



**Jersey Care
Commission**

INSPECTION REPORT

Silkworth Lodge Care Home

6 Vauxhall Street

St Helier

JE2 4TJ

11 August 2022

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 provides accommodation for a maximum period of twelve weeks as part of a recovery treatment programme that clients attend voluntarily to address drug/alcohol misuse. These schedules are overseen by trained counsellors and with additional support staff employed also.

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 clients. 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 single rooms and three rooms which, if required, can be adapted to accommodate two persons each. There are domestic facilities readily accessible for use outside of the clearly defined and structured timetable of activities.

Whilst the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 refer to 'care receivers' to describe people in receipt of care, the home's Statement of Purpose refers to "clients" and the home is registered to provide personal support. Therefore, for the purpose of this inspection report the same terminology will be used. The home was last inspected 12 January 2021.

Registered Provider	Families in Recovery Trust
Registered Manager	Jason Wyse
Regulated Activity	Care home for adults
Conditions of Registration	<p><u>Mandatory Conditions</u></p> <p>Maximum number of care receivers - 12 Number in receipt of personal support - 12 Age range – 18 and above Substance misuse (drug and/or alcohol)</p> <p><u>Discretionary Conditions</u></p> <p>As the registered manager Jason Wyse must complete a Level 5 Diploma in Leadership in Health and Social Care by 25 July 2025.</p>
Dates of Inspection	11 August 2022
Times of Inspection	9.30 am – 12.30 am
Type of Inspection	Announced
Number of areas for improvement	Four

Families in Recovery Trust operates the home, and the Registered Manager is Jason Wyse who recently took up this position having been in the Chief Executive Officer (CEO) role for several years. In this matter, the oversight and continuity of the service has been very well maintained during this change of management roles. At the time of inspection, there were six people accommodated in the home.

The discretionary conditions on the service's registration were discussed with the Registered Manager. Their progress in meeting the condition was clarified and they

confirmed that it is anticipated that the completion of the Level 5 Diploma will be met within the identified timescale.

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.

INSPECTION PROCESS

This inspection visit was announced and completed over the course of three hours spent in the home.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**
- **Substance misuse (drug and/or alcohol)**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report recorded as 12 January 2021.

The inspection was announced to ensure that the newly registered manager would be available, to avoid unnecessary intrusion of the therapeutic programme and to ensure that occupancy levels would be such as to provide the opportunity for engagement with clients.

The Regulation Officer sought the views of clients and members of the staff team which included the Registered Manager, Treatment Director, counselling staff, catering and domestic staff. Supporting information was also requested of two external sources as healthcare professionals and an independent Clinical Supervisor who is commissioned to routinely support the team in the recovery work undertaken in support of addiction.

During the inspection, records including policies, care records, incidents and other documentation relating to clients and the home environment were reviewed. The inspection involved a review of all communal areas, a sample of client rooms, and outdoor spaces available.

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

A follow up routine inspection of the associate home (26-28 West Park Avenue) which provides second stage accommodation for those completing the programme and/or source of referral for those completing a detoxification programme in that home (overseen by Alcohol Pathway Team, Alcohol & Drug Service, H&CS) was also undertaken. This required for complete reference of how the service operates to provide the optimum level of support based on individual needs and collaborative work with other agencies.

A poster providing contact details of the Regulation Officer was left in the home for reference by clients and staff encouraging them to contact the Commission to provide any feedback as part of the inspection process.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager about the findings. This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, two areas for improvement were recorded and these were followed up during this visit and noted to be suitably addressed. There was good evidence of monthly reports being undertaken regularly and with consideration being given as to how this may be further incorporated into the existing governance arrangements. Training records were found that covered the mandatory subjects which were highlighted in the last inspection report as not clearly being evidenced or recorded.

Prior to commencing this inspection, the Regulation Officer reviewed the correspondence between the Provider and the Commission, including statutory notifications. It was noted that there had been a low volume of incidents recorded. This was not of concern and was reflective of a service operating to support clients undertaking a very specific residential programme. It was identified that a recent unforeseen event had been understandably distressing to all involved. In this case,

the Provider had ensured that an appropriate level of specialist support was made available to both clients and the staff group as best practice for such an incident.

Enquiries and communication referenced on file initiated by Provider and/or Registered Manager with the Commission in the last year demonstrated a positive and open style of communication about any operational and regulatory issues. During discussions with both the Registered Manager and the staff team, the recent attention and investment in staff recruitment was noted. The requirements of the service require a staff team with a range of experience and qualification. This ensures that there is an appropriate balance in providing the therapeutic work that is central to how the service operates, alongside providing daily input from support workers who can operate with limited supervision outside of these times including night duty.

