



Jersey Care  
Commission

# **INSPECTION REPORT**

**Venetia House**

**Care Home Service**

**Roseville Street  
St Helier  
JE2 4PL**

**26 April 2024**

## **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 Venetia House which is located in a residential area of St Helier with amenities close by. It is a care home which was a former hotel and provides single en suite bedroom accommodation as well a range of communal facilities including lounge and dining area, kitchen, laundry and outdoor areas. The home became registered with the Commission in 2022.

The service is part of the Shelter Trust organisation and Venetia House provides personal support to women who have experienced homelessness and associated difficulties. The philosophy of the home is to provide individualised support to women to enable them to progress through their recovery journey towards independence.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal support Category of care: Homelessness Maximum number of clients: 20 Age range of clients: 18 years and above Maximum number of clients 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 clients upon their request)
Discretionary Conditions of Registration	There are none
Date of Inspection	26 April 2024
Time of Inspection	12.30 midday – 4.00pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of clients using service on the day of	13

The Care Home service is operated by The Shelter Trust and there is a Registered Manager in place, who has been in post since the home became registered. The Registered Manager is supported by a team of support workers and since the last inspection, two specialist workers have been recruited with the intention of working with 'hard to reach' clients.

Since the last inspection which was completed on 9 March, 2022, the Commission received details of a safeguarding matter that the home had raised requesting multi agency support and involvement.

Whilst the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 refers to 'service users' to describe people in receipt of care, the home refers to women as clients. Therefore, throughout this inspection report, the same terminology will be used to describe women residing in the home.

## 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 inspection findings show the service has developed and strengthened since its initial set-up. The home arranges for professionals from other agencies to support clients as necessary in line with their preferences and support requirements. Clients have been supported to make significant positive life changes, and there was evidence of very good planning to provide opportunities for them to develop their skills and become more independent and self-sufficient. The service is instrumental in identifying and helping clients to access a wide range of community resources.

The staff team is committed to improving outcomes for the client group they support and have a good understanding of what they want from various areas of their life. Clients and external professionals spoke of the positive relationships built between the staff team, and clients described the benefit of having an accessible staff team to converse with and gain support from. Samples of records showed clients identify their strengths and skills and plan what they require support and help within certain aspects of their lives. Their views and preferences are evidenced in all decision making that affects them.

Client support plans are centred on their needs, and visual tools are used to identify their progress and encourage further development where needed. The records showed processes in place for assessing, monitoring, and managing risks to promote safety. A range of evidence shows that the home encourages clients to consider leading healthier lifestyles, and there has been a notable improvement in encouraging and supporting access to physical activities.

Staff are recruited safely and provided with supervision and training on an ongoing basis. Staff spoke of a positive and open culture within the home and gained much job satisfaction from their roles. This inspection identified no areas for improvement, and a consistent approach in leadership and management within the home was noted, resulting in positive outcomes for clients.

## INSPECTION PROCESS

This inspection was announced, and the visit to the home was completed on April 26, 2024. It was announced a few days prior to ensure the Registered Manager would be available. A separate visit to the provider's office base occurred on May 15, 2024, during which staff recruitment processes were reviewed.

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

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

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

The Regulation Officer gathered feedback from two clients who were in the home at the time of visit. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

As part of the inspection process, records including, care records, risk assessments, quality monitoring reports, medicine administration records (MAR), fire safety records, staff recruitment, policies, induction and training records were examined.

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

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

## INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified.

### **Is the Service Safe**

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The service provided evidence that the Standards relating to safe recruitment had been adequately met. Samples of personnel files were reviewed, and it was found that appropriate recruitment checks had been undertaken before employment. This included proof of identification, references from previous employers, qualifications, and enhanced criminal records checks. Job descriptions were provided to staff members, outlining their roles and responsibilities. One staff member who spoke with the Regulation Officer was clear about the remit of their role, which reflected the job description in their personnel file.

The induction programme for newly appointed staff was reviewed. This programme covered safeguarding, fire safety, confidentiality, and data protection. It was very comprehensive and included the mission, aims and objectives of the service, the management structure of the organisation and a wide range of policies and procedures applicable to the home's operation. New staff are supported to work alongside more experienced staff and are provided with information about the Home Star outcome tool.

New staff's performance was regularly reviewed during their induction period. One staff member described how the Registered Manager and broader staff team had provided them with lots of support during the initial start of their role, which reflected a helpful and nurturing work environment. The staff member said they had felt welcomed and included in the staff team upon their appointment.

