



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**26-28 West Park Avenue Care Home**

**26 to 28 West Park Avenue**

**St Helier**

**JE2 3PJ**

**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

The service provides accommodation for care receivers across two houses. Although the two buildings are separate, for the purposes of the regulated activity and operational remit they are considered as one registered care home environment. Therefore, the nine-bed residential facility consists of a four-bedroom house, which has communal areas and domestic facilities and five more independent self-contained units in the adjacent house.

The Statement of Purpose for 26-28 West Park Avenue records the aim of the service being to provide a follow-on programme for individuals who have graduated from a companion registered home (Silkworth Lodge), as a 'bridge' towards a transition and integration back into society.

There is an additional function of the home, which is separate to the above, in that some short-term residential accommodation for detoxification can also be provided. This in designated areas of one of the houses (the self-contained units), with direct collaboration with the Alcohol Pathway Team (provided by the Alcohol & Drug Service, Health and Community Services), who are the primary care agency overseeing this specific period of care.

The care home service provides rehabilitation alongside its companion home. There is an overlap of staffing, which includes both addiction counsellors and support workers, between the two homes which is of benefit in promoting consistent support and oversight.

Residents need to be fully ambulant to access bedrooms and/or bedsits in either of the two houses which are located on upper floors with no lift access.

There are adequate communal spaces, and a shared minibus is available

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	Jersey Council on Alcoholism
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 - 9  Number in receipt of personal support - 9  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	12.30 am – 13.30 am
Type of Inspection	Announced
Number of areas for improvement	Five

Jersey Council on Alcoholism 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 a number of 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 for completion of Level 5 Diploma was discussed. It was confirmed that they fully expected to meet this within the identified timeline.

## **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.

## **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.<sup>1</sup>

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

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 and that occupancy levels would 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, support staff, catering and domestic staff. Supporting information was also requested from 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 communal areas.

Specific enquiry from agencies including the Alcohol Pathway Team (Alcohol and Drug Service, Health and Community Services), who refer clients to the detoxification programme was also undertaken to gather feedback about this part of the service provided.

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 were noted to have been suitably addressed. There was good evidence of monthly reports being undertaken regularly, with consideration being given as to how this may be further incorporated into the existing governance arrangements. Also, although there was insufficient evidence during the previous inspection that training records clearly recorded that mandatory training had been completed, this had been suitably addressed on this occasion.

Enquiries and communication with the Commission, initiated by the Provider and/or Registered Manager over the course of the past year, were clearly referenced on file. This demonstrated that the service was maintaining a positive and open style of communication about any operational and regulatory issues.

The recent attention and investment in staff recruitment was evident from discussions with the Registered Manager and staff team.

The requirements of the service primarily require a staff team with one support worker in the home overseeing activity and general housekeeping duties, safety and security of the home. Clients are supported by counsellors from the associate home who provide ongoing therapeutic input. In addition, support workers routinely signpost any additional support where this is identified as a need from observations which they make in supporting clients. It was also noted during the visit that



experienced support workers have been retained during changes to the management structure which has further promoted continuity at this time.

From a review of duty rosters, appropriate resources are allocated to support the service, with an acceptable overlap of personnel overseeing recovery work for clients who have moved onto this secondary care from the companion home. The Regulation Officer was assured of the appropriate balance for staffing in the home.

The environment appeared comfortable, clean and tidy which facilitates communal living and peer support, and also promotes independent living within a safe environment.

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

*“From the start of the referral pathway through to the end day of the detox each time I find the whole process seamless and where possible the staff will accommodate clients at very short notice”*

*“The accommodation itself is spotless and clients have remarked on how clean and tidy the unit is with some of them wishing they could move in permanently! Clients are usually surprised with the extra facilities available such as washing/drying/ironing and the fridge and cupboards are always stocked with food basics and some goodies. If there is anything specific required during the admission the staff will do their utmost to provide it”*

*“The staff are kind, compassionate, supportive and non-judgemental, they treat people with dignity and respect which allows the clients to feel at ease at an unnerving time. Staff have gone above and beyond their role at times to accommodate the client’s needs especially in the initial 48-72 hours where the client’s movements are usually restricted by the detox regime in situ”*

*“The staff are always available, if not in person, then via a mobile telephone and even if they are called away from West Park they will communicate this with the client and A&D staff. The staff are also available via email making communication between the teams readily available should there be any concern”.*

## **Safety**

<p>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.</p>
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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 is able to operate by providing a relatively low level of support, with independence being a key focus of clients’ ongoing recovery. In this matter, the assessment for suitability of transferring into this secondary care setting is undertaken by trained counsellors who have worked closely with clients for up to 12-weeks prior to moving into the home. Therefore, a full and comprehensive assessment is undertaken with consideration for suitability prior to any admission.

