



**Jersey Care
Commission**

INSPECTION REPORT

**Silkworth Lodge & 26-28 West Park
Avenue**

Care Home Service

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

**Inspection Dates
2 and 4 September 2026**

**Date Published
1 October 2026**

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 joint inspection of Silkworth Lodge and 26-28 West Park Avenue. As part of a pilot approach being undertaken this year, a single inspection report has been produced to capture the delivery of two integrated services. Both homes are operated by Jersey Council on Alcoholism and share a Registered Manager, counsellors and support team.

Silkworth Lodge

This facility provides residential support and a rehabilitation programme for clients who suffer with the illness of drug and/or alcohol addiction. The programme is delivered by addictions counsellors supported by a team of support workers and uses the 12 steps principles of Alcoholics Anonymous. Clients undertake the first 3 to 5 steps whilst in residence at Silkworth Lodge and this is complimented by additional assignments tailored to the individual, group therapy and one-to-one sessions.

26-28 West Park Avenue

Clients residing here will have completed their rehabilitation programme in Silkworth Lodge prior to their placement. The layout of this home provides individual rooms, bedsits and self-contained flats to allow clients to continue in their recovery

programme, consolidate their learning and integrate back into independent living with fewer restrictions.

Registration Details	Details	
	Silkworth Lodge	26-28 West Park Avenue
Type of regulated activity	Care Home Service	Care Home Service
Mandatory Conditions of Registration		
Category of care	Substance misuse (drug and/or alcohol)	Substance misuse (drug and/or alcohol)
Maximum number of care receivers	12	9
Age range of care receivers	18 years and above	18 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-3, 5-7 one person Rooms 8-10 two people	3 self-contained units and 2 bed-sits (26 West Park) one person Bedrooms 2,3,4,5 (28 West Park) one person
Discretionary Conditions of Registration		
None for either service		
Additional information		
None for either service		

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 in both homes.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection was given to the Registered Manager five days prior to the first inspection visit to ensure that clients were fully informed and the Registered Manager was available to facilitate the inspection.

Inspection information	Silkworth Lodge	26-28 West Park Avenue
Dates and times of this inspection	2 September 2026 9.45am – 3.30pm	4 September 2026 9.50am – 10.50am
Number of areas for improvement from this inspection	0	0
Number of care receivers accommodated on the day of the inspection	4	6
Date of previous inspection	27 April & 7 May 2025	2 May 2025
Areas for improvement noted at the last inspection	1	0
Link to the previous inspection report	RPT_SKLD_Inspection_20250507.pdf	RPT_26-28WPA_Inspection_20250502.pdf

3.2 Focus for this inspection

This inspection included a focus on the area for improvement identified at the previous inspection of Silkworth Lodge, as well as 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

Silkworth Lodge

At the last inspection, one area for improvement was 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 improvement had been made. This means that there was evidence of an induction programme for new staff.

26-28 West Park Avenue

At the last inspection there were no areas for improvement.

4.2 Observations and overall findings from this inspection

The service provides two well-maintained environments that support clients at different stages of recovery. Silkworth Lodge offers a structured residential rehabilitation setting with comfortable accommodation, therapeutic facilities, nutritious meals, and outdoor spaces, while 26-28 West Park Avenue provides secondary care accommodation designed to promote greater independence and prepare clients for community living.

Across both homes, effective systems are in place to promote client safety, including health and safety monitoring, fire safety procedures, maintenance checks, pest control, and risk assessments.

Safe recruitment practices have been followed for new staff, with appropriate references and disclosure and barring service (DBS) checks completed.

Staff receive an induction, training, and regular supervision, and mandatory training requirements have largely been met.

Medication management has shown improvement following regulatory oversight, with evidence of medication audits, PRN protocols, and the development of a staff competency framework. Only one action remains outstanding and will be reviewed at the next inspection, however positive progress has been demonstrated.

A comprehensive assessment and admission process is in place, including medical review and medication management arrangements. Clients receive personalised, person-centred care plans that are developed collaboratively and reviewed weekly. At Silkworth Lodge, recovery is supported through group therapy, one-to-one counselling, therapeutic activities, and daily responsibilities, while clients at West Park Avenue are encouraged to develop independent living skills through managing their own meals, household tasks, daily routines, and medication where appropriate.

