



**Jersey Care
Commission**

INSPECTION REPORT

Aztec House

Care Home Service

37 Kensington Place

St Helier

JE2 3PA

Dates of inspection:

5, 10 and 12 December 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

The Shelter Trust operates this care home service, and there is a registered Manager in place. This service provides emergency residential hostel accommodation to individuals experiencing homelessness.

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: 50 Age range of care receivers: 18 years and above Maximum number of care receivers who can be accommodated in the following rooms: Rooms 1-3, 5-22, 27, 28 & 34 – one person, 4, 23, 24, 26, 29-33 & 35 – two people and 25 – four people
Discretionary Condition of Registration	None

Dates of Inspection	5, 10 and 12 December 2024
Times of Inspection	9.30am to 3.50pm, 12.15pm to 1.15pm, and 9.40 am to 11.30am
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	35

The discretionary condition on the home's registration was discussed, and the condition was removed as the Registered Manager had completed their Level 5 Diploma in Management and Leadership.

No other changes have been made to this home's registration conditions, and the Statement of Purpose remains unchanged.

For the purpose of this report, people who receive personal care and support will be referred to as residents.

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.

Staff retention in this home remains stable, with only two new appointments since the last inspection in November and December 2023. Staffing levels are sufficient to deliver support to residents that aligns with this home's Statement of Purpose, and they are supported by an experienced team of relief workers. Safer recruitment practices were reviewed and followed, with criminal record checks in place for staff.

Notifiable events were appropriately reported, and safeguarding measures are effective, including collaboration with multi-agency partners. No formal complaints have been logged since the last inspection, although residents provide regular feedback on daily issues.

Health and safety measures, such as water testing, portable appliance testing, and risk assessments, were compliant with best practices. Fire safety inspections and maintenance were up-to-date, and daily checks of residents' rooms ensured fire safety standards were met. CCTV is being upgraded, and panic alarms are in place to enhance the security of staff and residents.

Medication management aligns with best practices, with regular audits and reviews. Until recently, medication competency reviews of staff were not taking place; however, this is being rectified.

Financial management processes ensure residents' funds are securely handled, with regular audits completed. Key workers regularly meet with residents to develop personalised action plans using the Outcome Star tool. Residents' records are stored electronically and were observed to respect confidentiality. GP and other health services are provided on-site to residents.

Staff receive regular supervision and complete a mandatory training programme with additional specialised training available. New staff complete comprehensive inductions, and this is recorded in their personnel file.

The home supports residents in transitioning to independent living, although some may stay long-term due to enduring challenges. The Registered Manager reported improved relationships with multi-agency partners resulting in better outcomes for those residents moving on.

Feedback from external professionals and those residents spoken to was positive.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager three days before the visit to ensure that the Registered Manager would be available during the visit.

The Care Home Standards were referenced throughout the inspection.¹

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, including the previous inspection reports, was reviewed.

The Regulation Officer gathered feedback from five residents regarding their experience of Aztec House. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

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.

This report outlines our findings during this inspection.

¹ 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 on 25 October and 1 November 2024, two 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 this inspection, and it was positive to note that all improvements had been made. This means that there was evidence of staff supervision taking place in line with the Care Home Standards and that portable appliance testing was now taking place.

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 Regulation Officer reviewed this home's Statement of Purpose and was satisfied that it continues to align with the findings and observations during this inspection.

Staff retention has remained stable since the last inspection, with only two new staff members appointed. Staffing levels are sufficient to meet residents' needs and ensure the safe operation of the home. A team of experienced relief workers also supports the staff team.

The Regulation Officer reviewed safer recruitment practices and was assured that these processes were followed for newly appointed staff. Additionally, criminal record checks for existing staff were in place, and where necessary, appropriate risk assessments were undertaken.

The Regulation Officer reviewed notifiable events submitted to the Commission. These were evidenced to be appropriate, and the actions taken as a result were also deemed appropriate. The Registered Manager acknowledged that the home and wider organisation continue to adapt to their responsibility to report notifiable events.

The Regulation Officer reviewed aspects of the safeguarding of the residents who access this home, which was evidenced to be effective. This included collaborative working with multi-agency partners, for example, alerting partners to a resident's increased risk or where the risk met the threshold for a referral to the Adult Safeguarding Team.

No formal complaints have been logged by residents, professionals, or the wider community since the last inspection. The Registered Manager reported that residents do provide regular feedback about the service. However, this is generally regarding day-to-day issues that are successfully dealt with at the time and do not escalate to a complaint. The Regulation Officer noted that the complaints policy was easily accessible to residents.

