



**Jersey Care
Commission**

INSPECTION REPORT

Silkworth Lodge

Care Home Service

**6 Vauxhall Street
St Helier
JE2 4TJ**

23 June & 30 June 2023

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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

This is a report of the inspection of Silkworth Lodge. The service provides a recovery treatment program for a maximum of twelve weeks for clients wishing to address drug/alcohol misuse. The program is voluntary, and the treatment and schedules are supervised by qualified therapists and a support team of staff employed by the service.

The service is situated in the parish of St Helier. The home sits on a quiet residential street on the outskirts of town; the main town amenities are a short walk away.

The home is three stories and has nine bedrooms consisting of six single rooms and three rooms which, if needed, can accommodate up to two people in each. At the time of the inspection, each resident had a room to themselves.

The ground floor comprises a main lounge area, the communal dining space incorporating a kitchenette where hot drinks can be made and snacks can be stored, and a group therapy room. Additionally, there is the main enclosed kitchen, where the in-house chef prepares and cooks all the meals, and staff offices at the rear of the building.

The bedrooms are spread over the two upper floors; each has an en-suite shower room. There are also toilet facilities and a bathroom for communal use. The home

benefits from a rooftop terrace, which is accessed from the first floor, and a fenced yard area on the ground floor to the rear of the building which the clients utilise to smoke outdoors.

This report will refer to the people that use this service as “clients,” in line with the Statement of Purpose for the service, which also describes the service users as “clients”.

The last inspection of the home was 11 August 2022.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u> Type of care: Personal support</p> <p>Category of care: Substance misuse (drugs and/or alcohol)</p> <p>Maximum number of care receivers:12</p> <p>Maximum number in receipt of personal support: 12</p> <p>Age range of care receivers: 18 years and above</p> <p>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>
Dates of Inspection	23 June & 30 June 2023
Times of Inspection	09:30-13:00, 09:20-13:00
Type of Inspection	Announced
Number of areas for improvement	No areas for improvement
Number of care receivers accommodated on the day of the inspection	7

The care home is operated by Families in Recovery Trust, and a Registered Manager is in place.

An up-to-date Statement of Purpose was provided during the inspection process. This provides a valuable overview of Silkworth Lodge, the staff roles, and the day-to-day functioning of the service.

The discretionary condition on the service's registration was discussed with the Registered Manager. The Registered Manager confirmed they have completed the level 5 Diploma in Leadership and Management.

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 home felt welcoming; the communal areas were comfortable and in good order. Clients were observed to utilise the lounge and dining area to carry out their therapeutic work and sit and eat lunch together. The services Statement of Purpose describes the environment as “structured, safe and non-judgemental”. This was affirmed by the feedback the Regulation Officer received from the clients.

The Registered Manager provides clear management oversight of the day-to-day functioning of the service. The home benefits from the knowledge and experience that the Registered Manager has of the service, having previously been in the role of the CEO for the Provider.

Recruitment checks have been improved to ensure that processes are in place that provide reassurance of the suitability of the people employed to work in the service and safety of the clients.

The staff team receives regular supervision from the Registered Manager. Discussions in supervision are recorded and stored in the staff members’ personal files.

Staff members complete mandatory training and are encouraged to identify other specialist training related to their service roles. Some members of the staff team are trained at QCF level 2 and level 3; this meets the Home Care standards for the availability of support staff to have these qualifications.

The Registered Manager ensures that the fire safety precautions are followed to meet the standards of safe fire procedures. This includes mandatory training in the

induction period for new members of staff and ongoing updates for all members of the staff team.

There is a clear person-centred approach to the service provided. Where the recovery programme is very structured, there is flexibility of how the programme may need to be delivered based on the individuals and the group dynamics.

Risk assessments are utilised as a part of the initial assessment, and risk plans are in place for the clients' safety. Impact risk assessments are also included to consider the needs of other clients accessing the service.

The rehabilitation programme is delivered by addiction counsellors and supported by a team of support workers. One client reported that they felt the support from staff members was "outstanding" and that there are always staff available if needed. Another client shared that the "staff are brilliant, and give support throughout the journey, brilliant on all levels".