It was noted from a review of duty rosters that appropriate resources are allocated to support the service with an acceptable overlap of personnel, overseeing recovery work for clients who may have moved onto secondary care at the associate home. Continuity of support for clients in this way evidenced good practice for such therapeutic engagement and the category of care provided in the home.

The environment appeared comfortable, clean, and tidy and maintains an appropriate balance in providing a homely environment for clients including peaceful communal spaces, whilst also delivering therapeutic input. These areas were observed to be used during the inspection for specific focussed activities that all clients work through as part of their recovery programme.

The Registered Manager highlighted some modifications to rooms registered for double occupancy, but which were furnished for just one client. This was considered to be more favourable in setting and style. However, the opportunity and potential benefits for shared rooms and the peer support derived from this was not discounted. Some readiness to revert these rooms back to double occupancy remains an appropriate operational option. The Regulation Officer noted the high quality of refurbishment which had been undertaken for these rooms.

Observations and comments made by clients were very positive about how the service supports them and it was clearly evident as to the structure in place with support from counsellors being central to this. One client described the service as “11 out of 10” and provided good examples of the work which they had undertaken, guided by counselling and the support of the team. The holistic approach including social activities and excellent nutritional support as provided by the experienced Chef, were all noted.

Feedback from a healthcare professional provided some very positive observations of how the service operates in tandem with the associate home. Observations made by them including some of the following summary points:

“The staff are kind, compassionate, supportive and non-judgemental, they treat people with dignity and respect which allows the clients to feel at ease”

“The staff are always available, if not in person, then via a mobile telephone”

Safety

The Standards outline the Provider’s responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

There are well established systems in place to promote and maintain safety needs, with attention given to both the environment and ways of working to ensure that staff are available to meet the needs of clients. The service operates with a focus on a treatment programme that follows 12 step model to address addiction.

It is acknowledged that this is not without its risks. Therefore, a full and comprehensive assessment is undertaken by trained counsellors with consideration for any new client’s suitability prior to any residential programme commencing.

It is acknowledged that whilst the service supports people in the management of addiction, they may have additional needs associated with either mental or physical health. Therefore, an assessment of a person’s health history is incorporated into the admission policy and procedures, to ensure that the service can fully support its

clients. This assessment process includes a review by a GP who is commissioned to support all clients during their stay in the home and includes follow up reviews as or when necessary following admission.

Policies and procedures are in place to ensure that the home environment is appropriately maintained and that necessary checks are routinely carried out. Monthly reports reviewed demonstrated scrutiny given to risk management recorded as, "All Health and safety requirements are carried out as routine". It was noted that no specialist equipment was in place in the service (as it was not needed), with only conventional domestic appliances requiring maintenance checks. These are repaired/replaced when necessary. The kitchen has a range of equipment which is overseen by the very experienced Chef with routine food hygiene checks integral to how this part of the service operates. This was evidenced from temperature logs and schedules for safe food storage as viewed by the Regulation Officer.

One potential environmental concern for the testing schedule regarding legionella risk, was unclear from the records on file and it was advised some further consultation take place with the Environmental Health Department, to confirm whether this is required with reference to the home's water storage facilities and function.

Although fire checks such as alarms and fire doors are undertaken routinely there was no evidence of the required fire drill training as set out in the Fire and Rescue Service Fire Log Section 5. This was highlighted as an area for improvement and that a nominated fire warden might be identified to ensure that the necessary three-monthly drills are carried out and recorded for night staff specifically, as well as six-monthly drills for day staff. This a priority where lone working takes place at night times.

Recruitment records were reviewed of three recently appointed members of staff, but it was not evidenced that the expected practice for safe recruitment had been undertaken with reference to the timeline for sight and filing of references, Disclosure and Barring Service (DBS) criminal records checks prior to new staff commencing in their roles. This an area for improvement which was acknowledged by the Registered Manager. This notwithstanding, it was acknowledged that attention had

been given to various administration matters, following changes to some of the key roles and responsibilities.

It was discussed with the Registered Manager as to their understanding of law, legislation, and policy specifically to SROL (Significant Restriction on Liberty authorisations). It would not be an expectation (with consideration of the ethos and function of the home), that any SROLs would be in place or necessary but nonetheless some understanding of these principles was confirmed.

A medication management process and audit is well-established and is administered by appropriately trained staff, with no issues of concern to note from discussion or a limited observation of this practice.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>

Discussions with both the Registered Manager and Treatment Director set out the approaches which are taken to support clients throughout their programme with the allocation of a counsellor being central to this. Furthermore, it was identified that some small refinements/changes in process have been implemented by the new Treatment Director to improve upon certain aspects of support provided to clients.

