



**Jersey Care
Commission**

INSPECTION REPORT

Sanctuary House

Care Home Service

**La Rue du Croquet
St Brelade
JE3 8BZ**

11 August 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 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 Sanctuary House care home. The service is situated on the High Street in St Aubin and is close to shops and cafés, with good transport links to St Helier.

The Sanctuary Trust's website details that they aim to *'provide accommodation and support to men who have reached a crisis in their lives and need help to get back into society.'*

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory Conditions</u> Type of care: Personal support Category of care: Homelessness Maximum number of care receivers: 10 Maximum number in receipt of personal support: 10 Age range of care receivers: 18 and above Maximum number of care receivers that can be accommodated in the following rooms: 1 – 10: One person

	<p><u>Discretionary Condition</u></p> <p>The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 22 October 2024.</p>
Date of Inspection	11 August 2023
Time of Inspection	10am to 4.15pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	10

Sanctuary House is operated by Sanctuary Trust, and a Registered Manager is in place.

The discretionary condition on the service's registration was discussed, and the Registered Manager confirmed that they expect to complete this qualification within the current timescale. The Registered Manager reported that they are allocated regular study leave and in addition, is mentored by a trustee who has specialist knowledge and experience.

Since the last inspection on 24 August 2022, the Commission received an application from the Registered Provider to vary a condition on the service's registration. This was to reduce the categories of care to homelessness only and was approved by the Commission on 14 June 2023. In addition to this application, the Commission also received a revised Statement of Purpose.

Applications were received to add four trustees to the board of Sanctuary Trust in 2023, which the Commission approved on 13 and 16 February, 23 April, and 31 July 2023.

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.

The Registered Manager reported recruitment and retention challenges; however, despite this, staffing has been maintained in line with this service's Statement of Purpose.

This service is well-led, with a dedicated well-trained staff team who are collectively committed to achieving the best outcomes for people who access this service. Staff feedback was unequivocally positive regarding the support, advice, and high-quality supervision they receive from managers.

No complaints have been made by care receivers or the local community regarding this service. The notifiable events have been correctly reported to the Commission, and where necessary, appropriate actions were taken by this service to safeguard care receivers.

Managing new referrals is comprehensive, where priority is based on risk and need. There was evidence of regular review of the waiting list for a placement in this service.

Care receivers' health, safety, and well-being are prioritised in this service, with comprehensive policies and procedures in place.

Care planning is co-produced with care receivers through the 'Outcomes Star' model. This model is a person-centred and strengths-based approach, where care receivers are empowered through collaboration and support to consider aspects of their life that are going well or where there are areas of difficulty. This is an area of good practice.

Relationships between care staff and care receivers are strong and provide a solid foundation for care receivers to feel safe and build trust toward a journey of change.

The effectiveness of this service is evident in the noteworthy progress that care receivers make.

Care receivers have access to fully qualified counsellors as part of the support offered in this service. Feedback from care receivers on the quality and benefit of this counselling was positive, where it had improved their self-esteem and resilience.

Transitions for care receivers leaving this service are well-planned and person-centred. Some care receivers transition to other Sanctuary Trust properties, and outreach support can be provided for up to two years.

Feedback from care receivers was very positive regarding this service. They felt well-supported by care staff they trusted, who were always available to them.

INSPECTION PROCESS

This inspection was announced to ensure that the Registered Manager would be available and was completed on 11 August 2023.

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 the previous inspection reports.

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

The Regulation Officer sought the views of the people who use the service and spoke with managers and other staff. Four staff members also provided written feedback.

The Regulation Officer established contact with three residents. This contact was face-to-face on the day of the inspection.

The views of one professional were also obtained as part of the inspection process.

Records, including policies, care records, incidents, and complaints, were examined during the inspection. This inspection included a tour of the premises.

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

At the last inspection, no areas for improvement were identified that required any follow-up on this visit. Similarly, no areas for improvement were identified in this inspection.

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 Regulation Officer viewed the service development plan. It was comprehensive, identified short, medium, and long-term goals, and recognised risks to the service in achieving these objectives. To mitigate these risks, this service has developed risk registers, which are allocated to and managed by members of the board of trustees.

This service has experienced staff recruitment and retention difficulties, resulting in four new staff members joining the staff team since the last inspection in August 2022. The staff team is supplemented by a healthy bank staff team, which has ensured that this service has maintained staffing levels in line with its Statement of Purpose and also limited overtime to prevent staff working more than 48 hours per week as per the Standards.

