Jersey Care Commission

INSPECTION REPORT

Aztec House

Care Home Service

37 Kensington Place

St Helier

JE2 3PA

Inspection Date
10 September 2025

Date Published
21 October 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 Aztec Home. The Care Home is operated by The Shelter Trust and there is a Registered Manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal Care and Personal Support
Category of care	Homelessness
Maximum number of care receivers	50
Maximum number in receipt of personal care/personal support	50
Age range of care receivers	18 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-3, 5-22, 27, 28 & 34 – one person, 4, 23, 24, 26, 29-33 & 35 – two people and 25 – four people
Discretionary Conditions of Registration	
None	
Additional information	
The Regulation Officer received an updated Statement of Purpose upon announcing this inspection visit.	

As part of the inspection process, the Regulation Officer evaluated the service'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

On 12 June 2025, prior to the inspection visit, two regulation officers attended the main office to review safe recruitment files, policies and procedures, and staff training records. Please note that throughout this report, references to who gathered the information may alternate between "the Regulation Officer" and "regulation officers."

This inspection was announced, and one week's notice was given to the Registered Manager to ensure their availability during the visit. The announced inspection visit itself was carried out by one Regulation Officer.

The Registered Manager and Deputy Manager were both present during the inspection visit.

Inspection information	Detail
Dates and times of this inspection	10 September 2025 09:00-13:15
Number of areas for improvement from this inspection	None
Number of service users accommodated on the day of the inspection	33
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	5, 10 and 12 December 2024 None RPT_AZT_Inspection_20241212Final.pdf

3.2 Focus for this inspection

This inspection focus on 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 improvement identified at the last inspection

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

4.2 Observations and overall findings from this inspection

The inspection reviewed evidence against the Care Home Standards. Recruitment files confirmed that checks had been completed, including references and Disclosure and Barring Service (DBS) clearances. Induction documentation, training records, and competency checks demonstrated completion of mandatory and specialist training. Rotas were reviewed and confirmed that staffing levels and qualifications met standards, with more than 50% of staff on duty holding a Level 2 or 3 qualification. Annual rotas were prepared in advance, supporting staff to plan and arrange cover, which was noted as good practice.

Care plans and risk assessments were sampled and found to be person-centred, up to date, and linked to assessed needs. Each service user was allocated a key worker, with the electronic care system prompting timely reviews. Daily notes were recorded by support workers, and risk assessments were linked to incidents and reviewed. Written agreements contained information on ground rules, charges, and allowances. Feedback confirmed that service users felt included in planning and reviews. Communication processes were effective, with two daily handovers and weekly managers' meetings supporting consistency and information sharing.

Health and well-being outcomes were supported through personalised care planning and collaboration with external professionals. While palliative and end-of-life care is not a core aspect of the service, collaboration with the hospice, external professionals, and family members was observed to ensure that care reflected individual wishes and needs. Mealtimes were positive and flexible, with food and drinks available throughout the day and donations supporting nutritious meals.

Incident management systems were in place, with complete records and updated risk assessments. Two incidents that met the reporting threshold were not reported to the Commission, which was addressed with the Registered Manager. Policies and procedures were accessible, though they were recommended to include review or expiration dates.

The service operated within its Statement of Purpose, with governance arrangements supporting safe, effective, and person-centred outcomes.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.[1]

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 gathered feedback from four service users. They also had discussions with the service's management and other staff. Additionally, feedback was sought from ten professionals external to the service, of whom three provided a response.

As part of the inspection process, records including policies, care records, incidents and medication records were examined.

The Regulation Officer delivered feedback to the Registered Manager and Deputy Manager at the conclusion of the inspection visit, with a follow-up email sent six days later to reiterate the key points discussed. This report sets out our findings and includes any areas of good practice identified during the inspection.

[1] 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**
Is the service safe	Staff recruitment (including Disclosure and Barring Service – DBS, references and induction) Rotas Training matrix Staff and external professional's feedback Medication management Care Plans Health and Safety Checks
Is the service effective and responsive	Statement of purpose Service users' feedback Staff and external professional's feedback Whistleblowing policy Supervisions and appraisals Business continuity plan
Is the service caring	Staff wellbeing Policy Staff and service users' feedback Care plans (including Outcome Star) and risk assessments Service User access to information and control over their life towards independency
Is the service well-led	Written agreements Accident and incident log Policies and procedures Staff and service users' feedback Review of the Statement of Purpose and category of care Monthly reports Audits

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The regulation officers reviewed staff folders to confirm that recruitment checks had been completed, including references and DBS checks. Induction packs were also reviewed, which included records of completed induction tasks, orientation to the service, mandatory training completion, and competency checks. Training records were reviewed to verify completion of e-learning, practical, and specialist training relevant to the service category.

Feedback from staff:

I am very pleased that I keep receiving opportunities for trainings (…) and I have been motivated to improve my skills and professional knowledge in order to be able to provide even greater help to our clients as a Support Worker.

Rotas were provided to establish staffing levels in relation to the number of service users, including daytime and night-time staffing ratios, and to confirm that planned staffing levels matched the registered capacity of the service. It was also verified that qualified staff were scheduled daily to meet the requirement of more than 50% Level 2 or 3 staff on duty, which is in line with Care Home Standards. The annual rota was prepared in advance, providing staff with sufficient notice to plan and arrange shift swaps if necessary. This was seen as an area of good practice.