The framework for record keeping/care planning includes a comprehensive pre-assessment which includes an assessment of any specific risks with additional information sourced as needed, for example from healthcare professionals. This promotes strong engagement and working relationships at the outset, specifically between the care receiver and a potential counsellor. This is helpful in enabling progression through the 12-week programme, with routine care records maintained throughout that time.

The care planning framework includes arrangements for follow-up support that is available including an option for transfer to the second stage recovery home if that is

considered appropriate by the care team at the conclusion of the programme. It was identified that one of the refinements to this specific option for further support now involves a more graded transition for a client who will be introduced to the associate home environment in the week prior to completing the 12-week programme. This is a change from the process of discharge and admission in the same day which previously occurred. This refinement is considered more favourable and supportive as was confirmed by one of the clients undertaking this process at time of inspection. This information evidenced some of the positive changes to practice which the Registered Manager and Treatment Director had highlighted to the Regulation Officer.

Care records were reviewed as part of a random sampling with some reference made to how confidentiality is promoted and maintained. This a particular issue where very sensitive information may be recorded. Records such as clinical notes made by counsellors, are fully protected by encrypted access. It was very clear in discussions with the Treatment Director as to the importance which is placed on clients having full involvement and responsibility in care planning. A strong ethical base was described as the priority for all work undertaken within the therapeutic relationship which is promoted and encouraged of all staff. In this regard, the Standard being applied for all decisions relating to support being provided in a way that respects rights, individuality and beliefs was well-evidenced.

One client whose 12-week programme was nearing its conclusion, spoke of a very positive experience throughout their residency. They described a high level of therapeutic support from their counsellor and very good standards of engagement and communication initiated by the service from the beginning. All staff were praised and described as being helpful and supportive in respect of all levels of support provided and that the programme had been well-mapped and communicated.

Another client spoke of the support and programme of care which had been established with their counsellor, which demonstrated clear care planning principles being upheld, including review and evaluation. It was also highlighted by the client as to the benefits which they have gained from the opportunity for social outings as part of the programme.

Feedback from another care provider who, on occasions, undertakes some collaborative work supporting clients crossing over between the respective services, confirmed the positive and client centred approach that is promoted. They stated that, *“Silkworth needs real credit for the valuable work they do improving the lives of so many”* and in summary, highlighted the sustained progress one client had made following their programme of recovery as initiated in the home.

It was observed from a discussion and a review of background information held on file, as to the specific qualifications and experience of key members of the staff team. This has informed the therapeutic input which was evident from some of the recent changes introduced. These have included an increased counselling time available to all clients throughout the 12-week programme. Furthermore, the home uses an external Clinical Supervisor who provides monthly support to the team to ensure that any practice issues for therapeutic work can be addressed or resolved to the benefit of all clients on a continuum of reflective practice.

Training

The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.
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A discussion with the Registered Manager about working practices highlighted that attention is given to ensuring that the Standard for competency of support workers is embedded into the training syllabus. It was advised that further consultation with a training consultant may be undertaken to clarify or identify any potential gaps in QCF accreditation for support workers. However, it was acknowledged that the level of “intervention” or “support” provided in the service is not of the conventional sort found in generic care home environments.

While there is a clear supervisory process in place for the counselling team which is provided monthly, it was discussed as to the benefits for increasing the managerial 1:1 supervision of all staff separately to this provision. While appraisals and supervision is in place, the frequency of these recorded for support workers does not meet the minimum requirement of four times a year and this an area for improvement.

It was evident from a review of the training log that mandatory training needs were routinely addressed. The Provider engages with a local training provider with bespoke training available to supplement any specific training needs that may be identified. However, the main essence of training needs for the home is well provided for with relevant qualifications of the counsellors and their ongoing training and development addressed through forums including monthly clinical supervision. The opportunity is also given for staff to obtain further training through recognised courses which may include residential courses off-island. This is considered within the appraisal and supervision process.

Monthly reports which were reviewed demonstrated that training needs are monitored and overseen by the Registered Manager.

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> <hr/> <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>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> <hr/> <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: #555; font-size: small;">Click or tap here to enter text.</p>

Area for Improvement 3 Ref: Standard 4.2 To be completed by: with immediate effect	The Registered Provider must ensure that relevant documentation concerning fire safety training is recorded in the fire logbook and as scheduled in this document.
	Response by registered provider: 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 5 th September and the required review drills has been undertaken with 2 members of staff due to complete by end of month after annual leave.

Area for Improvement 4 Ref: Standard 12.3 To be completed by: within one month	Review/composition of policy and procedures relating to safe practice or risk management to be undertaken for the following: <ul style="list-style-type: none"> • Legionella • Vehicle use for client activities
	Response by registered provider: 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 02 nd September by a specialist local company (Waterway Systems) . We have also commenced a new weekly process in all unoccupied rooms of the

	<p>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>
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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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