



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**26–28 West Park Avenue**

**Care Home Service**

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

**Inspection Date:  
2 May 2025**

**Date Published  
24 June 2025**

## 1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), 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 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

## 2. ABOUT THE SERVICE

This is a report of the inspection of 26-28 West Park Avenue. The care home is operated by Jersey Council on Alcoholism and there is a registered manager in place. The home operates in conjunction with Silkworth Lodge<sup>1</sup>, and although both care homes are registered separately as individual regulated activities, they share the same Registered Manager and staff team. Clients residing in this home have completed their substance abuse treatment programme in Silkworth Lodge prior to their placement.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal support
Category of care	Substance misuse (drugs and/or alcohol)
Maximum number of clients	Nine

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<sup>1</sup> The latest inspection report for Silkworth Lodge can be accessed at [www.carecommission.je](http://www.carecommission.je)

Maximum number in receipt of personal support	Nine
Age range of clients	18 years and above
Maximum number of clients that can be accommodated in each room	28 West Park - bedrooms 2, 3, 4, 5: one person  26 West Park - 3 self-contained units and 2 bedsits: one person
Discretionary Conditions of Registration	
There are none.	
Additional information	
Since the previous inspection, the Commission has received the service's annual return and other communications as they have arisen.	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

### **3. ABOUT THE INSPECTION**

#### **3.1 Inspection Details**

This inspection was announced, with arrangements made with the Registered Manager during the inspection of Silkworth Lodge seven days prior. This was to ensure that the Registered Manager would be available during the visit and to give clients living in the home an opportunity to meet with the Regulation Officer to share feedback about their experiences. The term client is used throughout the report to refer to those receiving support from the service, in keeping with the terminology used within the Statement of Purpose.

Inspection information	Detail
Date and time of this inspection	2 May 2025 9am – 11.30am
Number of areas for improvement from this inspection	None
Number of clients accommodated on day of the inspection	Five
Dates of previous inspection: Areas for improvement noted in 2024 Link to previous inspection report	12 and 13 June 2024 None <a href="#">IR-26-28-West-Park-Avenue-20240613-Final.pdf</a>

### 3.2 Focus for this inspection

This inspection included a focus on these specific lines of enquiry:

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

## **4. SUMMARY OF INSPECTION FINDINGS**

### **4.1 Progress against areas for improvement identified at the last inspection**

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

### **4.2 Observations and overall findings from this inspection**

This service operates alongside Silkworth Lodge Care Home and is a much-needed continuum of support for clients as they embark on their recovery journey. The home offers a safe yet less structured environment where clients can further develop and consolidate their understanding of the treatment programme. Clients told the Regulation Officer that this setting is instrumental in allowing them to start living a more flexible life, with greater independence and fewer restrictions.

Clients described their personalised recovery plans and their plans for leaving the home based on their own specific needs and unique circumstances. They spoke highly of the staff team who they described having good relationships with and were positive about the continued support through aftercare sessions, and participation in support groups. This reassured them so they would not be left without guidance or connection after completing their treatment programme and demonstrates the quality of support provided by the service.

The physical layout of the home supports a staged process to move on for clients, and the internal and external environment was found to be well maintained. Routine fire safety checks are carried out, and clients contribute to the upkeep of the environment and take responsibility for minor aspects of the maintenance, drawing on relevant skills and experience.

External professionals described the home as very good at providing person-centred support for clients in their continued recovery journey. They commended the service as a whole for reliably achieving its goals and described the positive outcomes consistently experienced by clients.

The Registered Manager is always accessible, and there is good communication internally and with outside agencies who have close links to the home. Clients are supported by staff who are familiar to them, and there is consistency in staffing.

This inspection revealed no areas for improvement, and the findings show that the home provides responsive support tailored to client needs.

## **5. INSPECTION PROCESS**

### **5.1 How the inspection was undertaken**

The Care Home Standards were referenced throughout the inspection.<sup>2</sup>

Before our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from two clients, one health and social care professional, a GP, and one external agency that has regular contact with the home. They also had discussions with the Registered Manager and counselling and support staff.

