



**Jersey Care
Commission**

INSPECTION REPORT

**Sanctuary House
Care Home Service**

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

**Date of inspection:
19 September 2024**

**Published:
24 October 2024**

1. 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 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of Sanctuary House Care Home and there is a Registered Manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal support
Category of care	Homelessness
Maximum number of care receivers	10
Maximum number in receipt personal support	10
Age range of care receivers	18 and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1 – 10: One person
Discretionary Conditions of Registration	
None	
Additional information:	
The Registered Manager has completed the Level 5 leadership and management certificate. The discretionary condition for this too be achieved has now been removed.	

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager on 28 August 2024 that the inspection would take place on 6 September 2024. This was to ensure that the Registered Manager would be available during the visit. However, the Registered Manager was on leave at that time, so it was arranged for 19 September 2024.

The inspection was undertaken by two regulation officers. References to who gathered the evidence and information during this inspection may change between the Regulation Officer and the regulation officers.

The home's Statement of Purpose uses the term 'residents' rather than 'care receivers' as it mainly offers personal support rather than personal care. This report will follow the same terminology.

Inspection information	Detail
Dates and times of this inspection	19 September 2024, 09:15 – 15:45
Number of areas for development from this inspection	None
Number of care receivers accommodated on day of the inspection	10
Date of previous inspection:	11 August 2023
Areas for development noted in 2023	None
Link to previous inspection report	20230811-IR-Sanctuary-House-Complete.pdf (carecommission.ie)

3.2 Focus for this inspection

This inspection focused on these specific new lines of enquiry:

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

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

There were no previous areas for improvement identified in the 2023 inspection. Areas for improvement will now be identified as areas for development.

4.2 Observations and overall findings from this inspection

Sanctuary House is situated in St Aubin, on the High Street. It is within easy walking distance of a local supermarket, several cafes, and restaurants. On the ground floor, there is a lounge, dining room, staff office, and large, homely kitchen. There are ten single bedrooms and shared toilet and bathing facilities.

The service provides personal support to homeless men. Those who access the service are often experiencing multiple challenges as well as homelessness, such as mental health problems, relationship or family breakdown, substance abuse, financial hardship and difficulty in securing or retaining employment.

Along with the service provided within the home, outreach and step-down facilities are also available. At the time of the inspection, there was a waiting list of seven men who had been assessed as needing the support provided by Sanctuary House; however, they can only access the service once a bed becomes available. The average length of stay is one year, hence the provision of the outreach service with the objective of appointing an outreach coordinator those individuals.

The residents who were approached by the Regulation Officer provided positive feedback regarding the care and support they were receiving. They spoke highly of the dedication of the staff and how the environment is homely and safe.

The staff consulted provided positive feedback about the service, describing it as an environment that encourages and listens to feedback and opinions.

There are plans for the organisational structure to be further developed, and currently, two other staff, the Operations Manager and the House Manager, are enrolled on the Level 5 Diploma starting in March 2025 to strengthen the skills across the leadership team. The regulation officers were satisfied that the service is a learning organisation.

During the inspection, the Registered Manager was joined by the Operations Manager, which was positive as they complemented each other's service knowledge and experience.

The care staff have good levels of experience and knowledge, including two registered nurses. All other care staff have level three Regulated Qualifications Framework (RQF), and one of the team is currently undertaking the training.

No areas of development were identified during this inspection.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.¹

Before our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from 19 September 2023, reviews of the Statement of Purpose, any variation requests and notification of incidents.

The Regulation Officer gathered feedback from two care receivers. They also had discussions with the service's management and other staff. Additionally, feedback was provided by four professionals external to the service.

Records, including policies, care records, incidents and complaints, were examined as part of the inspection process.

After the inspection, the Regulation Officer provided feedback to the Registered Manager and Operations Manager.

This report outlines our findings and includes areas of good practice identified during the inspection.

5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

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

6. INSPECTION FINDINGS

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.

A new staffing structure is being developed to reflect the increased demand and improve governance within the service. This will include the appointment of an outreach coordinator to provide support for those on the waiting list and other homeless men within the community. The recruitment process was discussed with the service emphasis on making appointments of people who share the values and ethos of the organisation.

Feedback from a member of staff

"This is the best job I have ever had; I have never worked anywhere that is so supportive."

All applicants have two informal chats with two different staff before being offered a formal interview. Two residents are active members of the recruitment panel. The checks and balances required through regulation were observed, and there is clear evidence that safer recruitment processes are followed.

