



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Evans House**

**Care Home Service**

**6 – 7 Springfield Crescent  
Trinity Road  
St Saviour  
JE2 7NS**

**13 and 22 December 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 Evans House Care Home. The home is in a residential area in St Helier, close to shops and other local amenities. The home is a Victorian building which provides single-bedroom accommodation to individuals who are experiencing homelessness and other complex challenges, including housing instability, unemployment, health issues and substance abuse.

Staff are available 24 hours a day, and facilities include a communal lounge, dining room, laundry and numerous shared bathrooms throughout the building. The Statement of Purpose describes the service's main objective as providing accommodation, support and a way forward for people.

The home is registered as a care home; however, people usually reside in the home for as long as their resettlement journey takes to reintegrate into more independent living. As such, it is not considered a traditional 'home for life' as the length of stay will vary based on individual circumstances, progress and goals, allowing for flexibility in the transition process.

Whilst the Regulations refer to 'care receivers' to describe people in receipt of care, the home's Statement of Purpose refers to 'service users' and the home

predominantly provides personal support, as opposed to personal care. Therefore, the same terminology will be used for this inspection report.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: Personal support/ personal care  Category of care: Homelessness  Maximum number of care receivers: 23  Age range of care receivers: 18 years and above  Maximum number of care receivers that can be accommodated in the following rooms:  Rooms 2, 3, 4, 6, 7, 8, 11, 12, 13, 14, 16, 17, 18, 19, 20, 22, 23 one person  Rooms 1, 5, 9, 10, 15 usually one person but available for couples (but not exceeding maximum number of 23)
Dates of Inspection	13 and 22 December 2023
Times of Inspection	2pm – 6:15pm and 11am – 12 midday
Type of Inspection	Unannounced on 13 December Announced on 22 December
Number of areas for improvement	Three
Number of service users accommodated on the day of the inspection	19

The Shelter Trust operates the Care Home, and a Registered Manager is in place. The Registered Manager has held the position since 2016 and is therefore experienced and familiar with navigating the complexities of managing a care home of this type and ensuring the well-being of service users.

An updated copy of the service's Statement of Purpose was submitted to the Commission soon after last year's inspection.

## 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 service operates to support service users in transitioning to more independent living arrangements. It provides a structure to keep them building the skills and confidence needed for greater independence. The Registered Manager described some examples where the service helped and supported service users to progress in their lives over the past year. Service users described a positive service experience and felt safe and secure. They spoke of being actively involved in planning and living their lives as they wished and felt the staff members understood their challenges and situations well. Service users said the staff team were sensitive and supportive in providing support to them, and they said they got on well with staff members.

The Regulation Officer noted that the staff team expressed a solid commitment to ensuring service users were working towards reintegration into the community. They were optimistic about their roles and the difference they could make in people's lives. One of the external agencies collaborating with the home described the staff team as approachable and accommodating.

Some positive examples were highlighted during the inspection, where the service recognised that service users required the support of external health professionals to maintain their mental and physical health. Collaboration with external agencies is a key aspect of the home's approach.

The home complied with both areas for improvement made on the last inspection, and three areas for improvement are identified from this inspection. These relate to improving service users' care records to identify their needs and goals and record their progress towards resettlement. The other areas for improvement relate to improving documents where the transcription of medicines is required and conducting risk assessments when staff work alone.

## INSPECTION PROCESS

This inspection was carried out over two visits. The first visit was unannounced, the second was arranged with the Registered Manager and it was completed on 22 December 2023.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

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

Before our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer spoke with five service users at home during the first visit. Two support workers, the Registered Manager, the organisation's Outreach Manager and the Operations Director, provided information during the inspection period.

Records were examined, including policies, care, supervision and appraisal, recruitment, training, staff rosters, and fire safety records. Samples of medication administration records were reviewed. This inspection included a walk through the home where some communal facilities and two bedrooms were viewed.

On the second pre-arranged inspection visit, the Regulation Officer gave the Registered and Outreach Manager feedback.

---

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

This report outlines our findings and includes 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.

## INSPECTION FINDINGS

At the last inspection, two areas for improvement were identified and an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

During this inspection, the improvement plan was discussed with the Registered Manager, who noted that both areas for improvement had been completed. Regarding the range of policies available, the service recently added a policy on food handling and other relevant policies for staff to refer to. Samples were reviewed, including the absence of service user and lone working policy to guide staff in their roles. There was evidence of a range of training having also been provided to the staff team over the past year.

### 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 Registered Manager has been in the role for many years and has an extensive knowledge base in the field of homelessness and other associated challenges that service users may face, such as unemployment, mental health difficulties etc. The manager provides stability and continuity in the management of the home, is very familiar with service users' diverse needs, and has strong relationships with them, as well as with external agencies and the staff team.

The Deputy Manager has been redeployed elsewhere within the organisation, impacting the staffing complement in Evans House. Three support staff have left the service since the last inspection, which was to relocate to a different location for

personal reasons and pursue different lifestyles. Consequently, the Registered Manager has had work night shifts to fill the staffing gaps, which indicated a challenging situation that required the manager's willingness to address the urgency of the staff shortage.