Group activities in the community are built into the therapeutic programme. Importance is placed on physical activities for wellbeing, the clients appreciate regular visits to the gym and outdoor walks.

The staff team are well established and the feedback from some staff members recognised that the care and support provided to the clients is a "team effort", and that the treatment offered is "very person-centred".

There is a focus on providing daily healthy, nutritious meals to aid in clients' recovery. The service has an onsite chef who plans, prepares, and cooks the daily menus. The chef will also accommodate specialist diets. Four clients shared that they have a "choice of meals, appreciate that "freshly made food is available", and that there is "always enough food around including in between mealtimes".

Clients are provided with a holistic health assessment which is completed by the associate GP attached to the service. This includes a review of any prescribed

medications and other health considerations, this provides a safe risk assessment of health and gives reassurance to the clients.

INSPECTION PROCESS

This inspection was announced to ensure the Registered Manager would be available to facilitate the inspection process. Two days' notice of the visit was given to the Registered Manager. It was completed over two visits, on 23 June and 30 June 2023.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed. This included the previous inspection report from 11 August 2022, notifications received since the last inspection and any other correspondence from or about the service.

The Regulation Officer sought the views of four clients who were engaging with the service at the time of the inspection; this was face-to-face contact.

Members of the staff team were also spoken to; this included the Registered Manager, the Therapeutic Lead, the counselling staff, a support staff member and the catering staff.

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

The views of two professionals who work with the service were also obtained as part of the inspection process.

During the inspection, records, including policies, care records, staff rotas, incidents and other documentation relating to clients and the service, were reviewed. This inspection included a tour of the premises, incorporating communal areas, a sample of client rooms, outdoor spaces and staff office spaces.

At the conclusion of the visit, the Regulation Officer provided immediate verbal feedback to the Registered Manager and written feedback once the inspection had been fully completed.

This report sets out our findings and includes areas of good practice identified during the inspection. There were no areas of improvement identified during this inspection.

INSPECTION FINDINGS

At the last inspection, four areas of improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that all the improvements had been made.

There had been improvements to recruitment practices; the Regulation Officer was satisfied that safe recruitment processes were taking place after reviewing the staff file of the most recent team member.

There was evidence that members of staff are receiving a minimum of quarterly supervision sessions; these are recorded and stored in the personal files of the staff.

The fire procedure logbook was reviewed as part of the inspection. The Regulation Officer was satisfied that mandatory fire procedures were followed, including weekly fire alarm testing, fire training for the staff team and fire drills.

A new policy has been written for the use of the service minibus, including the maintenance requirements and safe transportation of the clients. There is a process to ensure an annual clean of the water tank and running of the unused taps to prevent Legionella takes place.

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

Following on from the safe recruitment area of improvement from the last inspection, the Registered Manager reported that the service would commission an independent Human Resource (HR) consultancy service to manage all HR processes moving forward. This will include reviews of the current HR policies and procedures, such as work contracts and job descriptions. Supervision recording and appraisal processes will also be revised to make improvements. This is an area of good practice as outsourcing HR tasks will give the Registered Manager more time to concentrate on other operational areas of the service.

There is a supervision model in place; staff receive quarterly supervision sessions from the Registered Manager. Additionally, the counselling team receive clinical counselling supervision from independent sources in line with their counselling professional requirements.

The Registered Manager oversees the training schedule for all staff members. A training matrix ensures that staff are alerted to training that is due to expire or requires immediate completion. The service provides mandatory training, and

protected time is given to facilitate staff members to complete and remain compliant with the service and Care Commission Standards.

Any specialist-identified training is supported if a member of staff requests this. One staff member confirmed that professional development is encouraged, funded, and given protected time to complete. The Registered Manager continues to engage with a local training provider for mandatory training; more specialist training is sometimes sourced from courses off-island; this is supported.

A staff structure is in place to support the service provision and ensure that staff are available to meet the clients' needs. The rehabilitation programme is delivered by addiction counsellors who lead the focus on the treatment programme; additionally, the clients are supported by a team of support workers who are available to offer further reassurance and guidance outside of the working hours of the counsellors.

