



Jersey Care  
Commission

## **INSPECTION REPORT**

**Evans House**

**Care Home Service**

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

**11, 16 and 25 September 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 on the inspection of Evans House Care Home. The home is located in a residential area of St Helier, near shops and local services. The building is a Victorian property offering rooms to people facing homelessness and other significant difficulties, such as unstable housing, unemployment, health concerns, and substance abuse.

Staff are on-site 24 hours a day. The home has a communal lounge, dining room, laundry facilities, outside spaces, and several shared bathrooms throughout the building. The Statement of Purpose outlines the service's key aim: to offer housing, support, and a path to progress for service users.

Although Evans House is registered as a care home, service users typically stay at the home for as long as it takes them to move towards more independent living. It is not seen as a traditional 'home for life' because the length of stay depends on each person's situation, progress, and goals, allowing flexibility during the transition period. While the regulations use the term 'care receivers' for those receiving care, the home's Statement of Purpose uses 'service users' as it mainly offers personal support rather than personal care. This report will follow the same terminology.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support Category of care: Homelessness Maximum number of care receivers in receipt of combined personal care and support: 23 Age range of care receivers: 18 years and above 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)
Discretionary Condition of Registration	None
Dates of Inspection	11, 16 and 25 September 2024
Times of Inspection	13:00-17:00; 10:00-14:30 and 11:00-12:00
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	21

The Shelter Trust operates the Care Home, and a registered manager is in place. The current Registered Manager has been in the role since 2016, bringing experience and knowledge in managing a care home of this nature and ensuring the well-being of service users.

An updated copy of the service's Statement of Purpose was submitted upon request following the inspection process.

## **SUMMARY OF INSPECTION FINDINGS**

The following is a summary of what we found during this inspection. The main body of this report contains further information about our findings.

The service aims to support service users in moving towards more independent living. It provides a structured environment to help them develop the skills and confidence needed for greater self-sufficiency. Service users reported having a positive experience and feeling safe and secure. They mentioned being actively involved in planning their lives and appreciated that the staff understood their challenges. Service users also described the staff as caring, supportive, and easy to get along with.

The Regulation Officer observed that staff were dedicated to helping service users reintegrate into the community. The team was enthusiastic about their roles and the positive impact they could have.

During the inspection, several positive examples were noted, where the service-connected users with external health professionals to support their mental and physical well-being. Collaboration with external agencies remains a key part of the home's approach.

One area for improvement was identified during this inspection. The concern relates to medication training competencies, where it is crucial to ensure that all staff are not only fully trained but also regularly assessed as competent in administering medication safely and effectively. This is essential to ensure compliance with best practices and to maintain the highest standards of care.

## INSPECTION PROCESS

The announced inspection was carried out on three separate dates, 11, 16, and 25 September 2024. During these visits, the Regulation Officer inspected various aspects of the service. Additionally, on 16 and 25 September, the Regulation Officer visited the Human Resources (HR) Department at Charles House to review staff recruitment and training records. To further clarify matters related to staff training, a follow-up meeting with the training manager was held on 26 September 2024.

The Registered Manager was given one week's notice of the visit. The Registered Manager was not present during the first visit, but the Outreach Manager and Assistant Manager provided representation. On the second inspection day, the Registered and Outreach Manager were present.

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 five service users. Additionally, feedback was obtained from five professionals external to the service, one of whom was on the premises during the visit and nine staff members, three of whom were present 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/>

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

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and Outreach Manager. Subsequently to the inspection visit, an email was also provided to the Registered Manager.

This report outlines our findings and includes areas of good practice identified during the inspection. Areas for improvement have been identified and described in the report. An improvement plan is attached at the end of the report.

## **INSPECTION FINDINGS**

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

The improvement plan was discussed during the inspection, and it was positive to note that progress had been made. In-house audits were in place and conducted twice a day to ensure medication records followed best practices. However, double signatures for transcribing medication were not consistently applied. This issue was rectified and added to the audit process to prevent it from being overlooked. It was addressed immediately before the second visit.

The second area for improvement is related to care planning updates and risk assessment. The Regulation Officer reviewed these and noted that new systems had been implemented and was assured that care plans are promptly reviewed. Additionally, new risk assessments were introduced, and support workers are being trained accordingly. Evidence of an in-house user guide and induction training was provided. If staff still have any questions, they can address them during supervision, which was confirmed to the Regulation Officer during the inspection.

The third area for improvement focused on lone working risks. The service has an updated policy that is accessible to all staff. The Outreach Manager confirmed that an on-call manager is always available 24/7, which staff can contact when needed. Feedback from staff confirmed their awareness of this procedure.

### **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.
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The Regulation Officer reviewed the organisation's safety procedures and risk assessments. Risk assessments are accessible to the team and being reviewed regularly.

