



**Jersey Care
Commission**

INSPECTION REPORT

Silkworth Lodge

Care Home Service

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

**Inspection Dates
25 April & 7 May 2025**

**Date Published
3 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 Silkworth Lodge. Families in Recovery Trust operate the care home, and there is a registered manager in place.

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	12
Maximum number in receipt of personal support	12
Age range of clients	18 years and above
Maximum number of clients that can be accommodated in each room	Bedrooms 1 – 3, 5 – 7- one person 8 – 10 two people
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 was an announced inspection, with the Registered Manager given one week's notice of both visits. This ensured the Registered Manager's availability and allowed clients to be informed in advance, recognising that advance notice would be respectful and considerate to them. The term client will be used to describe those receiving support from the service, as that is in line with the terminology used within the Statement of Purpose.

Inspection information	Detail
Dates and times of this inspection	25 April 2025 09:45 – 14:30 7 May 2025 09:20 – 11:15
Number of areas for improvement from this inspection	One
Number of clients accommodated on second day of the inspection	5
Dates of previous inspection: Areas for improvement noted in 2024 Link to previous inspection report	10,12,13 June 2024 One 2024.06.13SilkworthLodgeIRFinal.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection completed on 13 June 2024 as well as these specific new 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, one area for improvement was identified, and the Registered Provider submitted an improvement plan to the Commission setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. This means there was evidence that staff had been provided with refresher training in medication administration.

Additionally, the service had identified the need to update its medication policy. Although this wasn't specifically made an area for improvement, the home reviewed the policy as part of its commitment to good practice and review of all medication management processes.

4.2 Observations and overall findings from this inspection

The findings from this inspection show that the home provides a safe and quality service to clients through its registration conditions and Statement of Purpose. The service has many strengths, and feedback from clients was overwhelmingly positive about the support they received. They felt the service was excellent and recognised the staff as kind, caring, and compassionate. They described feeling fully involved in the treatment programme. The findings show that the service is operating safely.

There is a thorough assessment process providing clients with enough information to make informed decisions about admission into the home. Risk management is considered part of the admission process, and staff work with clients to develop individual care plans, which were noted to be holistic, personalised and recovery focused. Throughout the programme, clients are encouraged and supported to lead healthier lifestyles, emphasising exercise, nutrition, peer support and education around addiction.

The service also maintains close working relationships with relevant health services and external partner agencies. Those agencies spoke highly of the service, emphasising positive relationships, professionalism, frequent and open communication, and a flexible approach to problem-solving. They described the home as transparent in its approach. One professional described the service as “*the Gold Standard*”.

Staff are recruited safely in line with the Standards and provided with supervision and training relevant to service needs. Robust governance processes are in place, with the Registered Manager visible and accessible. Additionally, the provider representative maintains close links with the home, visiting regularly to engage and meet with clients. The home environment is well maintained, pleasantly furnished and decorated; clients and others described it as warm in its feel and welcome.

One area for improvement resulting from this inspection is developing the induction records to fully meet the Standards, specifically evidencing that staff can work without direct supervision. Despite this, staff were passionate and enthusiastic and described the home as an open, supportive, and positive work environment with low staff turnover.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.¹

Prior to 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 and notification of incidents.

The Regulation Officer obtained feedback from three clients, two health and social care professionals, a GP and two other professionals from external agencies closely associated with the home. They also had discussions with the Registered Manager, counselling, kitchen and support staff.

As part of the inspection process, various records were reviewed, including policies, care records, the client guide, written agreements, governance reports, staff files and procedures related to complaint handling.

After the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed the identified area for improvement by email the day after the visit.

This report sets out our findings and includes any 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.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

5.2 Sources of evidence

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Medication	<p>Medication policy</p> <p>Samples of medication administration records</p> <p>Training certificates</p>
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Lone worker policy</p> <p>Assessment – compatibility</p> <p>Staff recruitment and ongoing criminal record checks (DBS)</p> <p>Rotas</p> <p>Training records</p> <p>Risk assessments</p> <p>Admission assessments</p> <p>Client feedback</p> <p>External health professional feedback</p> <p>Client written agreement</p> <p>Fire safety and water management records</p>
Is the service effective and responsive	<p>Statement of Purpose</p> <p>Client feedback</p> <p>External agency feedback</p> <p>Client guide</p>

	Complaints policy and records Walk round of the environment
Is the service caring	Samples of care records Counselling records Handover records
Is the service well-led	Samples of policies Monthly governance reports Feedback from staff Feedback from external professionals Annual return

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The premises suited their intended purpose, and the home was clean, tidy, and well-maintained inside and out. The external entrance created a welcoming impression, enhanced by using plants and flowers. One recently refurbished bedroom was seen, fresh and tasteful in its décor and presentation.