Policies and procedures are primarily stored electronically; however, a paper file is available to care receivers. A programme of revision is being undertaken, where a new format will reflect the date, the policy was written and subsequent review dates. Several policies were sampled by the Regulation Officer and found to be concise and adequate.

The Registered Manager reported that staff are given the opportunity to read and familiarise themselves with policies and procedures during their induction period, adding when they are reviewed, staff are required to acknowledge that they have read and understood them.

The Registered Manager reported that over the last few years, they had made conscious efforts to connect with other organisations and homeless charities, where they share policies and procedures, which can then be tailored to their individual service needs. This is an area of good practice.

The Regulation Officer explored notifiable events with the Registered Manager that were reported to the Commission since the last inspection in August 2022. These notifications were appropriate, and where necessary, actions were taken by the service to safeguard care receivers, which included disciplinary action.

The Regulation Officer reviewed the complaints policy and log, with no complaints noted from care receivers or the local community since the last inspection in August 2022. This was explored with the Registered Manager, who reflected that they provide an excellent service with a strong ethos on how they want to deliver care. We are respectful, relational, calm, and actively listen to care receivers, adding that staff are well trained and supported.

The Regulation Officer viewed the central training matrix and was satisfied that all mandatory training per the Standards was current. However, not all staff have the required Regulated Qualifications Framework (RQF) Level 2 diploma in care (or equivalent). The Registered Manager reported this is due to staff changes over the last year; however, the Regulation Officer was satisfied with a plan to address this.

The Regulation Officer viewed the central supervision record for care staff, which evidenced regular supervision as per the Standards. In discussion with the Registered Manager, the Regulation Officer was assured that the supervision model used was person-centred.

The Registered Manager reported that they value the lived experience of staff within the service. All care staff are offered clinical supervision from a qualified counsellor, with a particular emphasis on staff well-being, where care staff may suffer secondary trauma or experience triggering events.

A trustee with relevant experience supervises the Registered Manager, who also has access to a qualified counsellor. The Registered Manager reported that regular formal supervision needed to be implemented when they first joined the service over three years ago. Having reflected on this, the Registered Manager has seen how high-quality supervision improves the quality of practice and enables staff to build positive working relationships with care receivers.

The Regulation Officer noted a comprehensive induction policy in this service. The care staff consulted reported excellent support throughout their induction period. In addition, the Regulation Officer noted the completion of induction checklists for the four new care staff who have joined this service since the last inspection in August 2022. Yearly appraisals were also evident for all staff. This service has a comprehensive staff handbook and health and safety manual in place.

Independent monthly reports were comprehensive and completed on the Commission's published template by one of the board of trustees. In addition, this service reviews one Standard per month to see whether the Standard is being met or where improvement is required. Individual staff members are allocated a Standard and complete an evidence report, which is discussed and tested with the Independent Monthly Reporter.

Data collection and analysis are becoming essential for this service to evidence outcomes for those who access it. Alongside this, the service is actively engaging political leaders in Jersey to raise the profile of homelessness and how best to support those people who find themselves homeless. The Registered Manager is a member of the Jersey Homelessness Cluster Group who are responsible for implementing the Jersey Homelessness Strategy. This is an area of good practice.

There is a waiting list for individuals who want to access this service. Referrals are received from various agencies and occasionally self-referrals. The waiting list is managed based on risk and need; however, existing care receivers are only transitioned to alternative accommodation once they are ready.

The Registered Manager is a member of the Accommodation Pathway Board at HMP La Moye, which enables her to understand the needs of individuals who require support and to manage expectations of availability.

The Registered Manager has only declined a small number of referrals over the last two years. The Regulation Officer was satisfied with the decision-making in this respect.

Care and support

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.

A dedicated referral form for agencies to complete provides initial information for this service to screen the suitability of the individual referred. The Registered Manager or a senior care worker will complete an assessment checklist to identify areas of need or risk factors or where further information is required. Once completed, this is signed off, and the individual is placed on the waiting list or offered a place if immediately available.

All care receivers are provided with a welcome pack, which includes the following:

- Tenancy agreement
- Care receiver handbook
- Rules and expectations document (for both the care receiver and the service)
- Financial contribution agreement (including the authority to disclose information to the income support department)
- Medications assessment
- Privacy notice regarding the use and recording of personal data.

The tenancy agreement includes a risk assessment co-produced with the care receiver to consider the level of support required, risk to self/others, risk of eviction, health considerations, contributory factors that could increase risk, and what actions are agreed to mitigate risk. The Registered Manager shared that financial contributions are reduced slightly as an incentive for those care receivers who are in work.