However, there is an exception to the aforementioned referral pathway whereby one specific area of the home can be accessed by the Alcohol Pathway Team in order to facilitate detoxification programmes. The primary role and responsibility for this aspect of care provision is maintained by that agency and is set out in contractual agreements.

Good communication between the respective teams was confirmed in feedback provided by a nurse practitioner who recorded, *“The staff are also available via email making communication between the teams readily available should there be any concern”.*

Policies and procedures are in place to ensure that the home environment is appropriately maintained and that necessary checks are routinely carried out. 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. It is advised that a nominated fire warden 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.

Recruitment records were reviewed in respect of three recently appointed members of staff based in the companion home who may support clients during their tenancy. From a review of sample records, it was not clearly evident that the expected practice for safe recruitment was being upheld. Specifically, it needs to be clearly processed and documented that references, Disclosure and Barring Service (DBS) criminal records are received prior to an employee commencing work. This an area for improvement.

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 that any SROLs would be in place or necessary but nonetheless some understanding of these principles was confirmed.

There is no direct medication administration carried out in the home on account of the relative independence and autonomy of clients. However, it was noted that there was some secure storage facility in the main office. It was confirmed that this is utilised on occasions. It was identified by the Regulation Officer as to some potential issues of concern for audit and blurring of roles and responsibilities in this matter. Advice was given to ensure that all clients' rooms incorporate a safe storage facility for their personal use if needing security of medication storage. This an area for improvement to meet best practice for safe storage of such items.

## Care and support

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.

The framework for record keeping/care planning includes comprehensive pre-assessments which are incorporated within the 12-week programme which clients would have already completed in the companion home. In this regard, the suitability for admission is given due consideration some weeks before any final decision. This incorporates the fullest engagement with the client throughout this time.

Care records were reviewed and the attention which is given in ensuring that confidential and sensitive records are protected by encrypted access, was established from discussions. This is viewed as integral to how care receivers have ownership and the opportunity to access their records, in conjunction with their key worker (counsellor), throughout their time in the home. It was noted that the records contain minimal information. However, this was considered to be both appropriate and proportionate on account of the approach which is taken in supporting the independence of clients and in providing a low level of “interventions” to clients as they continue in their ongoing recovery. However, where any specific events or altered presentation are noted this is routinely escalated through counsellors or Registered Manager as appropriate. In such instances, more detailed entries would be filed in counselling notes following any consultation/review with client.

It was confirmed by one client that they had experienced a graded transition by way of a week’s introduction in the week prior to completing the 12-week programme in the associate home (as provided by the services joint working). This is instead of discharge and admission the same day which had previously occurred. This refinement was considered more favourable and supportive by the client, who spoke of how this helped in facilitating the adjustments associated with reaching the end of an intensive 12 week residential programme. This information evidenced some of the positive changes which the Registered Manager and Treatment Director had discussed with the Regulation Officer.

It was observed from discussion and background information held on file as to the specific qualifications and experience of key members of the staff team that informs the therapeutic input provided at the home.

## **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 will be undertaken to clarify or identify any potential gaps in QCF accreditation for support workers. However, it was also acknowledged that the level of “intervention” or “support” provided by 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 on a monthly basis, it was discussed that there could be benefits in 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 of four times a year 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><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.6</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The Provider must demonstrate that all safe recruitment checks are completed prior to staff commencing employment.</p>
	<p><b>Response by registered provider:</b></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"> <li>Completed Application Form &amp; CV</li> <li>Name and address identification</li> <li>Two references one of which from previous employer</li> <li>DBS check being received with prior knowledge of any convictions</li> </ul>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> within 2 months from the date of this inspection (11<sup>th</sup> 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><b>Response by registered provider:</b></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>

<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 4.2  <b>To be completed by:</b> 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.
	<b>Response by registered provider:</b>  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 <sup>th</sup> September and the required review drills has been undertaken with 2 members of staff due to complete by end of month after annual leave.

<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 12.3  <b>To be completed by:</b> 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"> <li>• Legionella</li> <li>• Vehicle use for client activities</li> </ul>
	<b>Response by registered provider:</b>  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

<b>Area for Improvement 5</b>	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
<b>Ref:</b> Standard 6.8 (Appendix 9)	<p><b>Response by registered provider:</b></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>
<b>To be completed by:</b> within one month	

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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.



Jersey Care Commission  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)