It was clear that efforts were made to create a therapeutic and uplifting atmosphere in a homely environment. Clients and an external professional commented on the immediate sense of 'warmth' they experienced upon entering the home. Clients are encouraged to participate in daily housekeeping chores during their recovery programme. Positive, affirming messages are displayed throughout the home in the form of artwork, including some creations from clients themselves.

Environmental safety checks, including water management and fire safety measures, are carried out routinely. The number of incidents is low, which is attributed to the information in the client guide and written agreement clarifying the boundaries of admission, thorough pre-admission assessments, and comprehensive risk management plans. Although no notifications have been submitted to the Commission since the last inspection, the Registered Manager understands the notification process and requirements.

Staff turnover remains low, with many staff working at the home for several years and only one new support staff member recruited since the last inspection. Records show that a safe recruitment process was followed, including all necessary pre-employment checks in line with the Standards. Existing staff undergo criminal records checks every three years, and the Regulation Officer reviewed samples of these records as part of the inspection.

The induction process for the most recently recruited staff member was described, and an appropriate introduction to working alongside the Registered Manager was included. However, as the Standards require, no written records were available to outline the home's induction programme or to evidence an assessment of the staff member's competency to work without direct supervision. This has been identified as an area for improvement.

Samples of staff training records were reviewed, which confirmed they have access to training suitable and appropriate to their roles, and the Registered Manager maintains oversight of training needs. There has been recent training in infection control, data protection, health and safety, and conflict management.

The home employs sufficient staff to effectively support the client group, and all clearly understand the treatment programme. The majority of staff have worked in the home for several years. Samples of staffing rosters were reviewed, and consistent staffing provisions were demonstrated over 24 hours. A sleep-in staff member provides overnight support and is rarely disturbed. Staff members provided an overview of their roles, clearly understanding their responsibilities.

Medication administration records included within client records were reviewed and found to be well maintained. The home's medication policy had been updated following last year's inspection and now contains procedures for managing controlled drugs. All staff received refresher training on medication last year, which was delivered by a local training provider.

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.

The service is easily accessible and operates with clear referral criteria. Clients can refer themselves, as well as the Drug and Alcohol service or GPs. The referral source or individual financial circumstances do not restrict access to treatment. Clients are not required to pay for the service; however, voluntary contributions are welcome and may be subject to means testing. The Registered Manager explained that clients whose treatment is paid for by private health insurance are supported to complete the 12-week programme, even if their policy does not extend to the 12-week duration. This reflects a very responsive and person-centred service.

The admission process involves a two-stage approach, starting with an initial informal conversation and a more in-depth and comprehensive assessment. Samples of pre-admission assessments were reviewed, which included information from relevant health professionals, as well as information on the client's addiction history, family background, employment status, and social circumstances. It was noted that the assessments were written in clear language and free from jargon, making them easy for clients to understand.

The Registered Manager and staff team jointly review the outcome of each client's assessment and collaboratively decide about admission. As part of the decision-making process, careful consideration is given to maximising client confidentiality and the potential for prior acquaintance between clients, which is common in a small island community. The Registered Manager provided an example of how this was featured as part of one assessment and the respectful and transparent ways the situation was managed. Client compatibility is an essential aspect of the team's decision-making process.

Clients are fully involved in care planning, and sample records demonstrated that plans were individualised, holistic and recovery focused. They included regular client self-evaluations to capture their progress through the programme. Counselling records are maintained separately, and they were not reviewed during the inspection as the Regulation Officer deemed it unnecessary and potentially intrusive. Staff informed and involved family members appropriately and sought their input as part of the therapeutic approach to supporting recovery. Consent to share information was sought from clients during their assessments and reviewed regularly throughout their treatment programme.

The team at Silkworth Lodge works well with other agencies to keep clients safe and well. The GP linked to the home visits weekly, conducts reviews of clients' general progress, and issues relevant prescriptions. The Regulation Officer spoke with the GP, who praised the staff team and their dedication, commitment, and passion in supporting clients. Staff can access relevant external agencies and other health professionals when needed. One client told the Regulation Officer that a provision had been made for them to attend a review with their own GP.

Feedback from an organisation that works closely with the home highlighted the responsiveness and effectiveness of the service, noting that it consistently meets all performance targets, including those related to client outcomes and experiences. The agency also reported having a positive, open, and transparent relationship with the home and is assured of the quality of service delivery.