The Regulation Officer examined health and safety procedures and protocols in this home, such as fire safety, annual water testing, portable appliance testing and environmental risk assessments. The reviewed records complied with best practices and met the Care Home Standards. A risk assessment was in place to mitigate risks associated with a water leak in a stairwell. The Regulation Officer was satisfied that the Registered Manager was addressing this with the landlord and that controls were in place to reduce the risk to residents and staff.

The Registered Manager reported that an external expert recently conducted a full survey of the building, both internally and externally, to ensure it is structurally safe and to identify any issues that the landlord needs to attend to.

The Regulation Officer reviewed fire safety measures. A valid fire certificate was in place, and the annual maintenance was carried out on 2 December 2024. All inspections, tests, and fire drills were completed in accordance with fire precaution best practice set by the States of Jersey Fire Service. Room safety checks are also performed twice daily to maintain fire safety standards.

The housekeeper follows a schedule to ensure daily cleaning of all touchpoints and the implementation of infection control measures. Additionally, all water points are regularly flushed to minimise legionella risk.

At the time of inspection, the CCTV system was being replaced to enhance the security and safety of residents and staff. The new system will also provide the Registered Manager with privacy when reviewing and investigating incidents. Staff also have access to panic alarms that are directly connected to police.

The Regulation Officer reviewed medication management and administration. Medication was stored appropriately, and administration tasks were evidenced to align with best practice. Audits of medication administration records (MAR), including stock checks, are conducted twice daily. A GP regularly reviews cases where a resident does not take their medication to understand why and consider if the prescription should continue.

The annual review of care staff's medication competency did not take place in this home until recently. However, the Registered Manager has taken steps to establish a procedure to address this, and there was evidence of this being carried out with several staff. The Regulation Officer was assured that this would be completed for all staff over the next couple of months.

Is the Service Effective and Responsive?

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

The current mandatory registration conditions, particularly the capacity of bedrooms, were discussed with the Registered Manager. Although some bedrooms are registered for two people and another for four, the home is not currently exercising this condition. However, the Registered Manager would like this flexibility to remain in place should the home require it.

The vast majority of prospective residents self-refer to this home. Provided prospective residents meet the criteria of homelessness, they are provided with advice on what the home can offer and the expectations of residency. Once a place is offered, residents will complete a 'booking-in' procedure with staff to gather personal information and start an induction. Residents are also informed of how their data will be managed and kept confidential.

This home aims to support and enable people to resume mainstream living as quickly and practically as possible. However, for some residents, the barriers to achieving independent living can be enduring and result in staying in this home for many years. Positively, the Registered Manager reported that they are increasingly more successful at finding longer-term options for these residents and becoming more confident in challenging and encouraging multi-agency partners to think differently about how residents can be supported in their own accommodation. Additionally, the Registered Manager reported improved relationships with multi-agency partners.

Some residents cannot access a bank account and may need assistance with managing their finances. The Regulation Officer reviewed the financial management process and found that residents' funds were being securely handled, with accounts audited weekly. Furthermore, external audits are conducted to ensure additional oversight.

This home has recently developed a mechanism for ascertaining feedback of a resident's experience of this home when they transition to other accommodation. Care staff are promoting this; however, uptake of this opportunity has been limited.

Three professionals external to this home provided feedback on the care and support delivered to residents; a sample of their comments were:

“I have had a number of mutual clients with them, and I have found their care to be exemplary. They have a very non-judgemental and open attitude to caring for those affected by homelessness and addiction.”

“The Registered Manager and their deputy are highly organised and efficient in coordinating the Vulnerable Adult Scheme with us. The entire team is consistently responsive and well-informed about their residents, contributing to a more reliable repeat medication cycle this year, which has improved continuity in meeting residents' health needs.”

“I find their communication always helpful and responsive, and there is a sense we are working towards a united goal to support the clients. They consistently demonstrate an understanding of the complex needs of their clients and strive to support them to the best of their ability.”

Is the Service Caring?

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

All residents are allocated a key worker with whom they meet regularly. Residents will work with their key workers to consider what support they need and what obstacles are preventing them from living independently. Keyworkers complete an Outcome Star, which is an evidence-based tool that measures a resident’s effectiveness in 10 different areas of their life, such as self-care skills, managing money, emotional and mental health. In addition, staff are provided with additional time every week to update residents’ stars and the resulting action plans.

Action plans are person-centred and reflect residents’ abilities and capacity to accomplish the identified tasks. The tasks agreed upon can be a single action, and staff ensure that plans have small but measurable steps.