The service had recognised this as a temporary measure to ensure the continuous running of the home, as recorded in the August monitoring report. The service has been actively recruiting for night staff, which has proved difficult to attain, mirroring the picture across many parts of the care sector in Jersey.

The home has benefitted from another experienced staff member whose presence is filling the role of deputy manager and providing support to the Registered Manager. They were available on the second inspection visit. They provided a comprehensive overview of how the home operates, and they have many years of experience in working with service users who have experienced homelessness and other life stressors. Support staff have access to an on-call manager from the organisation outside of hours, and they confirmed this to be in place.

At the time of inspection, nineteen service users were residing in the home, with the majority of service users having relocated from Aztec House. Service users who were spoken with during the inspection confirmed they had been involved in the decision to move from Aztec House and said the environment in Evans House was calm and quiet. They described the management team as involved, present and engaged in the home.

The home also provides continued assistance to a few service users who previously resided there. This assistance, such as providing food parcels and periodic conversational support, demonstrates the home's commitment to the well-being of former service users and contributes to the overall success of helping them rebuild their lives.

The service works well with external agencies, and the staff were non-judgmental when communicating about service users. One professional from an external

agency commented favourably on the ability of the home to support service users and described the staff team as approachable and accommodating.

Quality assurance and improvement oversight was good, with ongoing checks to ensure the home adheres to Standards and legal requirements. A monthly visit from someone within the organisation helps assess the quality-of-service delivery, and a sample of monthly reports shows a structured process is followed to review the home's performance against specific standards. This showed various service delivery components are analysed, such as service user feedback, progress with staff supervision procedures, other service challenges and health and safety matters.

The quality monitoring review also looks at other statistics, such as the number of service users being supported, referral sources, length of stay and exit destinations. The organisation can then help identify trend patterns and areas for improvement across a wider service user group. This is an example of the organisation's commitment to collecting information as a foundation for continuous improvement and is an example of good practice.

No complaints have been received from service users which have required formal investigation. This is regularly monitored as part of the monthly service review.

### **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>
---

Service users were complimentary of the home and the staff team and said they were supported in various aspects of their lives. One service user viewed the home as enabling them to live a better life than they had previously and felt that the staff were kind and respectful. Discussions with them showed that they felt involved in planning their lives, which was positive as it helped them to progress in many areas, and they did not feel judged by the staff team. One service user described their experience of homelessness and spoke of the support and opportunities provided to them in the home.



Service users are supported to maintain their health and well-being. The staff team provide support with appointments and liaisons with health reviews in line with service users' choices. Samples of care records showed that staff have recognised a deterioration in service users health and referred to mental health professionals when necessary.

The Registered Manager and service manager knew the service users' unique stories. They described how the home had supported them to improve their situation and overall well-being. Service users told the Regulation Officer they felt like the staff team was genuinely concerned for their welfare; they informed them of access to other services and described good relationships with the staff team.

The home demonstrated where service user feedback was collected, valued and acted upon, which changed one service user's accommodation. This was a good example where the home respected service users' opinions and collaborated to make changes to address their needs and preferences. Feedback from one service user who had moved into the home had been requested per the monthly quality monitoring review process, which noted they had settled well into the home and felt safe.

Two service users' health conditions were described as deteriorating, and the Registered Manager recognised that the current level of support provided by the home may not be sufficient in the longer term. Referrals have been made to assess their needs, both individuals involved were fully aware of the referral.

During the inspection, the Chef made the evening meal of steak casserole with cooked vegetables and service users enjoyed it. The meal was freshly made, nutritious, and appealing in its presentation and service users commented on the quality of food provided in the home. The Regulation Officer spoke with the Chef, who understood the importance of providing nutritious, hot meals, explained its role in promoting service users' physical and psychological well-being, and encouraged opportunities for social integration.

Samples of care records were examined, which noted that the home uses the homelessness outcomes star tool to measure and support the progress of service users in areas including accommodation, daily living skills, social and family relationships, work and learning and confidence. The star is a visual diagram with points, which requires service user participation and engagement to identify areas for their development. Typically, service users are assigned a key worker who meets with them regularly and discusses and plans their progress.

The records showed gaps and inconsistencies in recording care planning discussions and documenting specific goals and objectives. Some service users' plans had been updated some time ago, and risk assessments needed to be reviewed. Some records showed that staff had recognised service users' strengths and capabilities, reflecting a strengths-based approach rather than focusing on deficits. However, there is a need to ensure service user care records are consistently detailed, accurate, and relevant to evolving needs and kept up to date. Care planning arrangements and action plans evidencing how risks are managed are areas for improvement.

### **Choice and safety**

<p>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.</p>
---

Samples of staff duty rosters were examined, and the Registered Manager and other members of the staff team explained the staffing arrangements. There are situations where staff work alone without direct supervision and without other colleagues. This was discussed with the Registered Manager, who explained the organisation's lone worker policy and described the additional measures to ensure staff safety while working alone.