All meals are provided by the service, with breakfast and lunch being self-service and dinner provided at 6pm. Residents are encouraged to maintain or develop skills in the kitchen by working with the support workers in preparing meals.

Environmental health recently inspected the food preparation and safety processes at Sanctuary House using the 'Eat Safe' assessment. They achieved four stars, but they were informed they were unable to achieve five stars as they relied on donated food.

The Registered Manager explained that the service is supported by food donations from some local shops as well as neighbours who regularly provide shopping for meals for the residents.

The organisation recently commissioned a survey of the building structure and maintenance requirements. A report has been prepared identifying recommendations to improve the maintenance of the environment and prioritising works to be completed. The health and safety register was viewed by a Regulation Officer and demonstrated compliance. The fire log for the home shows regular checks of alarms and emergency lighting, and an up-to-date fire certificate is on view.

There is evidence of mandatory and specific training for the staff team. Recently, the staff attended 'Boundaries' training, which explores the potential impact that positions of power and trust of health and social care staff may have on individuals receiving support, the feedback of which was very positive. All but one of the staff team has completed Mental Health First Aid training. All residents have access to counselling from two qualified counsellors and three trainee counsellors within the team.

The wellbeing of staff is given high priority within the organisation. All staff have access to a therapist who is retained by the service. Supervision is provided for all staff quarterly and appraisals annually. The agenda for the annual appraisal includes:

- General discussion re: achievements and progress over the year
- Targets for next 12 months
- Training/Development required to help meet targets
- Views on your future development and career aspirations
- General discussion on how and where we can improve the way we work.

Staff have two well-being days each year within their contracts, and the service attempts to provide team-building events every three months. There are regular team meetings and post-incident debriefings. One of the staff members said, *“I have regular supervision and can access independent counselling. The team gels well; we are a close-knit team”*.

Is the service effective and responsive?

Assessing the organisation of the service so that care receiver’s needs are respected and met.
--

During the inspection, changes to the service structure, including the planned appointment of an outreach coordinator and enhancement of the authority and accountability of those in management positions, were discussed.

The staff duty rota was analysed, and appropriate coverage was demonstrated to provide the personal support required for the residents. The home is staffed with two support workers, a manager and administrator Monday to Friday, with one staff member on the weekends and a sleep-in member covering nights. A duty system is in place, and residents must return to Sanctuary House by 10pm. It is not unusual for residents to stay with friends or family overnight from time to time, but they keep the staff informed if they plan to do so.

Potential new residents have a pre-admission assessment, which identifies risks and strengths, and the level of support required. New residents complete an induction process; they are given:

- A residents handbook
- The house rules
- Contract of care
- Privacy notice regarding residents' data management
- A warnings list (e.g., use of alcohol and drugs and use of kitchen).

The care model the service uses is the 'Outcome Star'. This model provides an evidence-based tool to demonstrate the impact of the support, and interventions provided. It is completed within two weeks of the resident arriving and repeated three monthly and at discharge. This helps to plot the improvement in a cluster of life areas such as friends and relationships, my wellbeing, alcohol and drugs and where I am living. Staff must complete two training days to use the Outcome Star programme.

Daily records are kept in a daily communication log, which gives an overview of residents' health, what activities they have been involved with, and general information required for a safe handover between care workers. There are also confidential individual care records for each resident.

Residents may be supported to access services such as Customer and Local Services for benefit support, as well as their general practitioner and other health appointments as required.

A number of the residents are in employment, and, where appropriate, those not in employment will be supported in seeking appropriate employment. The service also organises activities for residents, which have included:

- Five-a-side football (against the Shelter Trust)
- Crazy Golf
- Bowling
- Cinema
- Pool
- Walks and coffee.

The Registered Manager described the need of the service to adapt and respond to the challenges faced in the aftermath of the COVID-19 pandemic, which increased the demand for Sanctuary House due to:

- The increased cost of Living
- An increase in number of residents with mental ill health
- Relationship breakdowns
- An increase in number of residents who are living with addictions, specifically alcohol dependence
- Increased awareness of Sanctuary Trust.

Feedback from a professional who works with the home:

“The staff are clearly keen to support their clients and liaise with other services to manage risk.”