During the inspection, the duty rotas were also examined, confirming that sufficient numbers of competent and experienced support workers are available to meet service users' needs. Management acknowledged ongoing challenges with staff recruitment but reported that their reliable relief staff help prevent overloading full-time employees.

Staff recruitment processes were reviewed with the Human Resource (HR) department. Upon inspecting staff folders, it was confirmed that all required documents were in place before employment began. It was positive to note that HR and Registered Managers short-list candidates; an interview takes place with the Registered Manager, and a subsequent interview takes place with HR and the organisation Director. The Regulation Officer recognised this as good practice, as it increases contact with candidates and ensures the Director's involvement in recruitment. Staff also receive an induction in line with the Standards.

A concern arose regarding the undertaking of risk assessments where Disclosure and Barring System (DBS) checks reveal content. The Regulation Officer emphasised that a risk assessment must be completed as evidence that convictions were reviewed and discussed with the staff members. It was reassuring that these risk assessments were completed during the inspection process.

The Regulation Officer also evaluated the medication management processes in the care home. Upon inspecting the medication charts, it was noted that one service user lacked a protocol for 'when required' medication. This was promptly addressed following the inspection. Additionally, there appears to have been a misunderstanding between the medication provider and the service, which led to an interruption in the register of returned drugs. The Regulation Officer advised that this process needs to be reinstated to comply with medication record-keeping standards. It was reassuring to note that the Registered Manager confirmed that this was immediately reinstated after the inspection.

It was noted that transcribing of medication is being undertaken due to ongoing difficulties with external pharmacy providers. While the need for transcribing was accepted, gaps existed in meeting the requirement for two signatures. This issue was rectified by the second visit. However, there was no clear evidence of regular competency assessments for staff responsible for medication administration, making this an area for improvement.

Health and safety procedures were well evidenced throughout the inspection. Monthly care provider reports showed that maintenance checks are closely monitored, such as fire safety, food temperature, and fridge/freezer temperature checks.

### **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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The Regulation Officer reviewed the service's compliance with the mandatory conditions outlined in the regulatory framework, focusing on meeting the needs of the service users. The inspection revealed that the service effectively met these requirements by providing personal care and personal support to the service users. Where service users require nursing interventions, referrals are made to the district nursing service. At the time of inspection, one service user was under the district nurse's care. This demonstrated the home's understanding of its limitations and its appropriate referrals to registered health professionals.



During the inspection, evidence validated the service's commitment to the principle of person-centred care. Documentation and practices collectively demonstrated a clear recognition and implementation of person-centred care. The observed practices within the care setting illustrated a robust process for involving service users in the planning and adjusting of their care plans, ensuring that their voices are heard and respected. This included regular, scheduled reviews of care plans with the participation of the service users, where preferences and changes in needs were discussed and promptly acted upon.

Furthermore, staff emphasised respecting individual choices and strategies for enhancing communication with service users to better ascertain their wishes.

The Regulation Officer received feedback that highlighted the service's commitment to incorporating recommendations from health and social care professionals. The careful handling and communication of sensitive matters demonstrated the service's dedication to maintaining ethical and respectful care practices.

During the inspection visit, the Regulation Officer conducted a walkthrough of the premises. The overall environment was very welcoming, and both service users and staff appeared relaxed and comfortable. The premises were clean, with daily spot checks being carried out in the rooms to ensure cleanliness. The communal areas were tidy and well-organised. However, it was observed that one of the lounges was cluttered with a service user's belongings. This was because the service user was in the process of moving out of Evans House, and the home had kindly allowed them to use the lounge as temporary storage. This was done to help the service user avoid additional storage costs. The Regulation Officer appreciated this thoughtful gesture and acknowledged that the service was acting in the best interests of the service user.

The service assured the Regulation Officer that this temporary arrangement was not impacting the operation of the home, as a second lounge was available and in use by other service users. Additionally, it was noted that the lounges were not heavily used by service users, who generally preferred to spend time in their own rooms rather than in communal areas.

## Is the Service Caring

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

In conducting a review of a sample of care plans, it was clear that the service closely monitors the wellbeing of service users and actively seeks their feedback. The service's system focuses on ten key areas crucial for providing a baseline to the service users:

- Where I'm living;
- Caring for myself and my space;
- My money;
- Friends and relationships;
- My Health;
- How I feel;
- How I spend my time;
- Alcohol and drugs;
- Safety and crime;
- Trust and hope.

There is evidence of ongoing development and input from the service users, of which they confirmed: *"Staff helps me to see things through, sometimes I might have some difficulties, but they are always there for us, supporting us with our decisions in the best possible way"*.