The Registered Manager and staff team described the supervision arrangements that were in place. This confirmed that staff supervision occurs regularly and aligns with the standards. The Registered Manager and staff team informed the Regulation Officer that supervision records are maintained to reflect practice issues discussed and support needs raised. Staff spoke of the benefit of formal one-on-one supervision and felt it was valuable in helping them in their roles as it allowed them to discuss their work and receive feedback in a supportive and constructive way. How supervision discussions are recorded was reviewed, acknowledging staff members' strengths, contributions and development areas are identified.

The process of sharing information across the team and how colleague support and concerns were voiced to the Registered Manager were explained. Daily handover discussions, regular team meetings, and spontaneous discussions foster effective communication and ensure that any emerging issues or concerns are identified and shared immediately. The staff team, external professionals and discussion with the Registered Manager confirmed they maintain a regular presence in the home and are well-informed about what is happening with clients.

Staff safety is considered part of the service's responsibility to its workers, and measures are in place to provide support to staff when they are working independently. The lone working policy was reviewed, which also includes the safety measures in place when staff are supporting clients outside of the home.

Robust on-call arrangements are in place to provide appropriate support and guidance in challenging or unexpected situations, particularly for overnight workers.

Clients who spoke with the Regulation Officer said they felt safe and protected in the home environment and knew that the staff team promoted their welfare. One client said they had confidence in the staff team in keeping information relating to their situation safe and confidential. Another client said they felt much calmer since having the support of the staff team around them. Clients were complimentary of the physical environment that promoted their welfare and allowed them to feel safe.

Efforts have been taken to raise awareness and promote safe sexual health practices, which shows that the service helps safeguard the well-being of clients and supports their overall physical and emotional safety.

The service's safeguarding policy was reviewed, showing clear procedures for reporting concerns to relevant agencies to protect clients. One example of the policy being applied in practice was demonstrated earlier in the year when the home raised a concern and requested multi-agency involvement to support one client. The concern also highlighted that the home considered the welfare and safety of all clients.

Samples of fire safety records were examined, and all routine checks were done by the fire and rescue service requirements.

### **Is the Service Effective and Responsive**

Assessing the organisation of the service so that care receiver's needs are respected and met.
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Since the home has been operational, it has positively impacted the accessibility for female clients. The service has noted an increased number of women seeking support since this facility opened compared to when a mixed homeless facility was their only option. Since its launch, approximately fifty women have benefited from the service and transitioned to more independent living. Many of these women continue to use the home, gaining emotional and practical support from the staff team.

The statement of purpose describes the service objectives, including encouraging clients to identify and take ownership of the outcomes of their personal support needs. Discussions with clients during the inspection confirmed that they were fully involved in identifying their needs and goals and were supported with strategies to meet them at a pace and in a way that best suited them.



The Registered Manager explained clients' varying needs and described how some clients have been supported and encouraged to engage with services. This included the staff team informing and encouraging clients to access a range of services, which has resulted in some progress, such as gaining employment and having better access to financial support. The Registered Manager and one of the specialist workers provided evidence and information that confirmed that the home ensured that clients' health and well-being needs were met.

Feedback from three professionals who have close links with the service highly praised the service itself and the efforts made by the staff team in supporting clients through their journey to independence. The positive feedback highlighted the team's motivation and commitment to driving and securing favourable client outcomes. One professional commented on the team's empathy and strong values, noting that their ethos sets higher client expectations and supports them in aspiring to achieve their goals. These attributes were considered essential, as clients may not believe or realise their potential.

Clients emphasized of the value and significance of the en suite facilities and having their own space and felt that this provided them with a sense of identity. Additionally, they commented on the availability of sanitary products within the home, which reduced barriers to accessing such essential items and helped prevent feelings of embarrassment.

Samples of client records were reviewed, showing that the service uses the Home Star tool to help clients assess their feelings regarding aspects of their lives, such as health and wellbeing, relationships, finances, accommodation, and safety. When clients move into the home, they are assigned a key worker, and the records show they are fully involved in all decisions about developing their plans and identifying goals and actions to meet these.

The completed Home Star tool showed that clients are asked at regular intervals about their progress in these areas, and the tool serves as a visual aid to demonstrate their progress. Overall, the service maintains accurate written records of work with clients, which were noted to be factual and non-judgmental, and shows attention to clients' health and safety needs.

The Registered Manager and specialist worker provided information about coordinating and liaising with external agencies for additional support. Examples demonstrated that the home recognised its limitations in providing the most appropriate support to clients and escalated concerns with the relevant agencies on the client's behalf. When clients are referred to the service, information is requested, enabling the service to complete an initial assessment. Similarly, where clients self-refer and approach the service requesting support, an initial assessment is also completed, and their needs and preferences are established.

