



**Jersey Care
Commission**

INSPECTION REPORT

26-28 West Park Avenue

Care Home Service

**26 to 28 West Park Avenue
St Helier
JE2 3PJ**

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 26-28 West Park Avenue. The service is situated in the Parish of St Helier, on a residential street on the town centre's outskirts. It is a five-minute walk from the town centre and a five-minute walk to the nearest beach. There is a park and green space close to the home.

The service is provided across two-period properties that sit next door to each other. The two buildings are separate, although considered one registered care home environment.

There are nine residential beds in total across both properties. One house has four bedrooms with communal areas, domestic facilities, and a bathroom. The second house has five self-contained units, and a communal lounge.

The Statement of Purpose for the home reports that the aim of the service 'is to provide a follow-on program for individuals that have graduated from Silkworth Lodge, to give them a bridge to normal living with a staged integration into society.' Additionally, the service can offer a short-term residential setting for individuals who wish to complete a detox from alcohol and do not suitable accommodation to do this. There is one self-contained unit allocated for this purpose.

This service area is coordinated with the Drug and Alcohol team (provided by the Alcohol & Drug Service, Health and Community Services). Some clients using the detox service will receive rehabilitation treatment at Silkworth Lodge.

There is no lift access to the upper floors where the client’s bedrooms are situated. Therefore, the home can only accommodate clients who are fully ambulant.

The home’s Statement of Purpose refers to the people receiving care as “clients”; therefore, this report will use the same terminology.

Regulated Activity	Jersey Council on Alcoholism
Conditions of Registration	<u>Mandatory</u> Type of care: Personal Support Category of care: Substance misuse (drugs and/or alcohol) Maximum number of care receivers: 9 Maximum number in receipt of personal support: 9 Age range of care receivers: 18 and above
Date of Inspection	30 June 2023
Time of Inspection	09:30-12:00
Type of Inspection	Announced
Number of areas for improvement	No areas for improvement
Number of care receivers accommodated on the day of the inspection	4

The Care Home is operated by Jersey Council on Alcoholism, and a Registered Manager is in place.

The discretionary condition on the service’s registration was discussed, and the Registered Manager has completed their Level 5 Diploma in Leadership and

Management for Adult Care. Therefore, the discretionary condition on registration will be removed.

There have been no significant changes to the service since the last inspection on 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 inspection was positive and there were no areas of improvement identified. The Registered Manager and staff members engaged fully in the inspection process. All requests for information, and to review policies, processes and records were met.

There had been five areas of improvement following the previous inspection in August 2022. Each area of improvement has been addressed and resolved with a satisfactory outcome.

The exterior front entrances to the two houses are well maintained and kept in good decorative order, making them feel welcoming and inviting.

The interiors of the homes are clean, spacious and provide comfortable facilities to support the model of communal living. A lounge and kitchen are available for the clients' use. Individual bedrooms are on the first and second floors. There is a small back garden where clients are permitted to smoke.

An inspection of the companion home Silkworth Lodge took place during the week prior to this inspection. This was facilitated by the Registered Manager who has oversight of both services. The two services run alongside each other, sharing staff members and clinical and managerial leadership. West Park Avenue is a follow-on service from Silkworth Lodge through assessment and referral of the clients that have graduated from the treatment program at Silkworth Lodge.

Clients are supported to attend the ongoing treatment program where elements of this are provided at Silkworth Lodge, West Park Avenue and groups within the community. The service is provided for clients that wish to continue their treatment while living in a more independent environment.

The clients accessing the service have committed to continuing their recovery journey and are motivated to engage with the program. This includes adhering to the house rules and existing structure, a 'house contract' is agreed to by the clients. Therapeutic duties and maintaining the home's cleanliness are part of the structure and are written into the contract. Clients are expected to cook for themselves.

Staffing for this service is needs led. If there is no detox client, the support staff are available on call throughout the day but may not need to be on the premises if clients are out working or attending support sessions. Overnight there is one support staff available on the premises.