Policies, care records, client guides, governance reports, and procedures related to complaint handling were examined as part of the inspection process.

After the inspection visit, the Regulation Officer provided feedback to the Registered Manager. This report sets out our findings and includes any areas of good practice identified during the inspection.

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<sup>2</sup> All Care Standards can be accessed on the Commission's website at <https://carecommission.ie/>

## 5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	<p>Staff rotas</p> <p>External agency feedback</p> <p>Discussion with support staff</p> <p>Client feedback</p> <p>Fire safety records</p>
<b>Is the service effective and responsive</b>	<p>External agency and health professional feedback</p> <p>Tour of the home</p> <p>Client feedback</p> <p>Care records</p> <p>Client guide</p>
<b>Is the service caring</b>	<p>Client feedback</p> <p>Care records</p>
<b>Is the service well-led</b>	<p>Annual return information</p> <p>Staff feedback</p> <p>Samples of policies</p> <p>Statement of Purpose</p> <p>Monthly governance reports</p>

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

The service information leaflet describes the home as the secondary residential treatment facility to help support the transition from intense rehabilitation into everyday living. This is also described in the Statement of Purpose (SoP). All clients who are residents in the home will have already completed their residential treatment at Silkworth Lodge and have agreed to the house contract. The contract was reviewed during the inspection and was very detailed, clear, and informative, providing clients with a thorough understanding of the conduct and the house rules.

Clients who spoke with the Regulation Officer said they had been fully informed about the expectations within the home, confirming they had had sight of the contract beforehand. They fully appreciated the opportunity to live in the home and continue their journey from recovery. The Registered Manager described an isolated incident in which a client did not adhere to the house rules on abstinence, resulting in their immediate discharge from the home.

The SoP identifies that the core ethos of the home is to empower clients as they gradually progress towards independent living. The length of stay for each client will solely be based on their needs and circumstances, and each client will be discharged safely and not be overwhelmed by pressure immediately after completing their primary treatment programme. Clients told the Regulation Officer that the expected duration of their stay had been clearly communicated and openly discussed with the Registered Manager. They also shared details of their exit plans, demonstrating a well-supported approach to reintegration into life at home.

The staff team recognises that clients still benefit from ongoing support, and the home strikes a balance by providing a less intensive environment while supporting an ongoing programme of meetings.



This includes aftercare, counselling sessions, continued peer support, and a structured daytime routine, including input into the house board. Clients explained that this approach helped consolidate their progress, build their confidence, and help prepare for long-term recovery and independent living.

The home is staffed to meet the client's needs. Samples of staff rotas highlighted that support staff are present as required, and typically, staff are not needed throughout the day, as clients are expected to be largely self-sufficient and independent. They are supported by a staff team familiar to them, as there is a cross-over of staff from Silkworth Lodge.

Fire safety checks are completed according to the requirements set by the Fire and Rescue Service, and clients are informed of the evacuation procedures upon moving in. As outlined in the client guide, the home operates as a non-smoking premise to help ensure the continued safety of the building.

### **Is the service effective and responsive?**

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Feedback from clients, a health professional, and an external agency that monitors service outcomes confirmed that the home responds very well to individual support needs using person-centred values and approaches. The Registered Manager described the home's ethos as focused on hope and recovery from addiction. Clients told the Regulation Officer they felt well supported and encouraged by the staff to continue their recovery, with a strong emphasis on promoting their well-being and development. An important part of this was having clients volunteer for the service, which was viewed positively by them, who were very complimentary of the home's philosophy and supportive environment.

As highlighted in the house guide, clients are expected to contribute to household chores and help maintain a clean, tidy, and presentable environment. A focus remains on promoting a healthy lifestyle through nutrition and physical activity, building on the steps already made in Silkworth Lodge. Clients described the

positive impact of having some routine, structure, and health-focused support on their overall well-being and recovery.

One client told the Regulation Officer *“If you could see me now compared to how I was four months ago, I’m a totally different person. This place is reassuring, you still connect with people and you’re not on your own, the pressures of life are tough and being here allows you to evaluate where you’re at after your treatment”*.