The staff team who spoke with the Regulation Officer explained the range of support provided by the service, described their responsibilities in relation to providing direct support to clients, and also sign posting them to other support services appropriate to their needs. Through the discussions, there was a clear emphasis on the role of the whole team, and the team appeared motivated to do the best they could for clients. This feedback was also provided by three professionals external to the service, all of whom expressed confidence in the service's effectiveness, leading to positive client outcomes. They described the service's ethos of respect for clients, who were treated with respect and dignity at all times.

Samples of medication administration records (MAR) were examined, which showed that the arrangements for managing medicines align with the Standards. Some care staff have completed vocational training in medication management. One care worker is scheduled to complete this training, and two additional staff will complete it at the next opportunity. There was evidence of ongoing audits to monitor medication practices in the home.

## **Is the Service Caring**

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.
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Clients spoken with told the Regulation Officer they were treated with dignity and respect and that the staff team were friendly and approachable. They described a strong, supportive culture where staff were motivated, inspiring, and creative to help them overcome obstacles and plan their journey towards independence. Clients spoke of the support that had been provided at a pace and manner which suited them, and they spoke of the progress they had made in their lives, since moving into the home. Clients said that they had confidence in the staff team to advocate and speak up on their behalf when they felt they needed that type of support.

Staff members explained their keyworker role, which involves having regular discussions and reviews with clients to assist them in developing and achieving their goals. They highlighted the varied progress clients had made in their lives. They also acknowledged the importance of regular team discussions to ensure their input benefits clients. If necessary, arrangements will be made for alternative key workers to be appointed to better support clients' needs.

Clients described how the staff team introduced them to and helped them access a range of physical activities that helped them develop their confidence and physical and emotional health. One client described how the home had invested in some exercise equipment that they benefitted from, and they explained how their lifestyle was healthier due to living in the home.

Examples were provided where the staff team advocated and liaised with other agencies to ensure that clients' health needs were monitored and addressed by relevant professionals, enabling them to receive appropriate care and support. Two health professionals commented favourably on the staff team's ability to provide appropriate support within the confines of their remit.

The service promotes positive, healthy eating opportunities, and nutritious food options were available during the inspection. Clients have free access to snacks and drinks outside planned meal times, and meal times are flexible and adaptable to suit clients' lifestyles. Examples were given where clients had lost weight and reduced their alcohol intake, demonstrating healthier lifestyle choices since moving into the home.

### **Is the Service Well-Led**

Evaluating the effectiveness of the service leadership and management.
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The Registered Manager maintains a regular presence in the home and is accessible to directly engage with clients, staff and external agencies to discuss issues and ensure any emerging concerns are promptly addressed. This was evidenced by a discussion with the Regulation Officer, feedback from staff working in the home, external professionals, and details in the monthly quality monitoring reports. The evidence from this inspection shows that the leadership in the home is outcome-focused, promoting a culture of client involvement, partnership working and effective staff intervention. Clients told the Regulation Officer they had control over their lives and valued the guidance and support of the whole staff team and felt the home was well run.

The home has a clear management structure in place and internal governance arrangements to ensure the service is being delivered in line with the statement of purpose and the intended outcomes of supporting clients experiencing homelessness. Samples of monthly quality monitoring reports were reviewed, which showed that the service is performing in accordance with the Care Home Standards and that there is a culture of continuous improvement. As referenced in the reports, staff and client feedback highlights service satisfaction. The Registered Manager has a direct line of reporting to the director of the service, and support staff take turns assuming responsibility for the shift they work on.

Staff have access to policies relevant to their roles, which were examined during the inspection. These included policies on cash handling, food safety, medication, professional boundaries, and accident and untoward incidents. Evidence shows they are subject to regular review and updated as necessary.

Staff spoke positively of their scheduled working patterns, which they were satisfied with and felt created a positive work/ home life balance. The staff team has remained stable since the home became registered and has been enhanced by the introduction of new specialist workers. These new roles were described as adding strength to the team and benefiting clients.

Samples of staff training records were reviewed, and it was found that some of the staff teams are nearing completion of Level 3 vocational training. Once completed, the entire care staff team will have this qualification specific to the client's needs. Training already completed by the staff team includes practical first aid training, fire safety, safeguarding, and data protection. The forthcoming training programme includes boundaries, mental health awareness, and support for women with complex needs. Additionally, the chef and housekeeper will also be provided with this training.

One professional commented to the Regulation Officer that they felt there was a gap in some staff's knowledge of capacity-related matters, and the records indicated that not all staff had been provided with this training. This was discussed with the operations director, who agreed to address this immediately and was making plans to source this training before the inspection had concluded.

The environment was found to be well-maintained, clean, and pleasant in its appearance and layout. Clients were seen using the communal areas for relaxation, which supports a positive quality of life. They can access the laundry and kitchen facilities at all times.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and 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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