Fire procedures for the two houses were followed, the fire logbook demonstrated that a weekly alarm test had been completed, fire drills had taken place, and an up-to-date fire certificate was in place.

Staff members that work across both services confirmed that they receive regular supervision from the Registered Manager. The Regulation Officer viewed staff supervision records; this affirmed that supervision is completed to the minimum standard of four times a year.

There is management oversight of staff training. A rating system highlights when training is complete, due, or out of date. This allows the Registered Manager to prompt staff when their training is expected to be completed and prevents non-compliance with the training requirements of the staff team.

INSPECTION PROCESS

This inspection was announced one week before the visit; during the inspection of the companion home Silkworth Lodge. It was completed over three hours.

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, including the previous inspection report completed on 11 August 2022.

The Regulation Officer sought the views of the people who use the service and spoke with the Registered Manager and members of the counselling team.

The Regulation Officer established contact with one client who was available to talk to face to face on the day of the inspection.

The views of three professionals were also obtained as part of the inspection process.

Records, including policies, care records, Statement of Purpose, and client contracts, were examined during the inspection. This inspection included a tour of the premises.

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

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, four areas for 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 the improvements had been made. There was evidence of safe recruitment practices, staff supervision is completed four times a year, fire safety procedures were completed and recorded, and procedures to prevent Legionella infection in the water system now take place.

Due to the home's purpose to promote independence for clients while they continue to access therapeutic support, the service generally requires one support worker to have daily oversight of the house. This can be a staff member on-call when clients are out working or accessing their support groups. The support staff will oversee the home's functioning, safety, and security.

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.

Along with Silkworth Lodge, the service benefits from a small, consistent staff team. Staff support each other's roles, allowing the delivery of the service to run smoothly. The Registered Manager reported that staff recruitment and retention is not a problem area.

The inspection evidenced that the service is well-led and managed. The Registered Manager knows the service well, and has an excellent understanding of the recovery program, enabling them to deliver the service confidently.

There are appropriate governance systems in place for the service which the Registered Manager oversees. It has been recognised that the service will benefit from a commissioned Human Resource (HR) consultancy to take over the management of this area. A full review of current HR practices is to be completed to continue improving the recruitment processes. This is recognised as an area of good practice as it will allow a focus on the improvements.

The service has a small cohort of bank staff that can be utilised when there is sickness or annual leave in the permanent staff team. The bank staff are well established and are familiar with the service, which is helpful in minimising disruption and in promoting consistency.

The Registered Manager provides quarterly reflective supervision for members of the staff team. The Regulation Officer reviewed four supervision records; the information was comprehensive and captured the voice of the employees. The supervision record template is due to be reviewed by the new HR consultancy.

The service's Statement of Purpose was reviewed. It is succinct and captures the home's aims, objectives, and functions. It makes clear references to Silkworth Lodge and the intrinsic relationship between the two services.

The Registered Manager provided a training record allowing them to oversee the staff team's training compliance. It was explained that mandatory training is provided through online learning and face-to-face training for subjects such as First Aid and Practical Manual Handling. Training is identified alongside the service delivery and, specific to the needs of the service. The training record identified some areas where training was outstanding; the Registered Manager explained that it was difficult for some staff to attend the face-to-face training sessions.

Reassurance was given that there was a plan for the staff members to attend the outstanding learning within four weeks.

Although staff members are provided with Level 3 medication administration training, there is an expectation that clients will self-administer any medication they are taking. Support staff trained in medication administration are on hand if any issues come up for clients taking daily medication.

Following on from safe recruitment being an area of improvement in the last inspection, the Registered Manager ensures that rigorous recruitment processes are followed. Once a candidate has been offered a job, the position commences once the Registered Manager is satisfied that two references and an enhanced Disclosure and Barring Service (DBS) check have been completed. A three-month probation period is stipulated to ensure that the candidate can fulfil the job role requirements during the induction phase.