This service has a data-sharing agreement with the Jersey Multi-Agency Public Protection Arrangements (JMPPA) team to ensure that all relevant risks to self and others are known during the referral process. This is an area of good practice. The Registered Manager recognised that the handbook does require revision to make it more user-friendly and reduce content.

Building relationships based on trust, dignity, respect, and empathy for their lived experience is central to how personal support is delivered to care receivers. The 'Outcome Star' model is person-centred, builds on strengths, and is co-produced with care receivers. Care staff support and empower care receivers through this model to identify aspects of their life that are going well and those where they experience difficulty. An action plan is then co-produced to address these areas of difficulty that is manageable for the care receiver and is broken down into actionable steps.

'Outcome stars' (care planning) are completed every three months with care receivers; however, these are undertaken at the care receiver's pace and may take several sessions. As each of the ten areas of the Outcome Star is scored, the measurement of change can be tracked over time, providing care receivers with a visual reference of their progress.

The Registered Manager stated that it is essential that care staff support care receivers on their journey and not do things for them, for example, providing support to make an income support claim or self-refer to another service.

The Regulation Officer viewed the incident and accident report log and noted no reports of staff being assaulted or acts of violence or aggression between care receivers. The Registered Manager reflected that care staff are appropriately trained in conflict resolution, have high-quality supervision, policies are in place, and there is a strong ethos of dignity and respect in the service. The Registered Manager stated that this equips staff with the tools and expertise to provide appropriate support and reduces anxiety and stress for care receivers.

The Regulation Officer noted a sense of community amongst the care receivers, for example, making drinks and meals for each other, managing an allotment, and some care receivers providing fresh fish and even lobster thermidor.

Care receivers are offered weekly counselling sessions for an hour through a qualified therapist. Several care receivers are accessing this opportunity and have provided positive feedback on their experiences and how it has helped them and is making a real difference. This is an area of good practice.

This service operates a 'Well-being Wednesday' where staff can provide single/group activities and directly support one-to-one sessions. This can be going for walks, coffee, or spending time together. A monthly activity is also provided for care receivers, such as Creepy Valley activity centre, the zoo, bowling, crazy golf, and Yoga. Engagement in these activities varies; however, care receivers consulted spoke fondly of activities they had been involved in.

The Regulation Officer noted that this service has a room inspection policy. As part of their induction, care receivers are advised of the policy and the service expectations regarding the management of their room. This policy is primarily concerned with care receivers' health and safety concerning the risk of fire or cleanliness of the room. Most room inspections are visual; however, when there is intelligence to suggest that the care receiver is breaching their tenancy agreement's terms, physical searches occur.

Care staff are supported to maintain a clean and tidy environment by domestic staff three times per week. Care receivers are also requested to complete one task a week and take some responsibility for their home, for example, putting out the bins or cleaning down the kitchen.

Care receivers are offered the opportunity to complete a monthly feedback questionnaire, and there is also a suggestion box in place. In addition, there is a 'father of the house' who is a care receiver from another of Sanctuary Trust's provisions. Their role is to meet with care receivers regularly and give feedback on any suggestions or concerns to the Registered Manager. This is an area of good practice. The Regulation Officer also noted several positive testimonials on the Sanctuary Trust website.

A privacy notice is in place for all care receivers, who are aware of their rights regarding accessing their data. Care receivers in this service are only provided with personal support; consequently, record-keeping is limited. The Regulation Officer was satisfied with the level of record keeping.

Where care receivers breach their tenancy agreement, the Registered Manager treats every situation on an individual basis. Contributory factors are considered initially, alongside what additional support or intervention could be provided to prevent further instances.

When the decision is made to serve a verbal or written warning, a policy is in place to manage this effectively. Verbal and written warnings are generally wiped from the care receiver's file after three months. The Registered Manager reported that the service has dramatically reduced requests to leave the accommodation over the last year. The Registered Manager commented that this is due to better referral processes, well-trained and supported staff, and effective policies and procedures that all contribute to providing care in the right way for better outcomes for care receivers.

The Regulation Officer was assured that this service has adequate transitional arrangements for care receivers when they are ready to move on. Sanctuary Trust has two other provisions where care receivers can transfer, but they also work closely with other agencies, such as Andium Homes. This service can also provide up to two years of additional support through its outreach partnership pathway, which is reviewed every six months. This service also operates an open-door policy to previous care receivers who can visit Sanctuary House anytime.

Feedback from professionals consulted as part of this inspection included the following comments:

'The leadership has made a big difference; the manager does what they say, and staff supervision is prioritised.'

