



Jersey Care
Commission

INSPECTION REPORT

Venetia House

Care Home Service

**Roseville Street
St Helier
JE2 4PL**

8 and 9 March 2023

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 32 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.

ABOUT THE SERVICE

This is a report of the inspection of Venetia House, which became registered with the Commission on 29 November 2022. The service is situated in a residential area of St Helier with local amenities such as restaurants, shops, and the seafront nearby. The home provides accommodation and personal support to women experiencing homelessness and facilitates access to a range of services, including health care, counselling, education, training, and employment.

Venetia House was a former hotel building that has been completely renovated to provide communal lounges, a kitchen and dining area, laundry facilities, outdoor areas and en suite bedrooms. The service aims to provide support to women to enable them to progress to recover and work towards independence.

Whilst the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 refer to 'care receivers' to describe people in receipt of care, the home refers to women as clients and the home is registered to provide personal support.

Therefore, for this inspection report, the same terminology will be used to describe women residing in the home.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: Personal support Category of care: Homelessness Maximum number of care receivers: 20 Age range of care receivers: 18 years and above Maximum number of care receivers that can be accommodated in the following rooms: Ground Floor bedroom 17 – one person First floor bedrooms 1 – 9 – one person Second floor bedrooms 11,12,14,16,17,18,19,20,21 – one person (one bedroom can be used to accommodate two people upon their request)
Dates of Inspection	8 and 9 March 2023
Times of Inspection	1pm – 3.30pm and 8.30am – 9.20am
Type of Inspection	Unannounced on 8 March Announced on 9 March
Number of areas for improvement	None
Number of clients accommodated on the day of the inspection	10

The Shelter Trust operates this care home and the Registered Manager is James Jackson. This is the first inspection of the home since the service became registered. As part of the registration process, the Regulation Officer visited the home on 6 July 2022 to view the premises and to hear about the service's plans and objectives.

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.

As described in the Statement of Purpose, the service's aims and objectives make clear that clients are fully involved in identifying and developing their personal goals and desired outcomes to facilitate their return to mainstream living. The findings from this inspection show that the service is operating within the Statement of Purpose, and client participation, support, empowerment, and growth are key strengths.

The home supports clients with a range of needs and has strong links with external services and specialist services relating to specific issues of some of the clients using the service. Clients spoke of how the staff team had improved their well-being, health, confidence, and ability to cope in their day-to-day lives. A worker from an external service who regularly works with the service mirrored these views also.

Clients, staff, and the external worker all spoke of the effective and robust leadership arrangements in the home which was also apparent to the Regulation Officer during the inspection. Clients described that they had built effective relationships with the staff team, and they spoke of feeling cared for, safe and respected.

The Regulation Officer found staff to be caring and responsive to the clients' needs and were knowledgeable, skilled, and confident within their role. They said that the training opportunities were good and focussed on the needs of people using the service and they said there were opportunities for them to discuss their daily practice also.

The overall findings from this inspection found that the service was delivering a good service resulting in positive outcomes for clients, and there are no areas for improvement made as a result of this visit.

INSPECTION PROCESS

This inspection was unannounced and was completed over two separate visits on 8 and 9 March 2023. This was the first inspection following registration with the Commission under the Regulation of Care (Jersey) Law 2014.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including information that had been taken into account as part of the registration process.

The Regulation Officer sought the views of two clients who were in the home at the time of inspection. Two support workers, one staff member who works for an external agency and the Registered Manager provided information to support the registration process. The Regulation Officer also met with the Director of the Shelter Trust and Human Resources Officer a few days after the inspection had concluded.

During the inspection, records, including policies, client records including preadmission assessments, medication administration records and fire safety records were examined. This inspection included a walk round of the home, and one client offered to show the Regulation Officer their bedroom.

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

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

INSPECTION FINDINGS

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

The service had been fully operational for just over three months, and ten clients were receiving personal support during the inspection. The service provides accommodation, advice, and personal support to clients to prepare for future independent living. The Registered Manager had extensive experience, skills, and knowledge in working with the client group. He was present on both inspection days.

The home had a robust management structure, including the Registered Manager, who has a daily presence in the home and additional quality assurance processes in place. It was evident from discussions with the Registered Manager that the whole team is committed to supporting the diverse needs of the clients using the service. The home has strong relationships with other support agencies, which is pivotal in helping clients get the support they need. The Registered Manager provided several examples where collaborative working with agencies had met the clients' health, welfare, and safety needs.

Clients, one agency worker, and support staff commented positively and favourably on the value the Registered Manager had brought to the service and how his approach had led to a more relaxed, safe atmosphere in the home. Feedback included:

"The dynamic in the house changed since James took over, it was a positive move and I've felt reassured to have a male figure".

“It’s a well-managed home and that’s down to James and his flexible approach to manage and help in certain situations. His direction influences the great staff team too” [from an external agency worker].

“James and all the staff are amazing, I never feel that they don’t have time to listen and help. They’re always there when you need a lift up”.