The Registered Manager follows a safe process for the recruitment of staff. Once a candidate is successful, an enhanced Disclosure and Barring Service (DBS) criminal records check is completed, two employment references are sought, and a probation period of three months is followed. The Regulation Officer reviewed three personal files of staff members; there was evidence of completed appraisal's, supervision and training records.

A staff handbook is provided to each staff member during the induction period. This gives an overview of the terms and conditions of their employment and is given in conjunction with a contract of employment.

A monthly report was reviewed, which gave a short summary of the service, including staffing, training requirements, and incidents resulting in a notification to the Care Commission and feedback from clients or their relatives.

The Registered Manager completes a formal pre-admission assessment of each client once a referral has been received. This includes an impact risk assessment, a financial assessment, and a historical understanding of the clients' physical and emotional health.

There are suitable policies and procedures in place relating to the service delivered. Policies are introduced to staff members during their induction and when a new policy is developed.

Feedback from a staff member was positive about the Registered Manager, reporting that they are always available if needed.

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.

Clients receive a handbook on admission, which outlines the ground rules of the home and the expectations of behaviour and gives valuable information about the programme and service. There are recognised risks to completing a rehabilitation programme therefore, boundaries and structure are essential in supporting everyone to feel safe within the process.

The service delivery model follows the twelve-step programme, which is a client-centred treatment programme. The Registered Manager and Lead Counsellor have pre-admission discussions with the clients, setting out the approaches followed to support them throughout the programme. It was evident when receiving feedback from the clients that they receive ongoing reassurance and support, which allows them to feel safe and cared for. One client commented that they have felt “safe and supported every day” since their admission to Silkworth.

A ‘buddy system’ is in place, where new clients accessing the service are paired up with a client further along in the programme. The buddy system is available to gently navigate clients to the home and the programme.

This helps new clients to feel welcome, not alone and supports them to ease into the schedule; this is an additional layer of support that sits alongside the availability of support staff and counsellors.

The allocation of a counsellor for each client is central to the programme; this provides the therapeutic focus. The addiction counsellors offer one-to-one therapeutic sessions, facilitate group therapy five times per week, incorporate music therapy in the weekly schedule, and make themselves available outside of planned therapy time if needed for a client.

The programme incorporates meaningful outings that encourage physical and emotional health support, such as attending the gym, coastal walks and swimming. Community outings are supervised by support staff; they are incorporated into the schedule and remain structured and time specific. Two clients fed back to the Regulation Officer that they appreciated the opportunity to have outings into the community; one stated, "I am doing activities that I have never done before", and that they were learning new coping mechanisms due to trying something new and enjoying it.

The service encourages clients to have direct engagement with family or friends on a Sunday; this remains boundaried by time frames and takes place in the home. Clients are also allowed to receive phone calls in the evenings; the calls are time-limited to ensure that structure is maintained.

A full-time chef on site cook's homemade fresh meals six days a week. There is a clear focus on nutrition and providing clients with a reasonable calorie intake; meals are thoughtfully planned with this in mind. Clients have a choice of menus, and consideration is given to those needing a specialist diet, such as vegetarian or gluten-free.

The Regulation Officer was able to see the kitchen and meet with the chef. It was evident that the chef took pride in his meals, and the service he provides to the clients. Therapeutic duties are part of the weekly schedule; this may include helping the chef out in the kitchen to wash the dishes or keep the dining area clean.

The clients are encouraged to follow the timetable of therapeutic duties; there is an expectation that daily chores are completed by everyone following the programme. Duties may include cleaning communal areas, laundry, and preparing the dining area for mealtimes. The duties are designed to give the clients a sense of collective responsibility, working together and feeling purposeful.

Care plans are bespoke and individual to each client. It was clear from discussions with one of the members of the counselling team that clients are fully involved in their care planning; this is part of the therapeutic relationship promoted throughout the treatment.

The clients work with the counsellors to identify specific focus areas that are unique to their life journey and presentation. The care plans cover clients' needs and goals of recovery. They are reviewed weekly and highlight where they are in the treatment process; plans may change as the clients progress on their recovery journey.

Several care records were reviewed, and the Regulation Officer was satisfied that they evidenced collaborative care planning and that the clients' individual needs were represented. The records are stored electronically and are accessed only by the therapeutic team and clients if requested.