Clients are supported through clear expectations set out in a house contract, regular house meetings, and opportunities to provide feedback.

Monthly provider reports are completed by a retired manager with action plans and feedback.

Contingency arrangements are in place to ensure continuity of service should either home need to close temporarily.

The service places a strong emphasis on rehabilitation, empowerment, and recovery. The involvement of staff with lived experience provides positive role models for clients and reinforces the message that sustained recovery is achievable.

A suite of policies and procedures are available for all staff to refer to.

There are no areas for improvement from this inspection.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation Standards were referenced throughout the inspection.¹

Prior to our inspection visits, all the information held by the Commission about these services was reviewed, including the previous inspection reports, the Statement of Purpose, and notification of incidents.

The Regulation Officer gathered feedback from three clients and seven members of staff. They also had discussions with the service's management. Additionally, feedback was requested from four professionals external to the service, one responded.

As part of the inspection process, documents including policies, health and safety checks, care records, training matrix, and duty rotas were examined.

At the conclusion of the inspection visits, the Regulation Officer provided verbal feedback to the Registered Manager and followed up by email on 4 and 15 September 2026.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced.

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
Structured Induction programme	Induction booklet with documented progress reports
Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Two staff recruitment files Induction booklet Disclosure and barring service checks Duty rotas Fire certificate and liability insurance Medication management Training matrix Health and safety checks Fire logbook Safeguarding training Walk round of environments Feedback and discussions with the Registered Manager
Is the service effective and responsive	Statement of Purpose Client written information Fees Activities Cleaning Audits Feedback Meetings
Is the service caring	Admission process GP visits Discussion with counselling staff Review and discussion around care plans Feedback from clients Staff skills and experience
Is the service well-led	Discussions with the Registered Manager Independent monthly reports Policy review Contingency plan Supervision and appraisals

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Across both homes, systems are in place to support the safety of clients, including health and safety checks, fire drills and checks, water maintenance, pest control, and risk assessments. Vacant rooms are routinely refreshed and maintained. The fire logbook is up to date, and the public liability insurance certificate is valid.

Two staff members have been recruited since the last inspection. Safe recruitment checks were completed, including relevant references and DBS checks.

The Registered Manager keeps a record of all staff DBS renewal dates to ensure updates are completed every three years. This provides assurance that staff remain suitable to work with this client group.

All staff complete an induction programme, receive a staff handbook, undertake the relevant training, and receive regular supervision throughout their probationary period to ensure they are settling into their role. During discussions with the Registered Manager, it was acknowledged that an induction checklist may be beneficial to both staff and management. This was addressed immediately by the Office Manager.

A medication inspection completed on 1 April 2026 at Silkworth Lodge identified seven actions requiring attention. A further monitoring visit on 2 July 2026 stated that, *"Overall, standards of medication management have improved in the home. A number of areas require further follow-up and will be reviewed by the Regulation Officer at the next annual inspection."* Positively, the Regulation Officer observed evidence of 'as required' protocols and a completed medication management audit. The Registered Manager has developed a competency framework and is due to commence competency training imminently.

Clients residing at 26-28 West Park Avenue self-administer medication from locked boxes in their rooms, with the exception of controlled drugs, for which there is a system in place to enable staff to administer them safely.

The training matrix and accompanying certificates provided evidence that all staff had completed mandatory training, and a Level 3 qualification in medication administration. Dates have been scheduled for a small number of staff to update their safeguarding training.

The Regulation Officer viewed several weeks of duty rotas. The Registered Manager predominantly works Monday to Friday, with occasional weekend and night shifts undertaken to provide cover. Counselling staff work weekdays, while support staff provide cover across both homes overnight and at weekends.

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 Statements of Purpose for both homes appropriately reflects the philosophy and functions of the overall service. This is indicative of the findings of the regulation officer. The Registered Manager is currently updating these onto an updated template and is considering combining the two.

At Silkworth Lodge there was a welcoming and friendly atmosphere. Interactions between clients and staff were noted to be respectful and friendly whilst maintaining professional boundaries. The Regulation Officer was unable to meet with any clients at 26-28 West Park Lodge as they were unavailable due to work or other commitments.

All prospective clients who make an enquiry about embarking on the rehabilitation programme are offered an informal meeting with the Registered Manager at Silkworth Lodge. This gives them the opportunity of seeing the home, potentially meeting other clients and learning about the therapeutic rehabilitation programme.

