



**Jersey Care
Commission**

SUMMARY REPORT

Silkworth Lodge Care Home

6 Vauxhall Street

St Helier

JE2 4TJ

11 August 2022

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The Registered Manager was available to discuss some of the changes to the service and how it operates with reference to key personnel, this including their own recent appointment to this role and the employment of a new Treatment Director. The Regulation Officer was reassured by the seamless transition evident from the Registered Manager having been the Provider's former CEO, and whose wealth of knowledge and experience in this sector from their previous role has therefore enabled this smooth transition.

The new Treatment Director was also available to speak with the Regulation Officer which provided a good source of evidence for some of the positive changes that have been introduced since both appointments, building on the pre-existing areas of good practice. The most recent changes made were noted to be beneficial to clients and staff group. These included the modification to admission, care planning and some discharge protocols.

It was clearly evident from discussions with staff and small number of clients at different stages of the 12-week programme that a person-centred approach was employed to promote choice, autonomy and personal development within a therapeutic environment overseen by a robust system of governance. Two clients provided positive summaries of their experience of the service, citing the programme of support and the skills and approach of the staff group. Social activities outside of the home and the therapeutic benefits of this were also noted from information provided by the Registered Manager and clients.

The home environment was found to be in very good order and clients were observed carrying out a range of activities in communal areas which correlated to defined schedules and therapeutic work. Staff on duty were also observed carrying

out a range of activities to include counselling and support, administration duties, catering, and domestic roles.

Supporting information was also gathered from external sources which provided further evidence that the home was operating safely, effectively, and consistently in meeting the Standards.

Two recently recruited members of the team confirmed that they had received a good level of induction in joining the service, with readily available sources of support available from the Registered Manager and/or the Treatment Director. However, while no concerns were evident from the training and development of the staff, some gaps in upholding best practice for safe recruitment were noted from a review of Human Resources folders, and this was identified as an area for improvement. In addition, the need to provide additional attention in ensuring that adequate supervision records are filed for all staff is a further area for improvement.

The Regulation Officer noted the good systems of governance which were in place. Although there was good evidence that fire safety issues were being routinely addressed there was a gap in the log of fire drills training for all staff, and this a third area for improvement. In addition, there was lack of clarity in respect of the policies concerning management of legionella and staff use of vehicle when transporting clients on social outings. These are incorporated as a fourth area for improvement.

IMPROVEMENT PLAN

There were four 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 3.6</p> <p>To be completed by: with immediate effect</p>	<p>The provider must demonstrate that all safe recruitment checks are completed prior to staff commencing employment.</p>
	<p>Response by registered provider:</p> <p>As part of the recruitment process all new staff will not be able to commence working on the premises without the following :-</p> <p>Completed Application Form & CV</p> <p>Name and address identification</p> <p>Two references one of which from previous employer</p> <p>DBS Check received with prior knowledge being given of any convictions.</p> <p style="text-align: center; color: #808080;">Click or tap here to enter text.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 3.14</p> <p>To be completed by: within 2 months from the date of this inspection (11th October 2022)</p>	<p>Regular opportunities for formal supervision (which must be provided four times a year as a minimum), for all staff will be provided with associated records retained within personnel files.</p>
	<p>Response by registered provider:</p> <p>Following inspection, all staff have been given a quarterly review which has been documented and signed by Line Manager and employee. This will take place quarterly from now with the next being due in December (end of year appraisal)</p> <p style="text-align: center; color: #808080;">Click or tap here to enter text.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 4.2</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must ensure that relevant documentation concerning fire safety training is recorded in the fire logbook and as scheduled in this document.</p> <hr/> <p>Response by registered provider:</p> <p>Following Inspection we have identified a new Fire Marshall who will/has taken responsibility for ensuring quarterly drills are taken place with all staff. Training was undertaken by the new Fire Marshall on 5th September and the required review drills has been undertaken with 2 members of staff due to complete by end of month after annual leave.</p>
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<p>Area for Improvement 4</p> <p>Ref: Standard 12.3</p> <p>To be completed by: within one month</p>	<p>Review/composition of policy and procedures relating to safe practice or risk management to be undertaken for the following:</p> <ul style="list-style-type: none"> • Legionella • Vehicle use for client activities <hr/> <p>Response by registered provider:</p> <p>A new Maintenance Manual has been set up which we can record and monitor regulatory maintenance requirements. The Silkworth Water tank needs to be chemically cleaned annually and this was undertaken on the 02nd September by a specialist local company (Waterway Systems) . We have also commenced a new weekly process in all unoccupied rooms of the facility whereby the taps are run in line with the requirements and a new record of which is held from 01st September.</p> <p>A new policy has also been written to cover requirement for transporting clients in the charities minibus as well as the requirements for the maintenance of the vehicle.</p> <p style="text-align: center; color: grey;">Click or tap here to enter text.</p>
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The full report can be accessed from [here](#).