Two external professionals from different agencies commented:

The communication is really strong, and they are open and transparent with both clients and other services. I think this is a gold standard service.

The Alcohol and Drug Service continue to have an excellent relationship with Silkworth Lodge. There is open communication, and the sharing of information is working well.

Clients told the Regulation Officer:

I now have a smile on my face after 2 years; this place has made me learn to smile again.

This place is a little miracle home.

It felt very calm and welcoming when I walked through the door, and the staff are very calm.

The outcome of the food safety audit completed last year found the home to be fully compliant with the law and have a good standard of food safety management practices. Based on a recommendation, the Chef explained that some kitchen equipment was replaced to enhance the existing standards further.

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

Feedback from clients, external professionals and entries in client care records highlight one of the service's key strengths: its caring and compassionate approach to supporting clients through their recovery programme. Clients were positive about the support they had received and based this upon improvements in their overall health and well-being because of the support they received. One client told the Regulation Officer about the "*amazing, incredible and unbelievable*" treatment they had experienced and described that nobody in the home had judged them, and the staff team was empathetic. Another client described their journey through the programme in detail and the whole team as key to their recovery. They expressed that the service was invaluable to them and described it as "*a little miracle home*".

Clients are involved in the recovery journey through structured programmes, counselling, peer support sessions, and reviews. There are opportunities for them to attend external groups offering support and education on substance misuse, with flexibility in choosing a location that best suits them.

Good physical health and nutrition were encouraged as part of the recovery, and clients can go to the gym as part of their timetable of activities. One professional commented that this option was hugely important, and they noted that some clients may not have had the opportunity to access a gym. Feedback overall indicated that this was an excellent service, and the staff were kind, compassionate, and knowledgeable. Clients were highly complementary of the food quality, which the Chef prepares in-house using fresh produce.

The home's values, as outlined in the Statement of Purpose, were reflected in all staff feedback, with staff consistently demonstrating a strong understanding of the home's ethos and a commitment to achieving the best outcomes for clients.

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 Registered Manager maintains a consistent and visible presence in the home, with feedback from clients and external professionals describing strong and committed leadership. The provider representative is also actively involved and makes regular visits to the home, which was observed during the inspection. The Registered Manager explained that they have direct links to representatives of the provider organisation.

In addition, governance processes are in place, including monthly visits from someone who is not involved in the day-to-day service operations but who brings extensive knowledge of the therapeutic programme. They report on the quality of care and support provided, and samples of the reports were reviewed, which provided an overview of compliance with the Standards and included areas for further development where relevant.

Sample policies, including the transport, lone worker, medication and social media policies, were reviewed and found to be clear, legible, and relevant to day-to-day practice. The client guide and written agreement were also reviewed and found to be informative, clear, and explanatory of the service's expectations and therapeutic programme content. On the second day of inspection, a newly admitted client was provided with an explanation of the guide, and other clients confirmed they had also received sufficient information detailing what was expected in the service. This showed the service's commitment to transparency.

The client guide provides information on how to raise complaints and outlines how they will be handled. Concerns and complaints are taken seriously and responded to in accordance with the service policy. The records showed that one client submitted a complaint towards the end of last year, with documentation showing the robust actions taken, investigation carried out, responses, and communication with the complainant.

Clients told the Regulation Officer that they felt respected and that they were not judged. They described having access to sufficient support from the staff team, the drug and alcohol service, and weekly external group sessions. Feedback indicated that the team works in partnership with relevant agencies, fostering respectful relationships that contribute to positive client experiences and outcomes.

Staff said they could speak to the Registered Manager at any time, and they also described the team's open communication and close support for one another. The standards for appraisals and supervision are met, and an off-island supervisor for counselling staff is sourced.

Overall, feedback from clients, staff, and external agencies reflects that this is a well-led service with clear lines of accountability established.

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>Area for Improvement 1</p> <p>Ref: Standard 3.10 Regulation 17 (4)</p>	<p>The registered provider must demonstrate that care workers complete a structured induction programme, which will assess their competence to work without direct supervision.</p>
<p>To be completed: by 7 August 2025</p>	<p>Response by the Registered Provider:</p> <p>All employees undergo an induction programme which is specific to the type of role that they carry out, however it is accepted that this process was not a documented process. In order for best practice and to ensure continuity in how this is done, the process has been clearly documented now and will be used for any new future member of the team taking up position. This documented process has been communicated and takes immediate effect.</p>

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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