



**Jersey Care
Commission**

SUMMARY REPORT

26-28 West Park Avenue Care Home

26 to 28 West Park Avenue

St Helier

JE2 3PJ

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 initial part of the inspection took place at the companion home (Silkworth Lodge) which was inspected earlier in the morning with input from the Registered Manager who oversees both services. This is an appropriate methodology with consideration of how the two services are inextricably linked by a referral pathway, management structures, clinical oversight, policy and procedures and with the same staff employed across both services.

Several changes had recently taken place in respect of how the service operates, with reference to key personnel. This has included the Registered Manager's recent appointment to his new 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.

One recent change to how the home facilitates the majority of its referrals was highlighted. There is now a week of gradual introduction with a higher level of support maintained prior to a client moving into the home from the companion home. This is with the exception of detoxification programmes which are facilitated and supervised separately in one specific area of the home which is overseen and administered by the Alcohol Pathway Team.

A discussion with one client who was due to complete their move into the home following a week of graded introduction established that a very good programme of support is provided by staff who have the appropriate skills and the ability to promote a positive approach in supporting recovery. Social activities outside of the home are

encouraged alongside seeking employment. This is promoted part of the approach in supporting clients to move towards full independence and autonomy.

The home environment was found to be in very good order and was clearly maintained to ensure comfort is promoted for all clients within a homely setting. The small staff presence in the home may vary throughout the day depending upon the dependence/independence of clients, some of whom do not require either a high level of or any support or supervision.

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

“The care that clients receive during their stay at West Park is excellent and as a nurse practitioner I know that the client is fully supported which sometimes can be difficult especially when taken out of their comfort zone of their own home and being away from family”

Two recently recruited members of the team confirmed that a good level of induction had been provided to them and that support is readily available from both the Registered Manager and/or Treatment Director. However, while no concerns were evident from the training and development of the staff, some gaps in the best practice for safe recruitment were identified from a review of Human Resources folders. This is an area for improvement. In addition, the need for there to be some attention in ensuring that adequate supervision records are filed for all staff is a further area for improvement.

The Regulation Officer noted the systems of governance which were in place for a service which may provide accommodation for a prolonged period of time, in contrast to the focussed 12-week programme, which is provided by the companion home, prior to the client taking up residence. In this matter, while there was good evidence for fire safety issues being routinely addressed, there was a gap in the expected log for fire drills training for all staff and this a third area for improvement. There was, in some respects, a lack of clarity for policies concerning the management of legionella

and staff use of the vehicle when transporting clients on social outings. These are incorporated as a fourth area for improvement and which match the findings recorded for the companion home and same use of the vehicle.

Although there is no medication management overseen by staff in the home, the best practice for safe storage of medicines was not evident for clients to utilise in their own rooms and this an area for improvement.

IMPROVEMENT PLAN

There were five 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> <ul style="list-style-type: none"> Completed Application Form & CV Name and address identification Two references one of which from previous employer DBS check being received with prior knowledge of any convictions

<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 (as a minimum four times a year for all staff), will be provided with records retained within personnel files.</p>
	<p>Response by registered provider:</p> <p>Following inspection, all staff have now been given a quarterly review which has been documented and signed by Line Manager and employee. This will take place quarterly from now on with the next being due in December.</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. A weekly process has commenced whereby all unoccupied rooms of the facility are having their taps run weekly. This is to keep in line with Silkworth Lodge and whilst not a requirement of this particular property due to the size of the tanks in both buildings which are considered domestic. A new policy has been written to cover the requirement of transporting clients in the charity minibus as well as the requirements for the maintenance of the vehicle</p>
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<p>Area for Improvement 5</p> <p>Ref: Standard 6.8 (Appendix 9)</p> <p>To be completed by: within one month</p>	<p>Provision should be made for clients who self-administer medicines to have a lockable drawer or cupboard in which to store them. In support of this, written policies for the self-management of medicines should be reviewed</p>
	<p>Response by registered provider:</p> <p>All clients that are on prescribed medication are now provided with a lockable key code safe in their respective rooms in order to have any medication locked away as it is their responsibility to administer. This has also been written into the clients contract of admission.</p>

The full report can be accessed from [here](#).