The Regulation Officer noted that the system used by Evans House has some particularities that alert the staff to significant events, such as trigger dates for the service users, where it shows a storm cloud, to alert staff that certain dates might prompt strong emotions in the service users and they might need further support to go through these time. The system also provides other alerts that prompt staff to go in the care plan, such as birthday cakes, which reminds that is the birthday of a service user.

The staff demonstrated awareness of the care plans and their involvement on a day-to-day basis. Additionally, the service users confirmed that they feel very much involved in their care and that the staff always considers their needs and wishes: *“The staff is amazing, I feel heard, and they put me at ease”*.

During the inspection, the Regulation Officer observed that the service had established a structured approach to engage support workers in ongoing discussions regarding their responsibilities through supervision and appraisals. This includes training, support required with service users, absence, follow-up on previous actions, current actions and any other issues. The Outreach Manager and Assistant Manager explained that these sessions identify and address any challenges that the staff may encounter and support them accordingly. It was also highlighted that yearly appraisals are in place. This approach highlights the service's commitment to continuous improvement and promotes overall wellbeing.

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

Evaluating the effectiveness of the service leadership and management.
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During the inspection, the Regulation Officer accessed the whistleblowing policy, which was reviewed in March 2024. This policy is clear and accessible to all staff in-house. Additionally, all staff are supplied with a copy of all the service's policies. Management added that the service has an open-door policy, which was observed during the inspection visit, as staff and service users were at ease accessing the management office. This was confirmed upon feedback from the staff: *“I know that I can speak with my manager at any time, and I feel supported and encouraged to do so”*.

A complaints policy was in place and was updated in October 2023. The policy was clear, and escalation procedures are explained in the policy. The Regulation Officer reviewed if the service offered effective mechanisms for capturing and addressing support workers' and service users' grievances and feedback. Although it was confirmed that the service would deal with complaints in line with their policy and log this individually in the service users' care plans, there was a gap, as the service did not have a general complaints log. To rectify this, the service must undertake a review to reinforce their feedback and complaint resolution processes. It was positive to note that a complaints log was put in place as a result of this inspection.

The Regulation Officer's focus was on the well-being of both service users and the workforce. During the inspection, it was evident that the service promotes this through various initiatives, such as organising football clubs that involve service users, providing Christmas vouchers and personalised cards signed by the Director for all staff, and holding regular debriefings to support staff. These debriefings, which are sometimes held on the same day or night depending on the level of impact experienced by the staff member, help ensure that staff feel supported.

The inspection showed that the service has an organisational framework. Evidence was provided through comprehensive policies and procedures, with the workforce knowing how to access them when needed. Regular audits were conducted, addressing identified actions. Additionally, daily handovers demonstrated effective communication within the workforce. This was reflected in feedback received from health care professionals: *"I work closely with Evans house and visit clients at least weekly if not more often. Access is safe; they are always accommodating and put time aside to discuss the client's needs or concerns whilst having a full and balanced understanding of information sharing protocol"*.

The service provided evidence of a training matrix for the workforce. It demonstrated that the service adheres to relevant training requirements directly related to the service, such as Mental Health skills, Boundaries & Disclosure, Jersey Introduction to Discrimination, staff self-care and well-being, Outcome Star Core training, and Safer De-escalation.

The Regulation Officer reviewed the mandatory training against the care home standards and identified areas for improvement. The initial training matrix revealed significant gaps in maintaining consistent updates for key mandatory training. This included essential areas such as Health and Safety, Equality, Diversity & Human Rights, Data Protection, Food Hygiene, Fire Safety, First Aid, Infection Control, Safeguarding, and Capacity & Self-Determination.

After further discussions with the service and updates to the training matrix, a new version was provided. The Regulation Officer noted significant improvement, with the vast majority of staff having completed the mandatory training. Only a very small number of staff have outdated training, and the organisation has already taken steps to address this by scheduling the necessary sessions. As such, this is not considered an area for improvement, as the outstanding training is being actively managed.

The Regulation Officer recommended that the training matrix be updated regularly to ensure that the information remains accurate and up to date at all times, helping to maintain compliance with care home standards.

## IMPROVEMENT PLAN

There were one 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> Appendix 9</p> <p><b>To be completed by:</b> 16 December 2024, 3 months from the date of inspection.</p>	<p>The administration of medicines will be carried out by trained and competent support workers who have successfully completed an Accredited Level 3 Medication Administration Module (Vocational Qualification). Systems must be in place to review the competency of support workers in managing medicines at least once a year.</p>
	<p><b>Response of Registered Provider:</b></p> <p>With reference to employees yet to complete the Level 3 qualification, this will be met by the 16<sup>th</sup> December.</p> <p>In addition, Evans House has introduced on-site management review of medication administration and practices.</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.



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