Clients openly shared their recovery journey with the Regulation Officer, highlighting how their interactions with staff positively influenced their successful programme completion. They spoke of the trusting relationships they had developed with them, which had provided them with motivation and a renewed belief in themselves.

Clients residing in West Park Avenue described maintaining connections with clients in Silkworth Lodge for peer support. One client describing witnessing peers’ progress through the programme as a source of motivation and inspiration. Another client reflected on their time in Silkworth Lodge, recalling that seeing clients living in West Park helped them to stay focused on their recovery by assisting them in seeing what was achievable.

The home includes a facility which can be used for a medically supervised detoxification service accommodating one person at any one time, which the Drug and Alcohol Team oversees. The Registered Manager and a support worker acknowledged the limitations of staff in the home in supporting clients undergoing detoxification. The staff team in the home works in conjunction with the Drug and Alcohol Service and provides personal support to ensure the client is provided with comfort, nutrition, and hydration. Professional feedback about the service was positive, and one health professional commented, *“The staff at West Park Avenue are professional, compassionate and knowledgeable. They make clients feel at ease when they arrive at the venue and throughout their stay and support them well.”*

### **Is the service caring?**

Care is respectful, compassionate, and dignified. Care meets people's unique needs.
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Clients and health professionals and the observations made during the inspection found that the service demonstrates a caring and compassionate approach towards clients. Staff presented as respectful and empathetic, showing genuine concern and interest in the client's wellbeing. They described their roles and responsibilities with sensitivity and professionalism, demonstrating an understanding of the circumstances faced by clients, and did so without judgment.

The design and physical layout of the home support a staged process of moving out and returning to independent living. This means that clients move from number 28 to number 26, which consists of more independent living flats. Once in West Park, clients are expected and required to do all of their cooking, cleaning and laundry as part of their preparation for moving on. Where necessary, staff will provide additional support to assist with meal planning and cooking.

Clients told the Regulation Officer they felt supported in ways specific to their needs and personal situations. One client described the plans for their stay in the home, which differed significantly from others. This shows that clients are at the heart of the service, both in terms of their recovery journey and how their needs are addressed. Clients spoke of opportunities to grow, explore and develop new interests during their time in the home.

Care records are maintained electronically, with an appropriate level of detail reflecting clients' level of independence. The home has determined that extensive documentation is not required. However, the records show that the necessary care planning and record-keeping standards are met.

### **Is the service well led?**

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

The service's outcomes show that clients and health professionals value it and offer clients an extension of support, continuity, and structure as they work towards sustained well-being. Information provided to the Regulation Officer from external agencies confirmed that the home collaborates well with other agencies and is regarded as professional, responsive and reliable, with competent staff.

The latest outcomes show that 70% of clients remain abstinent 12 months after leaving the service, and 75 % are employed or engaged in volunteering activities. Nearly all clients and referrers (90%) rate the service as good or excellent. This not only shows the significant personal progress for clients, but also the wider benefit to the community.

Although the Registered Manager is not based in the home, they maintain regular oversight of the home, checking in regularly to ensure that clients are safe, supported and progressing well in their recovery. Where relevant, the home works in partnership with other health professionals and external agencies as part of its multi-disciplinary approach to care and support. The Registered Manager provided an example of multiple agencies actively involved in the decision-making process regarding client admissions and placement.

Arrangements are in place to meet monthly reporting requirements on the quality of support provided. A sample of reports were reviewed and found to be appropriate and proportionate to the type of service offered.

Clients, staff and external agencies reported that communication within the home was effective, and all felt well-informed and included. Clients said they were kept updated and informed of new admissions, which they found helpful and encouraging. Staff described clear and consistent communication within the team and spoke positively of the home, highlighting it as a supportive and collaborative workplace. One staff member described the constant care, compassion and empathy consistently shown by colleagues towards clients residing in the home, emphasizing that these qualities are fundamental to supporting clients in their recovery.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an improvement plan is not required.

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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