The Regulation Officer met with two members of the therapeutic team. One discussed that they feel supported by the Registered Manager, who is always available if needed. They are able to access specialist training to maintain their professional development; they reported that the Registered Manager will give protected time to training and fund learning that is additional to the mandatory training requirements.

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>

The staff team at Silkworth Lodge provides consistent support when a client has transitioned to the secondary service. Clients will continue with their treatment program, which is accessed through aftercare sessions at Silkworth Lodge, group therapy sessions at West Park Avenue and other support groups in the community.

The Regulation Officer viewed a sample of assessments and care plans belonging to the clients. The records are initiated and completed in the companion home and follow the clients to the secondary service.

Care plans relate to the client's individual assessed needs; it was evident that they are reviewed and updated if needs change due to where the client might be in their recovery journey.

Records are kept electronically and are protected by passwords. The clients can access their records with their counsellors and are supported to co-produce their care plans. Ongoing recording reduces in the secondary service as the direct interventions are less due to the level of independence promoted in this stage of the recovery journey.

Impact risk assessments are completed as part of the transition process to the secondary service. Multiple individuals share the homes in a less supervised environment. The staff team will consider client relationships in the transition assessment before the placement is agreed upon. A client contract is arranged to provide a shared understanding of the commitment required to continue the recovery journey. This also supports the clients to be aware of the available support.

Clients will receive a planned transition into the home, where an introduction period will commence. This will overlap with the end of the 12-week program at Silkworth Lodge. This supports the clients in adjusting to independence, having been part of an intensive 12 weeks of structure and boundaries.

The Regulation Officer met with one client currently receiving support from the service.

They spoke about how "fantastic" the service was; they have felt supported with the transition from Silkworth and continue to feel safe and supported while having the independence to go about their daily schedule and access the recovery treatment.

One professional who works in collaboration with the service reported that West Park Avenue offers an “excellent” follow-on provision for the clients. They spoke about receiving feedback from shared clients, some of whom have commented that they would not have been as successful in their recovery if they had not had access to the secondary support service.

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>

Rules and structure continue at West Park Avenue; this supports the ongoing program while offering independence. Therapeutic duties form part of the rules; this includes taking responsibility for the cooking and cleaning of the properties.

The counselling team undertakes a comprehensive assessment to agree the suitability of the transfer of a client to the secondary service. The counsellors will have worked with the clients throughout the 12 weeks in the companion home. This will have provided them with a good understanding of the client’s needs and if the secondary provision is the right next step for them.

An area of improvement from the last inspection was around fire safety. The Regulation Officer was satisfied that fire procedures were followed. A fire precaution logbook showed evidence that fire alarms were tested weekly, and fire drills are completed four times a year. Additionally, the training log indicated that staff members were up to date with fire training.

An area of improvement from the last inspection highlighted that safety checks to prevent Legionella disease were required in the home. Processes have been implemented, including an annual cleaning and treatment of the main water tanks for the two properties and weekly running of the taps in unoccupied rooms. Guidance is

in place for these safety checks, and compliance is recorded on a maintenance manual.

Clients self-administer any medications they are taking. Following the area of improvement from the previous inspection, client bedrooms have a lockable safe where they are expected to store medicines. The procedure for safe medication storage is written in the client contract.

The Registered Manager arranges a weekly meeting with the clients called 'House Group'. The purpose of the meeting is to identify any concerns or recognise any positive events that may have taken place within the previous week. This is also an opportunity to inform the client group of any planned transitions of new clients coming into the home.

The service provides food for breakfast, lunch, and dinner. There is an expectation that the clients prepare and cook meals for each other. This is managed on a rota, and all the residents will plan and agree on menus.

One of the self-contained units is exclusively available to the Alcohol Pathway Team, enabling them to offer a residential setting to clients that wish to detoxify from alcohol. The Alcohol Pathway Team manages this part of the service, this is set out in a contractual agreement.

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.



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