Internal quality assurance mechanisms included a monthly visit from the Provider representative to report on the overall service management and quality and support provided. A sample of reports were examined, which were comprehensive and detailed and included client feedback which showed that clients’ input helps to evaluate the service. The Registered Manager described that he felt the process of quality assurance and in sourcing client feedback was beneficial to the development of the service. There was evidence that actions had developed due to the quality assurance process in place.

Recruiting new staff was in line with the Standards, which confirmed that the service’s recruitment procedures were adequately robust. The Regulation Officer reviewed five staff member files. These were all in order and included pre-employment information, fully completed application forms, references and proof of identity and criminal records checks. The Human Resources team undertakes the process of staff recruitment, and the Registered Manager is fully involved in appointing new staff to the home.

The staff team are well-trained, skilled and knowledgeable, enabling them to respond to clients' needs. This was evidenced by talking with support staff, an external agency worker and the Registered Manager and reviewing training records and plans. Clients said that the team was highly supportive, and they expressed confidence in their abilities. Staff that spoke with the Regulation Officer advised that in addition to the three monthly supervision and annual appraisals, regular team meetings, daily handover, and peer discussions occur. The Registered Manager expressed confidence in the abilities of the staff. He said they had diverse skills that complemented each other and allowed them to offer person-centred support to clients.

Staff said the training opportunities were good and focussed on the client's needs to improve their outcomes. They described receiving training in the Home Star outcome measurement tool, which helps support homeless clients. In addition to mandatory training, staff have completed a Level 3 vocational training award and it is expected that all team are working towards completion by the end of May 2023.

The Regulation Officer concluded that staff appeared to be well supported in their roles and were provided with access to regular training to enable them to fulfil the requirements of their position. Staff described a 'whole team' approach to meeting clients' needs and spoke of an open, supportive culture within the home.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>

Discussions with the Registered Manager and staff confirmed they were well informed about clients' needs and could signpost them to appropriate community support services. They provided examples of the diverse client needs and the approach to listening to and empowering clients to live more independently. The Manager described that The Home Star outcome measurement tool is used to help clients create personal change and support while facing homelessness.

Samples of records, including a Home Star assessment, were examined, identifying diverse needs and showing that staff are helping clients deal with and manage complex and challenging issues. The records showed that clients were actively involved in developing their plans, and their participation in working towards their identified goals was encouraged. Testimony from staff, clients, documents and one agency worker confirmed the home delivered a good service resulting in positive client outcomes. The Registered Manager provided examples of clients returning to independent living in the community after their stay at the home. He explained that ongoing support following discharge is offered, which some clients have benefited from.

Clients told the Regulation Officer that the service had improved outcomes for them and gave them direction in their lives, staying well and planning for the future. They described the staff team as supportive and explained clients had built positive relationships with them. They spoke positively of the Registered Manager's presence in the home and said they could approach any of the staff team at any time. Good communication was promoted, which they valued. Clients said:

“I feel so much better for being here, I was welcomed straight away and I’m healthier and happier and I can see the progress I’ve made in myself since moving here”.

“They’ve been really supportive and I can’t praise them enough. I’ve had a few wobbles and the staff are always there to listen and if I hadn’t been here I would have crumbled. This place has kept me going as I’ve been hitting a few brick walls and I feel really safe and secure here”.

One external agency worker visiting the home during the inspection described that the home is very well managed, the team is flexible in their approach, and they engage appropriately with other services to ensure the best client outcome is achieved. They said, *“The staff are very motivated to do the right thing, they’re very good at proactively supporting people and informing professionals of client relapses. They know the clients very well and they always come up with solutions and understand that everyone doesn’t fit into the same box and they’re very good at realising people’s strengths and building on the positives”.*

The environment was found to be bright, well-maintained and homely in appearance. The presence of objects in the lounge relevant to client interest, such as jigsaws and a sewing machine, evidenced this. A sample of client bedrooms was viewed and one client was proud to show the Regulation Officer their bedroom, which they demonstrated pride in.

Choice and safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.

Both clients told the Regulation Officer that they felt safe and secure in the home and said that they could raise any concerns with staff. The Home Star model supports clients to take control and make choices over their lives. Care records showed that clients are fully engaged and involved in making decisions relevant to their situation and are supported by staff to achieve goals. The records showed individual risks are assessed and documentation was clear to follow and relevant. There was a good understanding of clients' needs through assessments, risk assessment and Home Star planning. It was clear that the client's individual identities, lifestyle choices and goals were recognised and valued.

The staffing levels confirmed that Standards are met, that there is sufficient staffing provision in the home, and that staff have access to managerial support outside of hours.

The home has a robust system in place for storing and administering medication, and samples of medication administration records (MAR) confirmed medicines were given in accordance with the directions to administer. There is a focus on safe medication practices, and audits and reviews are conducted twice per day.

A sample of policies and procedures were examined as part of this inspection. They were accessible, appropriately stored for reference, and relevant to guide staff in their daily work. Fire safety checks are completed following the Fire Service requirements. The Registered Manager understands the requirement to inform the Commission of notifiable events.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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