An information booklet is given to all clients on enquiry. Fees are means tested on clients' ability to contribute on an individual basis. The Registered Manager stressed that no client will ever be refused admission based on inability to pay the fees.

Upon admission to Silkworth Lodge or 26-28 West Park Avenue, all clients are required to sign a house contract outlining the home's terms and conditions. This contract sets out the expectations of both clients and staff, including the procedures and circumstances under which a client's stay may be terminated. An example was provided demonstrating that, even if a client is asked to leave the premises, they will continue to receive support and guidance in their recovery journey.

Weekly meetings (house group) at Silkworth Lodge are an opportunity for clients to air any concerns or highlight good things that have happened. Additionally, they are made aware of any new clients coming into treatment. Each week a 'client of the week' is nominated by the other clients and therapeutic counsellors. They are presented with a certificate and can choose an item from a selection of toiletries.

The Registered Manager meets with the counselling staff every one to two weeks for an update on the clients' progress and is also visible in both homes for any discussions. Furthermore, a weekly update email is sent to all the support staff and the Registered Manager pops in some evenings and weekends to see staff. Staff confirmed this, also mentioning that discussions take place on a frequent basis as the manager is so approachable and visible.

A professional said "we have an excellent interdependent professional relationship with Silkworth Lodge. We meet monthly to discuss clients, bed allocation, operational issues and any concerns that may arise."

The Regulation Officer was advised by both staff and clients that organised walks and gym sessions take place frequently for clients at Silkworth Lodge encouraging community inclusion, whilst clients at 26-28 West Park Avenue have more free time to work, go to the gym, see families, or participate in other activities.

A contingency plan is in place in the event of Silkworth Lodge or 26-28 West Park Avenue having to close temporarily. The Registered Manager talked through the plan including relocation, insurance cover, access to data, and financial reserves.

Feedback is received regularly from clients evidenced through the monthly reports which are discussed further on in the report.

Is the service caring?

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

Silkworth Lodge comprises a front office, lounge, dining room, kitchen, en-suite bedrooms, a staff sleep-in room, a group therapy room, and outdoor areas on both the ground and first floors. The home is well furnished, comfortable, and maintained to a good standard. Nutritious meals are provided by a chef, with clients offered a choice of options. Clients are responsible for doing their own laundry in the home.

26-28 West Park Avenue is used for secondary care, typically for a period of three to six months. One house has four bedrooms, a communal toilet and bathroom, a lounge, dining room, kitchen, utility room, enclosed private garden, staff office, and staff sleep-in room, whilst the other property contains five flats, one of which can be utilised by the Alcohol and Drug Service for home detoxification when it is not in use.

The assessment process for Silkworth Lodge begins with an informal visit to the home, during which the Registered Manager provides information about the service and treatment programme. The second stage is a formal assessment that details the client's personal history, health conditions, medications, and social circumstances.

On the day of admission to Silkworth Lodge, the home's designated General Practitioner carries out an assessment of the client, reviews their medications, and re-prescribes them as necessary. This enables the pharmacy to provide the appropriate blister packs and medication administration record (MAR) sheets.

The Registered Manager spoke passionately about how counselling staff are allocated to clients and develop care plans tailored to individual needs. The care plans are reviewed and updated weekly with the clients. This was confirmed during discussions with both counselling staff and clients. The care plans have recently

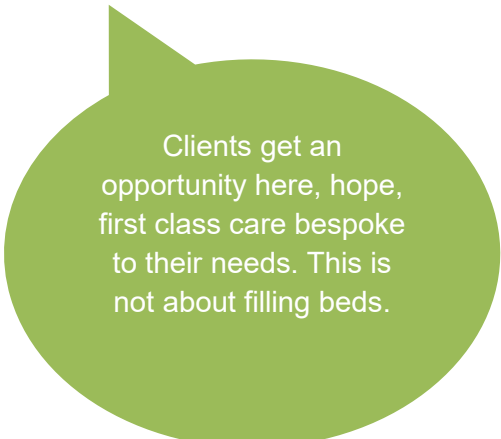
been revised to make them easier to understand and navigate. The Regulation Officer reviewed a sample of care plans and found them to be comprehensive and person centred.