Alongside the Outcome Star, key workers complete risk assessments with residents where necessary and regularly review them every three months. Significant changes to the risk assessment process since the last inspection have increased accessibility for staff and the quality assurance of plans by the Registered Manager or their deputy.

When residents are ready to move on, key workers will consider a range of accommodation options for residents, including alternatives within the Shelter Trust, social housing providers, or private housing.

Sometimes, a resident's stay in the home is reluctantly terminated; however, this is a rare occurrence. The written warning system is in place; however, serious assaults on staff and other residents are not tolerated. In such situations, former residents can reapply, as it is acknowledged that their homelessness situation is unlikely to have changed.

Residents' records are held electronically. The Regulation Officer reviewed a sample of records and was satisfied they were appropriate and respected residents' confidentiality and privacy. Staff use a daily handover process to ensure residents' needs are shared and met.

This home prioritises residents' health, with GP surgeries held in the home twice weekly. This provides regular reviews of prescribed medication and management of health conditions, which is often challenging for some residents. People outside of this home can also access this health support if they are part of the Vulnerable Adult Scheme. In addition, a podiatrist visits every few months, which has led to better foot care for residents.

Residents are provided with a well-balanced diet, including three daily meals served in the dining room. Once a day, they are offered freshly squeezed juice made from locally grown vegetables donated to the home. At other times, they have access to drinks, toast, and fruit. Meal choice is available for residents; however, they can request an alternative if required. The home also supplies meals and/or food parcels on an outreach basis for up to 15 people daily.

There is a lounge area and a yard where residents can smoke and socialise. The home does not offer any organised activities other than football once a week. More recently, some residents have accessed free haircuts in the community, which the Registered Manager has welcomed.

The Regulation Officer observed several interactions between residents and staff. These were evidenced to be warm, non-judgmental and responsive. Additionally, staff spoke with compassion and fondness for the residents they support.

During the inspection, the Regulation Officer spoke with several residents, who provided the following comments:

"I do not know where I would be without the support of the management and staff."

"Yes, I feel supported, and the staff respect my choices, for example, what I wanted for lunch."

"I think I am now ready to move on and am thankful for the support I have had."

"It is okay living here."

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.
--

A development plan is produced on a yearly basis for this home and the wider service. This plan sets out the organisation's priorities and areas for development. The Board of Trustees approves it, ensuring that this home can continue to deliver this necessary service.

The Registered Manager produces a monthly internal report detailing data, such as new residents, leavers and the reasons for becoming homeless. This data is gathered and collated in a quarterly report to the Jersey Homelessness Cluster, which then reports to the Government of Jersey. This enables the home to provide detailed service data to highlight homelessness in Jersey, promote the support provided and celebrate positive outcomes.

The Shelter Trust's Operations Manager also completes detailed monthly reports using the Commission's template. The Regulation Officer reviewed several months of reports and found them to be thorough and informative, with strong analysis that led to the creation of an action plan, for example, the requirement to seek a new pharmacy provider. One of the Home Care Standards is reviewed monthly to ensure the home's ongoing compliance.

The management of significant incidents was discussed with the Registered Manager. The Registered Manager provided several examples, which assured the Regulation Officer that appropriate measures were in place, such as staff debriefing and reflective practice to aid learning from such events. In addition, such incidents are followed up in supervision and appraisals.

The Regulation Officer reviewed the provision of staff supervision and was satisfied that this was carried out in line with the Standards, so it is no longer an area for improvement. The Registered Manager agreed to produce a central matrix to make inspection of this task more efficient for future inspections.

Policies and procedures are regularly reviewed to ensure compliance with laws and the home's Statement of Purpose.

The Regulation Officer noted that staff appointed since the last inspection had undergone a comprehensive induction programme, which included shadow shifts and the completion of an induction checklist. The Registered Manager shared that new staff are provided with a high level of support and encouraged to build their confidence and skills alongside experienced staff.

The Regulation Officer viewed a sample of staff training records. It was noted that all staff complete a 10-part mandatory training programme, and where necessary, specific training, such as first aid, was regularly updated. The Regulation Officer was also satisfied that most staff had completed a specifically tailored Level 3 Diploma in Social Care, which meets the Care Home Standards. Three staff members were enrolled in the course, with two waiting for a start date.

Some feedback on the training offered was:

"I love working at Aztec House and have access to lots of training. Recently, I completed trauma-informed training, which has provided me with insight and understanding of some residents' backgrounds."

"If I am interested in a certain area, I can ask our training officer, and they can source additional training for me."

IMPROVEMENT PLAN

No areas for improvement were identified during this inspection, so 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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je