



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Silkworth Lodge**

**Care Home Service**

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

**10 June, 12 June & 13 June 2024**

## **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 offers a voluntary recovery treatment program lasting up to twelve weeks for clients seeking to address drug or alcohol misuse. Qualified specialists and a dedicated support team oversee the treatment and schedules.

The service is located in the parish of St Helier, situated on a quiet residential street on the outskirts of town, with the main town amenities just a short walk away. The home is a three-storey building with nine bedrooms: six single rooms and three rooms that can accommodate up to two people each if needed. At the time of the inspection, every resident had their own room. Three rooms were out of use, awaiting refurbishment.

The ground floor includes a communal lounge area, a central dining space with a kitchenette for making hot drinks and storing snacks, and a group therapy room. Additionally, there is an enclosed kitchen where the in-house chef prepares all meals, and staff offices are located at the rear of the building.

The bedrooms, each with an en-suite shower room, are spread over the two upper floors. There are also communal toilet facilities and a bathroom. The home features a rooftop terrace accessible from the first floor and a fenced yard at the rear of the ground floor, which clients can utilise as a smoking area.

This report will refer to the people using this service as "clients," in accordance with the Statement of Purpose for the service, which also describes the service users as "clients".

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal support Category of care: Substance misuse (drugs and/or alcohol  Maximum number of clients: 12 Age range of clients: 18 years and above  Maximum number of clients that can be accommodated in the following rooms: Bedrooms 1-3, 5-7 one person, 8-10 two persons.
Dates of Inspection	10, 12 & 13 June 2024
Times of Inspection	09:00-13:00, 11:00-13:00, 15:30-16:30
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	Six

The Care Home service is operated by Families in Recovery Trust, and there is a Registered Manager in place.

Since the last inspection on 23 & 30 June 2024, there have been no changes or updates to the service.

## **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.

There is a clear process for recruiting staff members, which includes safety checks to ensure their suitability. Once recruited, staff follow an induction program that includes demonstrating core competencies, which enhances the quality of the service delivery.

Risk plans are developed in collaboration with clients to ensure their safety while using the service. The needs of other clients are also considered during risk assessment discussions.

Additional processes are required for medication management to ensure the consistent and safe administration of medication within the facility. This is an area of improvement.

The service has an equitable referral process, allowing for recommendations from partner agencies, such as drug and alcohol services and self-referrals. All referrals are evaluated based on the admission criteria, determined through the initial assessment.

Each client undergoes a clinical assessment conducted by the therapeutic team upon admission to the facility.

The service can extend support beyond the Silkworth 12-week rehabilitation program through a step-down program. If deemed beneficial for the individual, suitable accommodation is available as part of this extended support.

Clients are provided with an individual treatment program, which includes a personalised care plan co-produced by the therapeutic team and the client.

Family support programs are available to family members who are often significantly impacted by a loved one's addiction. The service recognises that providing support and understanding to family members and significant others enhances the chances of recovery for everyone involved.

The therapeutic care provided by the in-house therapeutic team is intrinsic to the client's support during their rehabilitation journey. This includes group therapy, one-to-one counselling, and therapeutic assignments, all overseen by the therapeutic team.

The service has been updating some of its policies and procedures. This includes introducing a revised online handbook for staff members and a new operational manual.

Ongoing employment checks are being improved to ensure that staff remain suitable to work in the service, thereby ensuring the safety of those using the facility.

## INSPECTION PROCESS

This inspection was announced to ensure the Registered Manager would be available to facilitate the process. Three days' notice was given to the Registered Manager. The inspection was completed over three visits, on 10 June, 12 June, and 13 June.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

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 23 and 30 June 2023, notifications received since the last inspection, any complaints or feedback made to the service, and any other correspondence from or about the service.

The Regulation Officer collected feedback from four clients engaging with the service at the time of the inspection.

They also had discussions with the service's management and several members of the staff team. Additionally, feedback was provided by three professionals external to the service.

During the inspection process, records, including policies, care records, complaints, staff rotas, and other documentation relating to the governance and management of

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

the service, were reviewed. The inspection included a look around the premises, incorporating the communal areas, kitchen, unoccupied bedrooms, and office spaces.

At the conclusion of the inspection, the Regulation Officer provided verbal feedback to the Registered Manager; this was followed up in writing once the inspection had been fully completed.

This report outlines our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report, and an improvement plan is attached at the end of the report.

## INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified.

### **Is the Service Safe?**

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The recruitment process for staff members is well-defined and includes safe recruitment processes to verify their suitability. Staff complete a mandatory induction program where they are supported to demonstrate core competencies required for the delivery of the service to the clients. This includes shadowing opportunities during a period of protected time.

