



# **INSPECTION REPORT**

**Sanctuary House**

**Care Home Service**

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

**Inspection Date  
29 May 2025**

**Date Published  
17 June 2025**

## 1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), 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. The Care Home is operated by Sanctuary Trust Limited 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 residents	10
Maximum number in receipt of personal support	10
Age range of residents	18 years and above
Maximum number of residents that can be accommodated in each room	Rooms 1 – 10: One person

Discretionary Conditions of Registration
There are none.
Additional information:
A visit was carried out to the home on 12 March 2025 to allow the Regulation Officer to meet with the Registered Manager and Operations Manager.

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

This was an announced inspection, with the Registered Manager given four days' notice of the visit. This ensured the Registered Manager's presence and gave residents prior notice, recognising that informing them in advance was respectful and considerate and encouraging their participation in the inspection process.

The term resident will be used to describe those receiving support from the service, as that is in line with the terminology used within the Statement of Purpose.

Inspection information	Detail
Date and time of this inspection	29 May 2025 13:15 – 17:30 hours
Number of areas for improvement from this inspection	None
Number of residents accommodated on day of the inspection	10

Date of previous inspection:	19 September 2024
Areas for improvement noted in 2024	None
Link to previous inspection report	<a href="#">IRSanctuaryHouse20240919Final.pdf</a>

### 3.2 Focus for this inspection

This inspection included a focus on these specific 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

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

### 4.2 Observations and overall findings from this inspection

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 findings from this inspection are consistent with those identified during the previous inspection in September 2024. Staff support is one of the home's significant strengths, contributing to positive outcomes for the residents.

Residents reported feeling safe in their environment and valued the consistent support provided by the staff team. They described having positive relationships with them and feeling that they were committed and motivated to help them progress in their lives. Residents were supported through structured therapeutic activities and social engagements where necessary.

The staff team was knowledgeable, confident in their roles, and clear about their limitations. They spoke with kindness, empathy, and an understanding of supporting residents, some of whom have complex needs regarding the difficulties they have encountered. Several staff members participated in the inspection process alongside the Registered Manager, and they described themselves as a close team that worked well together.

The support plans and daily recording systems contained good information necessary to meet residents' support needs. The home is aware of its limitations in providing personal support and will ensure residents are signposted to outside health and social care professionals where necessary. Risk management plans are in place.

A recent initiative has been developed to help residents build a more consistent daily routine and create a positive sense of self-identity. Additionally, the service has enhanced its overall approach by embedding trauma-informed principles into daily practice. This has included ensuring that residents' voices and experiences are reflected in all aspects of decision-making. These are just two examples of good practice noted during the inspection. There are no areas for improvement arising from this inspection.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

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

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, and notification of incidents.

The Regulation Officer obtained feedback from two residents during the inspection visit. They also had discussions with the service's management and other staff. Additionally, feedback was provided by one professional external to the service.

As part of the inspection process, records including policies, care records, incidents, training records, fire safety records, staff files, rosters, and governance reports were examined. Residents were also provided with an opportunity to submit written feedback following the inspection visit, and one response was received.

After the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed there were no areas for improvement by email two days later.

This report sets out our findings and includes any areas of good practice identified during the inspection.

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<sup>1</sup> All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

## 5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	<p>Lone worker policy</p> <p>Risk assessments</p> <p>Staff rotas</p> <p>Recruitment records for new staff</p> <p>Safe recruitment policy</p> <p>Induction records</p> <p>Resident written agreement</p> <p>Fire safety records</p> <p>Incident/ accident records</p> <p>Safeguarding policy</p>
<b>Is the service effective and responsive</b>	<p>Statement of Purpose</p> <p>Resident feedback</p> <p>External agency feedback</p> <p>Staff feedback</p> <p>Admission assessment</p>
<b>Is the service caring</b>	<p>Feedback from residents</p> <p>Samples of care records</p>
<b>Is the service well-led</b>	<p>Governance reports</p> <p>Policies</p> <p>Staff supervision records</p>

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

Residents told the Regulation Officer that they felt safe living in the home and viewed the 10.00 PM curfew as a positive and beneficial measure supporting their efforts to stabilise their lives. They also spoke of building trust within the home and said they had developed strong, trusting relationships with the staff, which some had not experienced before. The residents felt this was one of the home's key strengths, and one resident described that they felt so secure that they no longer felt the need to keep their bedroom door locked.

There is controlled entry into the building, and visitors are required to sign in and out. The entrance areas are covered by CCTV, which helps to maintain a stable environment. The home is staffed 24 hours per day. Residents fully agree to health and safety room checks being conducted as necessary, which is included in the written agreement. A visual inspection of the communal areas, the environment, furniture, and fittings found they were well-maintained and comfortable. The atmosphere was relaxed and calm, and residents commented on the pleasant environment they were living in.