The home provides a comfortable, clean, and well-maintained environment for the clients to utilise throughout the programme.

Communal areas are practical spaces offering quiet areas for reflection and where clients can engage in communal activities such as eating together.

There is an outside rooftop garden that clients commonly use if they have visits from family or friends; visiting time is on Sundays. There is also a private garden/yard area to the rear of the building where clients can sit and smoke if they wish to.

Clients are allocated their rooms, which have ensuite facilities. Very occasionally, some of the rooms may need to be shared by two clients, this is when the home is full, and it has been assessed as appropriate to accommodate two people in the same room. Bedrooms are generally used for sleeping as the schedule is all-encompassing and keeps the clients occupied until the end of each day, preventing

them from spending too much time on their own. Comments from the clients were received about their bedrooms being “comfortable, a good size and adequate for their needs”.

The admission process incorporates risk assessments and consent to treatment, where a contract is completed that includes expectations of the programme, and the client completes a self-assessment. The counsellors may offer a group work workshop to a client if they feel anxious about this area of the programme. All of the therapy is tailored to the individual. Counsellors will identify themes from the life story work they complete with the client, and this information may be used for areas of focus in the direct work sessions.

When a client has completed the twelve-week programme, the therapeutic model includes arrangements for follow-up outreach support. This includes an option for transfer to the secondary stage recovery home. The counselling team and the client assess and consider this option individually. Arrangements are planned to support a smooth transition to the secondary home environment and the support attached to this.

Several clients were available to provide feedback to the Regulation Officer on the second day of the inspection. Each client was at a different stage of the programme. One client reported that “all of the staff are brilliant, including the housekeeper and the chef”, and that the programme is “fantastic, all-encompassing, it saved my life”, they also highlighted that the team work well with the drug and alcohol service to support them.

Another client shared that they have felt well supported throughout their stay, that their peers are a “great group”, and they never feel lonely because of the support from the staff and their peers. They expressed that the programme “excelled their expectations”.

Other comments included, “I was made to feel so welcome”, “I have never felt uncomfortable because of the incredible support from the staff and peers”.

“It has been an amazing experience; all my needs have been met while engaging with the programme. Support staff are available when the counsellors are not around; this helps when you need a chat”.

A client highlighted that the Registered Manager and counsellors were available for support while waiting for placement on the programme to become available. They reported that this was “invaluable” for them to remain focused on their recovery plan.

Choice and safety

<p>The Standards outline the Provider’s responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People’s rights will be supported and protected.</p>

There were no recorded safeguarding incidents; the Registered Manager recognises that due to the vulnerabilities of some of the clients, safeguarding matters can arise at any time. There is a policy for safeguarding adults, and the Regulation Officer was reassured that staff are provided with adult and children’s safeguarding training. Staff supervision sessions offer opportunities for any matters of concern to be raised with the Registered Manager.

A full and comprehensive holistic health assessment is completed on admission for each client; this may recognise additional physical or mental health needs other than managing addiction. The assessment incorporates a GP review to support any health risks identified. There are ongoing reviews by the GP throughout the clients’ stay in the home.

The Regulation Officer checked the log of fire safety procedures for the home. Weekly fire alarm testing is taking place, fire training for staff is up to date, and the fire extinguishers have been tested within the recommended timescales. All fire procedures for the home had been followed.

Following the area of improvement from the last inspection, safety infection prevention measures are in place to prevent Legionella. This includes an annual

cleaning and treatment of the main water tank and weekly running of taps that may not be used if in the unoccupied rooms. This is recorded to maintain compliance, and there is a policy around this process.

There is a clear process for the management of medicines. Support staff and counsellors are appropriately trained in medicine administration using the NVQ 3 competency framework. Staff are given protected time to complete this training; the aim is to complete the training in the induction period. The GP attached to Silkworth provides review and oversight of prescribed medication. Medicine Administration Records (MAR) are used to support safe administration.

The Regulation Officer was able to view several client satisfaction questionnaires, provided to every client when they come to the end of their programme. The content of the questionnaires was very positive; there was an overwhelming sense that the clients felt highly supported by the whole team throughout their journey. The therapeutic lead commented that feedback is consistently positive about the service and that the service achieves “good” completion rates.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je