A newly recruited staff member confirmed that they had received an induction period, which included protected time to understand and integrate into the service's operational aspects and their role.

Improvements are being made to ongoing employment safety checks to ensure that staff remain suitable for their roles. This will support the safety of the clients accessing the service.

Risk assessments for each client are conducted during the initial admission assessment and are subsequently reviewed if circumstances change during their participation in the program. These assessments are tailored to each client based on their specific circumstances. The Regulation Officer was able to review the risk assessments, confirming they were completed appropriately with each client, and there was evidence that they were regularly reviewed.



Medication management requires improvement. There is a lack of processes for the safe storage and administration of controlled drugs (CD's). Guidance for administering medicines requires revision to incorporate infection control practices and ensure that all staff follow standardised procedures. Additionally, the staff team needs annual medication competency assessments. This is an area of improvement.

While the premises are unsuitable for clients with significant mobility issues, consideration is given to clients with limited mobility and a level of independence. Additional risk assessments are conducted in these circumstances to reassure the clients and staff members. The Registered Manager is implementing health and safety risk assessments, including personal emergency evacuation plans (PEEPs) in the event of a fire, for clients with restricted mobility.

Fire procedures and checks were discussed with the Registered Manager, and well-maintained logbooks were reviewed. Evidence of compliance with local fire procedures and practices was seen. The logbook included records of fire drills, fire alarm testing, and other information related to fire safety.

### **Is the Service Effective and Responsive?**

Assessing the organisation of the service so that care receiver's needs are respected and met.
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Referrals to the service can originate from various sources, including the Drug and Alcohol service, GP practices, and self-referrals. The multi-channel referral process promotes equal access to the service, particularly as it accepts self-referrals. This means individuals do not need a professional practitioner to access the service, enhancing accessibility and inclusivity.

Staff members are accessible to clients around the clock. The therapeutic team is available during daytime hours, while support workers are present outside of these hours, including throughout the night. An on-call system ensures that the Registered Manager or a senior team member is reachable in emergencies.

Feedback from some clients indicated that they found the availability of staff to be “good”, noting that “*the staff are always approachable*”.

Currently, three bedrooms are unavailable as they await refurbishment, which is scheduled to occur within the next few weeks. Once completed, these rooms will be brought up to the same standard as the other bedrooms, which have all undergone full refurbishments. Feedback from the clients included comments about their bedrooms; they said: “*My room is comfortable and in good condition*”; “*My room provides a comfortable private space, and I have ensuite facilities, which is a bonus*”.

Clinical assessments for each client are conducted by the therapeutic team upon admission. These assessments are regularly reviewed throughout the program, providing the team with information about any additional physical or mental health needs that must be considered when developing the treatment plan. Individual medication reviews are performed by the in-house general practitioner (GP), which also contributes to formulating the treatment plan.

Clients have the opportunity to transition into the secondary residential treatment facility after completing the Silkworth program. This allows them to gradually reintegrate into daily life with the support of staff and a structured environment. This support can strengthen the recovery at a challenging time in the early recovery period.

Group therapy is led by the clients and facilitated by the counsellors. Clients are encouraged to talk about their experiences should they wish to share in the sessions. The counsellors ensure these meetings feel safe by establishing ground rules, which include respect, confidentiality and privacy.

Exit questionnaires are provided to clients at the end of their treatment program, as they are about to leave the service. The questionnaires aim to gather feedback from the clients' experiences during the program, helping the service understand what aspects are effective and what might need improvement. The feedback is generally positive, with the therapeutic offerings receiving high evaluations.

## Is the Service Caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

An individual treatment program is co-produced by each client and an allocated member of the therapeutic team. The program includes one-on-one sessions and group therapy. The therapeutic offer is Integral to the program's success; this sits alongside a structured timetable that incorporates outings into the community where physical and positive emotional health activities are provided, as well as weekly assigned domestic duties. Feedback from clients reported that the timetable was "*varied and full*".

The twelve-step rehabilitation treatment program is implemented, providing clear boundaries and structures that clients must follow to support their program completion. The staff team offers support and mentorship to help clients navigate the program and ensure they feel safe and well-supported throughout.

Emphasis is placed on ensuring clients have access to nutritious meals to support their physical recovery. The in-house chef prepares a daily selection of hot and cold meals, fitting them into the structured daily schedule. The kitchen is efficiently managed, meeting high standards for hygiene and safe food practices, as confirmed by the annual 'Food Safe' inspection.

The programs ground rules are clearly communicated to clients during pre-admission and throughout their stay. The staff team promotes these rules and the overall structure, which are crucial for the program's success. Several clients provided feedback, noting that the rules were clearly explained before they began rehabilitation, which helped them understand individual and peer expectations and feel prepared. However, some clients felt that specific rules were outdated and could be revised and "*brought up to date*". The Regulation Officer conveyed this feedback to the Registered Manager during the final feedback at the end of the inspection.