The home prioritises resident safety by ensuring staff are safely recruited, inducted, and appropriately trained, and the staffing levels are also maintained in line with the Standards. One staff member has been recruited since the last inspection, and a review of their personnel file confirmed that all required checks were completed before their employment. The home's safe recruitment policy confirms that employees should not have contact with residents or have access to their personal information or data before completing all employment checks. The policy was adhered to during the file review.

New staff follow an induction programme relevant to their role and responsibilities, including shadowing an experienced colleague. Their progress is monitored, with records maintained to report on their competence. In recognition that staff work alone sometimes, the service has a lone working policy. This was reviewed to determine how the service ensures the safety and well-being of staff by having clear procedures and safeguards for lone working situations. The policy was made more concise last year, demonstrating the service's commitment to ongoing policy review and staff safety.

The home's safeguarding policy was also revised last year. The policy's safeguarding principles are resident-focused, providing practical examples to help staff recognise and identify potential or subtle safeguarding concerns, and provides clear guidance on reporting and escalating issues. Staff explained the most recent referral to the adult safeguarding team, confirming their understanding of safeguarding procedures and ability to escalate concerns appropriately. The Registered Manager is the designated safeguarding lead for the organisation, and several other staff have completed training beyond the foundation level.

All accidents and incidents are recorded, and notifications are submitted to the Commission where relevant. The systems were reviewed during the inspection and were found to include clear and detailed accounts of events.

The staff team consistently uphold residents' confidentiality, as demonstrated in the staff office, where no resident names are displayed. One staff member emphasised that maintaining confidentiality is a fundamental aspect of their role, explaining that the team adheres to data protection principles and applies restrictions on access to resident information. When data requests are received from statutory agencies, these are processed, with a clear audit trail maintained to document how information is managed and shared.

Fire safety records show that all required checks, set by the Fire and Rescue Service, are completed as expected, including staff training. Several staff are also scheduled to complete additional fire safety training, which the Fire and Rescue Service will deliver in the coming weeks.

## Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

At the time of inspection, the home was operating at maximum capacity, with several individuals awaiting admission. The staff team described the various referral sources, which include mental health services, probation and the prison service. Occasionally, individuals also present themselves at the door seeking support and accommodation. The home works in partnership with other regulated services, including Silkworth Lodge and The Shelter Trust, to provide support to men. Admission into the home is a thorough process that includes completing a pre-admission assessment and information requested from the referring agency.

The pre-admission assessment was reviewed, and staff explained that the admission process includes broader team discussions to ensure that admission is in the individual's best interests. Risk assessments also form part of the admission process, and sample records confirmed this. Residents informed the Regulation Officer that they had fully consented to their admission and had met the staff team before moving in as part of the pre-admission assessment process.

The team described the steps taken during the assessment process for the next incoming resident, which included meeting with them, gathering information from relevant others, and completing a risk assessment.

Discussions throughout the inspection confirmed that the staff team clearly understands the limits of the support they can offer. They regularly signpost residents to appropriate external services and maintain liaison to provide adequate support. One staff member commented, *"We always aim to work in a joined-up way to support residents and ensure they receive the best possible care; this includes regular contact and meetings with services such as mental health teams, GPs, and other services depending on individual needs"*.

The staff team shared several examples highlighting residents' progress in the home, including reconnecting with family members, securing employment and more stable accommodation. A professional told the Regulation Officer that the staff team played a vital role in supporting a resident in attending regular appointments, which they had struggled to manage independently. As a result of this support, their health has improved dramatically. These outcomes demonstrate the positive impact of the home's supportive approach, which leads to more meaningful and positive lifestyle changes for residents.

A staff member commented:

Good working relationships with external agencies are really important to ensure all are working towards the same goal for each resident.

The home adheres to the mandatory conditions on its registration, and while residents aged 18 years and above are eligible for admission, the decision to admit younger people will be considered on a case-by-case basis, considering the potential negative effects that living in a care home at a young age may have on their well-being.

### **Is the service caring?**

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

Upon admission, residents receive a written agreement guide containing information about the service, including privacy notices, house rules, fees, service expectations, and complaints. In addition, information on how to make a complaint is displayed on the notice board in the hallway. Plans are in place to introduce a comment box within the home, providing residents an alternative way to share comments and feedback. No complaints have been received since the last inspection.

Feedback from two residents confirmed that they felt comfortable approaching the staff team if they had any concerns.

The Registered Manager explained the supportive and considerate approach the service has taken in addressing outstanding care fees for some residents. The home acknowledged that financial matters can be a source of stress, and they worked to resolve these situations to ease that burden. The response reflects a caring, compassionate approach, and the home has implemented a better system to improve financial oversight.

Residents described the staff team as caring, committed, and respectful in their approach and said they were comfortable communicating and spending time with them. At the start of the inspection, residents and staff had just returned from a walk, appearing to have enjoyed it. Natural, good-humoured chatter was heard between them.