The management team works closely with other Jersey services that focus on providing support for the homeless through the Jersey Homeless Cluster. This body includes the Shelter Trust, Jersey Association of Youth and Friendship, and Freeda (formerly Jersey Women’s Refuge), with support from the Minister for Housing and Communities. Since the first quarter of 2023, data regarding homelessness in Jersey has started to be collected which is leading to a greater understanding of homelessness in the Island and more cohesive and coordinated approach from charities and government.

Is the service caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

The regulation officers reviewed the notifications submitted to the Commission since the last inspection. Whilst there were not a vast number, six in total, half of them related to an episode of care that needed support from external agencies. Initially, the support was difficult to access, during which time the care needs of the resident needed to be enhanced to manage increased risks. The care provided by the team kept the residents safe until such time that health and community services offered the specialist care required.

One of the support workers has developed a resident survey, and seven residents agreed to participate anonymously. The survey resulted in three key outcomes being identified, including the support received, the benefits of planned daily activities/house chores and the benefits of living in a dry house. Overall, the residents felt that Sanctuary House support their development, with little need for improvement.

One of the themes explored was the benefits of living in a dry house, with one of the residents stating, *“I am in recovery, and it would have a detrimental effect on my motivation to stay sober if I was exposed to drugs and alcohol in my living environment.”*

During a one-to-one discussion with the Regulation Officer, one resident stated that all the staff members are great and have different qualities. He went on to state that after being homeless and sofa surfing for a period, it is good to feel safe at Sanctuary House.

Feedback from a resident:

“Sanctuary House saved my life.”

There was evidence of Sanctuary House being a caring environment, as reported by the residents and staff. Both groups have the opportunity to access quality counselling and support.

Is the service well led?

Evaluating the effectiveness of the service leadership and management.

A suite of policies and procedures is in place that can be easily accessed by staff and residents alike. The policies are accessed through Microsoft 365. The regulation officers viewed the policy file and requested a number of policies to review in detail, which included:

- Bullying and Harassment
- Children at Sanctuary Lodge and New Street
- Critical Incident Debriefing
- Employee Induction Policy
- Infection Control Policy
- Sanctuary Trust: Residents' Complaints Policy & Procedure.

The service has commenced reviewing and updating the policies to ensure they are fit for practice. The policies viewed by the Regulation Officer identified those that had been updated were less wordy and followed a uniform format, making them more user-friendly. Over fifty reviews had been completed at the time of inspection, with approximately twenty more policies to update.

Monthly reports review the quality of care and compliance with the Regulation of Care Law. One of the trustees will carry out the monthly review using the template provided by the Commission. Each month, one of the support workers will review one of the twelve standards and give feedback to the reviewer.

Feedback from a partner professional:

“Sadly, due to the lack of resources within other agencies on the island Sanctuary staff often find themselves having to plug holes of need for residents and go above and beyond to support residents in an appropriate and professional manner.”

Monthly reports have described difficulties in receiving the appropriate support from statutory services with the need to make repeat requests prior to receiving the care and treatment required for a resident. The regulation officers were informed that this has been challenging at times when the professionals responsible for supporting people with mental health problems have not provided the supplementary care and treatment required. This has left the staff at Sanctuary House stretched and utilising skills that mental health professionals would best meet.

A recent document has been developed between the management team and the trustees, which describes the powers delegated to the management team. This guides what decisions the Registered Manager and the Operations Manager can make on a day-to-day basis and when they will need trustee/board consultation. The Board have also recognised the need to increase the skills and knowledge within its membership and is looking to improve the membership from 8 to 11, with new members able to fill the identified skills gaps.

There is evidence of the organisation being effective and responsive to the needs of the homeless men in Jersey and to the staff who provide personal support for the residents and those in the community.

DEVELOPMENT PLAN

There were no areas for development identified during this inspection and a development plan is not required.

Appendix 1 – Sources of Evidence

Focus	Evidence Reviewed
No previous areas of development	<ul style="list-style-type: none"> • Not applicable
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Policies and procedures • Training • Fire safety • Feedback • Staff recruitment • Monthly provider reports: health and safety • Care plans & Risk assessments
Is the service effective and responsive	<ul style="list-style-type: none"> • Organisation structure • Mandatory conditions • Duty rotas • Training • Feedback • Evidence of collaborative work • Jersey Homes Cluster (for Homelessness)
Is the service caring	<ul style="list-style-type: none"> • Supervision and appraisals log • Staff meetings • Feedback • Care plan • Residents feedback survey
Is the service well-led	<ul style="list-style-type: none"> • Policies and procedures • Training • Monthly provider reports • Feedback • Trustee support • Delegated Powers

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je