Client feedback overwhelmingly indicated that the therapeutic team and their support are invaluable to the success of individuals completing the program. Some of the feedback included:

*“The councillors always make time to see me; their door is always open.”*

*“My therapeutic support was adapted to me and my individual situation.”*

*“The therapeutic team were always available; I felt that they maintained my confidentiality; they are amazing.”*

A family support program is available for family members and significant others, offering them support and understanding regarding addiction. This program helps family members recognise addiction as an illness, enabling them to provide informed support to their loved ones during and after the treatment.

Staff mandatory training is compliant, with most of the training sourced from a local provider and conducted face-to-face. The Registered Manager ensures oversight through a clear training plan for the staff team.

### **Is the Service Well-Led?**

Evaluating the effectiveness of the service leadership and management.
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A small team is involved in the service’s operational functions. Staff retention is high, with infrequent turnover. Some staff members have reported feeling well supported by the Registered Manager and their colleagues, describing the team as *“an extended family.”*

Staff members have reported receiving quarterly supervision, providing opportunities to discuss issues and celebrate successful practices and teamwork. Additionally, they highlighted that the Registered Manager is accessible for discussions outside of supervision, which helps promptly address any issues. One staff member described the manager as having an *“open door policy.”* Staff also mentioned the quarterly team meetings, which are a valuable opportunity for the entire team to come together and discuss the service.

The Registered Manager has acknowledged that certain current policies and procedures, such as the medication policy, require amendments to reflect changes in practice and ensure best practices are followed.

The service has considered future planning and aims to enhance its support offerings. Priorities include developing a drop-in facility to help individuals struggling with drug or alcohol use understand the available options and services. Additionally, the service plans to expand community outreach, raising awareness and providing education on drug and alcohol issues.

The service has engaged an independent Human Resource (HR) consultancy to review its policies, procedures, and other governance documents. So far, this collaboration has led to revising the staff handbook, which is now available online. A new operational manual is also in progress. While the recruitment process currently remains the responsibility of the Registered Manager, there are plans for this to be managed by an HR consultancy with input from the Registered Manager. This change will allow the manager to focus more on the service's development and other operational duties.

Currently, the Operational Manager completes monthly quality assurance reports. The Registered Manager is considering appointing an independent associate to conduct ongoing quality assurance reviews. This move aims to provide independent oversight of the governance of the service, ensuring robust quality assurance practices.

The Regulation Officer reviewed the complaints procedure and considered any complaints received by the service since the last inspection in June 2023. Although the response time to one complaint exceeded the designated timescales, the rest of the process was followed correctly. The Registered Manager is reviewing the procedure to ensure additional oversight from the provider in cases where a complaint requires more input than the Registered Manager can provide.

Feedback from some of the staff team regarding the management of the service included:

*“I have felt welcomed and supported as a new staff member”*. They confirmed that they had been provided with protected time to complete shadow shifts and get to know clients during their induction and that competencies were required to be completed during this period.

*“I find the monthly team meetings very useful for catching up with team members that I don’t always work with; the meeting gives us the opportunity to communicate and network as a team.”*

One staff member reported that training requirements are promoted and encouraged and that if they have recognised a piece of training that they are interested in, the Registered Manager has supported them to complete it.

*“I feel fully supported; the manager is always available when needed”*.

Further feedback was received from professionals who work with the service; some comments included the following:

*“We have a good working relationship with the service; the communication is really good.”*

*“Not having funds is not a barrier to accessing the service, this makes it more accessible and equal.”*

*“The availability of beds when you need them is generally very good.”*

## IMPROVEMENT PLAN

There was one area 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 6.6, 6.7, Appendix 9</p> <p><b>To be completed by:</b> December 2024, 6 months from the date of inspection.</p>	<p>There is a lack of processes for the safe storage and administration of controlled drugs (CD's). Guidance for administering medicines requires revision to incorporate infection control practices. Additionally, the staff team need annual medication competency assessments.</p> <p>Medication management requires review and the introduction of annual competency checks.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>A full review of the medication Administration Policy has been reviewed and re-written/ updated. The main change to this policy is the addition of a procedure around the storing and administration of 'controlled Drugs – In relation to this a new controlled drug recording book has been purchased and used for any controlled drugs that we have prescribed .</p> <p>All Annual refresher training for staff that administer meds have been booked with the Care College for Friday 15<sup>th</sup> November and Friday 6<sup>th</sup> December.</p> <p>We have now added an additional area within our Monthly Provider Report which is a specific focus on Medication practices and review. This will allow specific additional checks in this area of practice.</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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