One resident said the staff team were “*really decent*”, and another described them as “*amazing, just so helpful and caring, and always there for you*”. Both residents told the Regulation Officer about the practical and emotional support they receive from staff in helping them towards improved living situations. Another resident said “*I believe I am fully involved in my support, and I appreciate that staff do care about me and encourage and motivate me when I have sometimes lacked that*”.

Based on the conversations with residents, it is evident that the support provided is truly person-centred, with residents highlighting their individual goals and differing support needs. They spoke positively of the key worker role and described regular contact with them and the wider staff team in contributing to their objectives.

Residents commented:

It's been brilliant for me; I feel for the first time in my life I'm progressing and getting on. The staff are just brilliant, and they really care and want you to do well

This place has saved me, I'm much happier and healthier than I have been in a long time. The staff speak with you and not at you

The staff are friendly and welcoming, and they are easy to talk to. I'm always able to ask for help and get good advice and guidance

The home has been working hard to embed trauma-informed principles throughout the organisation, incorporating these into various policies and ensuring the voices of those with lived experience are included in decision-making processes. This has also included residents sitting in on interview panels, but it remains a work in progress. This is another example of good practice and demonstrates the home's commitment to continually reflecting on its approach to ensure the service aligns with its core values.

The service continually explores ways to enhance the quality of support and interventions, and a member of the support staff described a recent initiative designed to enhance residents' occupational engagement. This aims to encourage and support residents in completing a variety of daily routines and occupations to help provide a sense of identity and participation in everyday life. The outcomes have yet to be measured, but to date, staff have already observed increased resident engagement, which is positively impacting on their overall well-being. This represents another example of good practice seen during this inspection.

Samples of care records showed that they were detailed, proportionate to the level of support needed, and reflected residents' input and contributions.

### Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

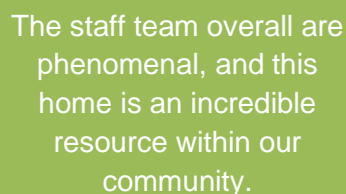
The Registered Manager maintains a consistent presence within the home and is supported by an established staff team. There has been minimal staff turnover over the past eighteen months, sustaining staff stability. A couple of months before the inspection, the Registered Manager and Operations Manager informed the Regulation Officer of some intended changes to the home's managerial structure.

The inspection process on this occasion included a broader discussion with the Registered Manager, supported by input from four additional staff members. Their contributions demonstrated sound knowledge, enthusiasm, and commitment to their roles and clearly understood the home's core priorities. They said they were happy working in the service and gave the impression of a close staff team working well together. One staff member said, *"It's a great place to work, it's really supportive and we're a great team"*, and another commented, *"It's brilliant, I love it, and you feel like you're doing some good"*.

During the inspection, staff described the home and their work positively and spoke about the benefits available to them, including 'well-being days', which are offered to all employees as part of the service's respect for staff welfare. The Registered Manager also described the staff well-being committee and spoke of the proposals to review annual leave entitlements, which the provider representatives are considering.

Feedback from an organisation that works closely with the home demonstrated a positive and collaborative approach to partnership working with various statutory services and agencies. They described the staff team as open and transparent, noting that residents are fully informed and actively involved in communications and decision-making. The staff were also described as competent, dedicated, passionate about making a difference and consistently responsive to professional advice and guidance.

A professional commented:



The staff team overall are phenomenal, and this home is an incredible resource within our community.

A review of the training records showed that staff received a comprehensive training programme delivered online and in face-to-face sessions. Staff had completed training in key areas, and the Registered Manager had a good oversight of completions. The records showed high levels of engagement with training throughout the team. The service has been sourcing training in trauma-informed practice; however, sourcing this locally has proven difficult.

In addition to the mandatory training subjects, staff have completed training in neurodiversity, Mental Health First Aid, managing professional boundaries, and drug and alcohol awareness. Several staff have also completed Level 3 safeguarding training to supplement their foundation-level knowledge. All staff, except one, hold a Level 3 Award in vocational training, and two bank staff are qualified nurses. One staff member has recently begun working towards their Level 3 qualification in health and social care, and two staff are being supported to achieve a Level 5 Diploma in Leadership.

The range of training provided and the home's commitment to increasing face-to-face learning opportunities reflect a clear investment in developing a skilled and competent workforce.

Supervision meetings are held in accordance with the Standards. A sample supervision template was reviewed, which provides staff with the opportunity to discuss their practice, development, and any other issues that may impact their work. The staff team reported finding these meetings beneficial, in addition to the regular and ongoing communication that takes place across the team as a whole. Handover discussions are a routine part of daily practice, and staff described a supportive management team, particularly when facing difficult circumstances.

Samples of monthly governance reports were reviewed, which showed that various standards were reviewed to assess the home's compliance with them. The reports outlined actions and outcomes. For example, the home recognised a shortfall in providing written information to prospective residents and has since taken steps to address this to ensure this information is made available. This shows a proactive approach to governance, with effective processes in place, in line with the intended purpose of the Regulation.

## **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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