



**Jersey Care  
Commission**

## **Summary Report**

**26-28 West Park Avenue**

**Care Home Service**

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

**30 June 2023**

## 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.

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