In addition, clients are given assignments to complete throughout their stay at Silkworth Lodge, alongside group therapy sessions, one-to-one sessions, and therapeutic duties, including general household chores and keeping their rooms clean and tidy.

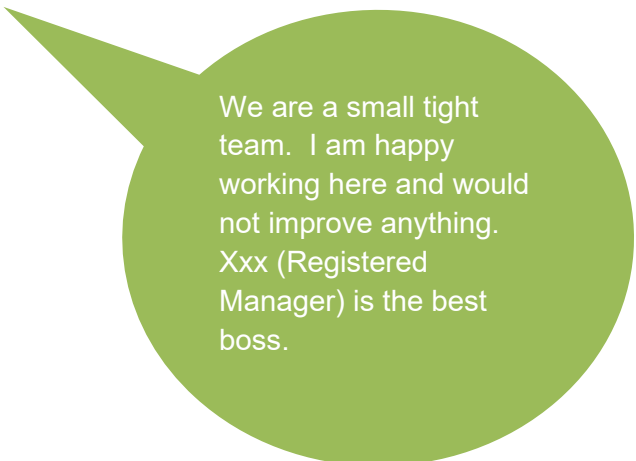
Clients staying at 26-28 West Park Avenue are responsible for purchasing and preparing their own meals, cleaning their rooms or flats, doing their laundry, recording their daily activities on a whiteboard, and managing their own medication, with the exception of controlled drugs. Clients here must also attend aftercare sessions at Silkworth Lodge as part of their recovery.

Staff with lived experience are given the opportunity to work within the service as they progress further along their recovery journey. This provides clients with a sense of hope and demonstrates that recovery is achievable, whilst also giving staff a strong sense of purpose and the satisfaction of making a positive difference.

Feedback from staff was overwhelmingly positive:



Clients get an opportunity here, hope, first class care bespoke to their needs. This is not about filling beds.



We are a small tight team. I am happy working here and would not improve anything. Xxx (Registered Manager) is the best boss.



I find the work here extremely rewarding and feel that I have been given the opportunity to build strong professional relationships with our clients and make a genuine contribution to their progress.

I was informed that after graduating as a client, I could potentially return to work after some years of being sober and clean, and the rest is history.

Seeing clients get better, witnessing their chance to repair their lives, and observing real hope and new beginnings – it doesn't get better than this.

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.

This is a well-established organisation that has been supporting clients for more than 25 years and has an excellent recovery success rate. The staff team and clients spoke highly of the way the Registered Manager leads the service and is *"not afraid of getting their hands dirty."* The Registered Manager stated, *"If a toilet needs cleaning, I will do it."* This style of leadership demonstrates a strong commitment to the service and sets a positive example for staff. It fosters a culture of teamwork, accountability, and mutual respect, where all members of staff feel valued and supported. Feedback from staff and clients indicated that the Registered Manager is approachable, visible within the service, and actively involved in the day-to-day running of the home, which contributes to a positive and inclusive environment.

A retired manager is responsible for completing the monthly reports. These reports follow the Commission's approved template and provide relevant information, feedback, and documented action plans to support monitoring and continuous improvement. The Regulation Officer viewed all of the completed reports for 2026.

Evidence of regular supervisions and appraisals was seen by the Regulation Officer during the inspection. Counsellors have monthly supervisions online with a mentor in the United Kingdom. Staff feedback confirmed this takes place and provides support, guidance and opportunities for role progression.

The Regulation Officer completed a review of several policies provided prior to the inspection and feedback that although the policies were informative and followed relevant legislation there were a few amendments and updates required along with review dates. This was discussed during the inspection where the Regulation Officer was informed that the Office Manager is currently reviewing and updating all the service's policies. This was confirmed by the Office Manager.

Overall, the service demonstrates a clear commitment to delivering tailored support that promotes wellbeing, independence, and successful long-term recovery outcomes. The statistics viewed evidenced that 71 per cent of clients between 2023 and 2025 are in active recovery.

What the clients said:



I am grateful to be here.

The staff are caring and attentive, food is good and my appetite is back. I have found myself.

The staff are brilliant and supportive. By doing the assignments, I have had several lightbulb moments.

This is only the beginning of my journey.

I fully engage with group therapy, go for walks with the others and we all get on well.

I understand the programme and like that some of the staff have that lived experience and can relate to how I am feeling.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore; 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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