review and ongoing assessment is central to all therapeutic engagement. The records reviewed, demonstrated this in practice to a good standard. It was also noted from the training plans the areas for personal development for some counselling staff that will further consolidate these good standards for record keeping. For example, with courses that will include "motivational interviewing" and "action on addiction" and which will include training residential courses off-island the standards for care recording may be enhanced by this learning.

The framework for record keeping/care planning is also set out at the pre-assessment stage and incorporates any risk assessment and/or supporting referral information provided by healthcare professionals, where relevant. This process also promotes some engagement and working relationships at the earliest opportunity, between the care receiver and a potential key worker/counsellor. This is considered invaluable in building positive working relationships which are subsequently recorded in care plans and records throughout the 12-week programme. Similarly, the care planning framework also includes arrangements for follow-up support that is made available.

Monthly quality reports

The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The home has some systems for review and evaluation for quality assurance purposes. These include an exit interview for all care receivers around the time that they graduate from the programme at 12 weeks or just preceding this time. However, this is not captured in any clear or auditable format in the form of monthly reports as is set out in the Standards.

This was an area for improvement identified at inspection. However, the Regulation Officer considered it unlikely that this provision would be unduly onerous or challenging for the service because it already had various systems of review and evaluation in place. These would need to be compiled in a recognised format and on a monthly basis. A template was provided for reference and the management team were able to readily identify the resources and personnel best placed to address this area.

Despite this area for improvement, there were no concerns that systems for review and evaluation of the service were not in place. In that matter the overall quality of the service could be ascertained by referring to a range of different sources.

IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 12</p> <p>To be completed by: 3 months from the date of inspection (12 April 2021)</p>	<p>The registered provider must ensure that monthly quality reports are consistently compiled and made available for review as set out in the Care Standards.</p> <hr/> <p>Response by registered provider: Following inspection, we have sourced a template through the JCC and will be carrying out monthly checks during the 1st week of each month in relation to the new Quality Reporting.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 3</p> <p>To be completed by: 3 months from the date of inspection (12 April 2021)</p>	<p>The registered provider must ensure that appropriate induction and training is given to all staff for the mandatory subjects as set out in the Care Standards.</p> <hr/> <p>Response by registered provider: Following inspection, our professional engagement with the Jersey Care College has been expanded and they have provided us with the online training requirements that covers the statutory requirements of the Jersey Care Commission. All permanent full-time staff will have completed the statutory training by end of February with a clear plan for future training (statutory and non-statutory).</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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