'Staff are passionate about their work, and the change I see with residents is visible and palpable. It is very special and rewarding to be a part of this service and a privilege to support the residents on their journey.'

Feedback from care receivers consulted as part of the inspection process included the following comments:

'I cannot fault the support I have received. I am unsure where I would be without this place [Sanctuary House].'

'As soon as I entered the door, I could feel the anxiety I was feeling leave me quickly.'

'The therapy I get here is amazing and far better than I could expect in the community.'

'They [the staff] have really helped me get back on my feet. I am well-supported and can approach the staff anytime, as their door is always open.'

'I have really enjoyed some of the activities offered, making me feel good and part of the community.'

'I have had endless support from staff, there is always someone to talk to and staff and residents are very good people, 10/10.'

Feedback from staff consulted as part of the inspection process included the following comments:

'Sanctuary House is a wonderful place to work. One of its great strengths is the atmosphere we try hard to foster here; the atmosphere is welcoming, positive, warm, and homely. Resident well-being is at the centre of what we do. It is a pleasure to work for Sanctuary Trust.'

'Residents requirements at Sanctuary are always put first. The quality of care, whether it's for support, safety, hygiene, mental or physical health, is always the best we can give.'

'Sanctuary Trust is a wonderful place to work. I feel valued and supported in my role. I feel the work I do makes a difference every day to the residents and the team. The new changes being implemented over the last year have been of real benefit to Residents.'

'In sanctuary house, senior staff have always helped me settle into my new position and supported me when needed.'

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.

The Regulation Officer reviewed safeguarding arrangements in this service and was satisfied that where potential protection against risk was identified, the appropriate referrals were made.

The Regulation Officer examined the fire policy and preventative measures, which assured them that safety measures were in place alongside all the necessary checks and testing per the Jersey Fire and Rescue Fire Precautions Logbook. The Jersey Fire and Rescue service had also visited in June 2023 to undertake their annual inspection.

Fire alarms had been triggered on several occasions. These were recorded and placed on the incident/accident log, which provided a narrative of how these had been dealt with. In addition, a full fire evacuation occurred due to a fire in an adjoining property. The Registered Manager stated that this was successful; however, there has been some learning from the incident. This event has also led the service to review its insurance arrangements regarding a fire, and they are currently increasing coverage in this respect.

Care receivers in this service are responsible for storing and administering their medications. All rooms have a safe, and individual room doors remain locked. Where the care staff identify increased risk related to medication overdose, additional support is provided to care receivers, and they work closely with other agencies to contribute to risk mitigation plans.

Care staff in this service are allocated particular areas of risk, for example, health and safety. The Regulation Officer examined a health and safety audit and noted this to be comprehensive, with an action plan to address any issues identified.

The service has recently appointed a part-time Maintenance Officer with a background in facilities management, which will be a valuable addition to keeping the service running smoothly.

The Regulation Officer examined the Incident/accident log for this service and was satisfied that this was adequate. The log identified the nature of the event, the impact, a rating of risk, and the actions taken to mitigate risk.

The Regulation Officer checked the safe recruitment practice regarding the last four staff members joining this service and found this to be in order. This service values staff with 'lived experience' and where necessary appropriate risk assessments were in place.

The Control of Substances Hazardous to Health (COSHH) policy was examined alongside the COSHH register, which evidenced a review of such hazards in July 2023. The Regulation Officer also noted that recent water quality and Portable Application Testing (PAT) had taken place.

This service operates a proportionate missing policy, given that care receivers in this service are free to come and go from their accommodation. The Regulation Officer was assured that the safety and well-being of care receivers concerning missing reporting was appropriate.

The Regulation Officer noted that food hygiene measures were being practiced in this service, in line with the Eat Safe Jersey ratings. Examples are the use of cutting boards (avoiding cross-contamination), recording present fridge and freezer temperatures (preventing harmful bacteria growth), and cooking food thoroughly. The Regulation Officer advised the Registered Manager to consider the purchase of thermometers that could record minimum and maximum temperatures over 24 hours to enhance safe food storage.

This service provides the ingredients for care receivers to make their own breakfast and lunch everyday and at least one cooked meal five days a week.

Meal choice is offered to care receivers, and allergens are noted at the time of admission; however, care receivers can cook their own meals if they wish.

Kitchen facilities close at 9pm; however, snacks and hot/cold drinks are available in the dining area 24 hours a day. The Regulation Officer noted a voting system (feedback frame) for care receivers to choose for a monthly take-away. This is an area of good practice.

IMPROVEMENT PLAN

No areas for improvement were identified during this inspection, so 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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