Given the unique challenges and potential risks associated with supporting service users in this environment, the Regulation Officer suggested that the home regularly conduct thorough risk assessments to identify potential hazards specific to lone working in line with the changing service user profile. The staff team's involvement

in incorporating their insights and experiences of working alone should also be considered. This is an area for improvement.

Samples of staff supervision records were seen, and one staff member confirmed they received a good level of support and had opportunities to discuss work issues with the Registered Manager. Staff are given notes captured during supervision discussions, evidenced by a review of supervision records recorded just before the first inspection visit. Progress with staff supervision is reviewed as part of the organisation's quality monitoring processes.

The team regularly handover relevant information between shifts and the Registered Manager explained that team meetings are to be reintroduced in the New Year.

A range of policies were available in the home to guide staff in their roles. The Registered Manager provided samples, including the lone worker policy and the absence of service user policy. Staff described the procedures to be followed should a service user not return home, showing their understanding of how policies align with their daily tasks and responsibilities. Since the last inspection, a food handling policy has been developed, and the Registered Manager explained that the home is to create a policy about emergency admissions.

The Commission has not received information about notifiable events since the last inspection. The home's internal incident reporting system was reviewed and cross-referenced with service user records, and the Registered Manager was aware of the specific notifiable events or situations that required reporting to the Commission.

Samples of medication administration records (MAR) were examined, which noted that where medicines were not issued or dispensed by the community pharmacy, the instructions to administer had been handwritten, which did not reflect proper transcribing guidelines. This is an area for improvement.

The Regulation Officer was advised of the immediate actions taken by the home to improve the accuracy and safety of MAR. The storage and administration of medicines did not highlight any concerns.

All staff in the home have a Level 3 vocational qualification relevant to the needs of the service user group. The training schedule ensures staff are up to date with mandatory training, and there was evidence of face-to-face learning undertaken by the team. There was evidence of training, including mental health first aid, diversity training, practical first aid, food hygiene, and safeguarding and fire safety awareness.

Fire safety checks are carried out as per Fire and Rescue requirements. Evacuation procedures for staff and service users are carried out routinely, with the most recent evacuation completed in October 2023.

Service users' feedback, review of their records and discussions with staff confirmed that their autonomy and right to choose how to live their lives is fully respected and promoted. Service users described a non-judgmental and supportive environment and trust in the staff team. The staff team explained that service users are encouraged to be independent in various contexts. An example given was the Registered Manager recognised that relocating the toaster to the dining room would encourage service users to be more independent, therefore reducing their reliance upon staff for this task.

New staff are recruited safely, and a review of records has evidenced safe and effective recruitment procedures that comply with the standards. This safeguards service users and the organisation.

## IMPROVEMENT PLAN

There were three areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 6.7</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>Where medicines are transcribed by staff in the home in exceptional circumstances, best practice guidance must be followed, and clear records maintained.</p> <p><b>Response of Registered Provider:</b></p> <p>An absence of communication between the Trust and a supplier of medication resulted in the Trust missing printed MARS sheets alongside prescriptions due to changes in practice for the recording of medication.</p> <p>This situation was rectified following the inspection visit, with supporting MARS sheets now available.</p> <p>The in-house check-list for the administration of medication has been updated, located on the medication cabinet as a reference for staff.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standards 2.6, 2.7 &amp; 4.6</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>Care planning, support plans and risk assessments should be developed more comprehensively and kept up to date and reviewed in line with evolving service user needs.</p> <p><b>Response of Registered Provider:</b></p> <p>Support plans and risk assessments are necessary for all service users. A review of the Trust's client database identified that when an 'Outcome Star' requires a review, this was not being highlighted as an 'action point' when accessing the system. To address this, the next monthly in-house report/audit will focus on this area to ensure the timely completion and update of Outcome Stars/support plans for all residents.</p> <p>Additional in-house training on the Trust's database is required to ensure that all staff are up-to-date and proficient users of the system.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 4.6</p> <p><b>To be completed by:</b> 1 month from the date of inspection (22 January 2024)</p>	<p>The provider should regularly conduct risk assessments to identify potential hazards and mitigate risks associated with lone working and changing service user needs.</p>
	<p><b>Response of Registered Provider:</b></p> <p>Prior to a new resident moving into Evans House (a resettlement project), Evans House staff receive a completed referral form with details of the person being referred. One section of the referral form covers risk (to self and others). Upon receipt of the referral form, an in-person assessment takes place at Evans House.</p> <p>The referral process identifies known and potential risks. This process is in place to establish whether Evans House is the appropriate Trust site to support the person. The referral process considers the safety and wellbeing of the individual, other residents and staff.</p> <p>Risk assessments are integral to residents residing in a resettlement project, as 'second stage' accommodation, as opposed to 'emergency accommodation' available from Aztec House.</p> <p>In addition to documented processes and procedures outlined in the Trust's Lone Working and Health and Safety Policy, the Trust has identified further training for lone working. This training will take place in Q1, 2024.</p> <p>During the reporting period, there have not been any accidents and untoward incidents reported due to concerns/incidents arising with lone working at Evans House.</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.



Jersey Care Commission  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)