Care plans and risk assessments were sampled to assess whether they were up to date, individualised, and linked to service users' assessed needs. Each service user receives an initial assessment on admission. The service utilises an online system which prompts staff to update care plans and highlights when reviews are overdue. Each care receiver is allocated a key worker, and regular meetings are scheduled to review care plans and risk assessments accordingly. Daily entries made by support workers were observed, and risk assessments were linked to accidents and incidents and reviewed on a regular basis.

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.

Written agreements for service users were reviewed and confirmed to include information about ground rules, charges, and the handling of personal allowances. Authority and rent forms were completed for each service user, and terms and conditions of the service were explained on admission as part of the assessment process, recorded within the service's system.

Documentation demonstrated that information sharing about the service and individual care plans was provided and accessible to service users and support workers.

Feedback from service user:

I know what is going on with me and the staff is amazing in supporting my decisions.

Communication processes were in place to ensure service users' views were recorded and taken into account in care planning and reviews. Feedback from both service users and staff evidenced that they felt included in the delivery of care and support on a daily basis.

The Registered Manager outlined that the service holds two daily handovers, during which staff discuss each service user in detail. This was confirmed during the inspection visit and supported by feedback received, which highlighted the effectiveness of communication within the team. An open-door policy was observed and consistently reinforced in service user and staff feedback.

Managers' meetings take place on a weekly basis, allowing the service to share relevant updates, coordinate work, and problem solve as a team. These meetings supported effective information sharing across the shelter services.

A business continuity plan was also reviewed, setting out the procedures for maintaining care provision and staff deployment in the event of emergencies or unforeseen circumstances. An on-call manager was available at all times, and staff confirmed their awareness of how to access this support when required.

Is the service caring?

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

Health and wellbeing outcomes were supported through personalised care plans, which reflected both the physical and emotional needs of service users. Care planning included assessment, monitoring, and regular review of health conditions, with input from relevant professionals as required, including the crisis team, mental health services, the adult social work team, and the drug and alcohol team.

Feedback from staff:

It didn't take long for me to immediately recognise The Shelter Trust as a place where the safety and well-being of all individuals are one of the main priorities.

Although palliative and end-of-life care is not a common practice of the service, discussions confirmed that when this type of care is required, the service has worked collaboratively with the hospice, external healthcare professionals, and family members. This was seen as an area of good practice.

Mealtimes were observed and reviewed during the inspection. Service users were provided with meals in an environment that supported a variety of dietary requirements and promoted choice. Drinks and ingredients for sandwiches were available throughout the day and night, alongside structured meal provision of breakfast, lunch, and dinner. Meals were served in the communal dining area, where service users could choose to serve themselves and eat together.

The manager explained that the service benefits from regular donations from nearby commercial services, including fresh fruit and vegetables, which support the provision of balanced and nutritious meals.

Care planning and risk assessments also incorporated guidance on relationships and behaviour management. These were developed to ensure that support in these areas was approached sensitively and in line with individual rights and preferences.

Staff were provided with clear procedures and guidance to manage behaviours in a safe and proportionate way, while promoting dignity, respect, and choice for all service users.

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 service had a structured approach to incident management, with processes in place for reporting, recording, and reviewing accidents and incidents, alongside the review of related risk assessments. Staff were able to describe the procedures to follow and demonstrated an understanding of their responsibilities in escalating and documenting incidents appropriately.

Feedback from staff:

We have professional risk assessments in place, which are regularly reviewed to ensure that any potential risks to our clients are identified and mitigated promptly.

A review of notifications received by the Commission, alongside a sample of internally recorded accidents and incidents, identified that two incidents had been logged internally but had not been reported to the Commission, despite meeting the threshold for notification. This was discussed with the Registered Manager, who acknowledged the importance of notifying all relevant incidents and gave assurance that reporting would be completed consistently going forward.

The sample of incidents recorded internally demonstrated a good level of detail, with clear links to updated risk assessments and close monitoring, providing evidence that incidents were reviewed and followed up appropriately.

Policies and procedures covering key areas such as whistleblowing, safeguarding adults and children at risk, medication administration, and accident and incident management were reviewed and were accessible to staff. Law at Work Jersey (employment and health and safety specialists) completed a full review and update of all of The Shelter's policies and procedures in February 2025, with further updates scheduled for September 2025. A recommendation was made that all policies and procedures should include a review or expiration date to ensure they remain current and compliant.

In addition to governance systems, feedback from staff and service users highlighted the positive leadership culture within the service. The Registered Manager and Deputy Manager were described as approachable and supportive, with staff reporting that they felt comfortable raising concerns and seeking guidance "*I know that I can go to the office and speak with them at any time and they will listen and help me the best that they can*". Service users confirmed that they felt listened to and able to speak directly with the management team "*Staff is always here for us, I know that I can speak with them, when I need*". During the inspection, an open-door policy was observed, which promoted transparency and accessibility. Staff also reported that the managers regularly worked alongside them when needed, which was viewed as leading by example.

Regular managers' meetings were held weekly, supporting consistent communication across the service and enabling collaborative problem solving. Conditions of registration and categories of care were reviewed and confirmed to be in line with the Statement of Purpose. Records demonstrated that the service was operating within its registered scope, and governance arrangements supported the delivery of care within these parameters.

Occupancy levels were also discussed. The service has maintained a consistent occupancy of around 35 service users but wishes to remain registered for 50. Management explained that, as a shelter, they wish to retain the capacity to respond immediately in the event of a sudden influx, such as during the COVID-19 pandemic, and therefore maintain the higher registration to ensure flexibility and readiness.

What service users said:

The staff is amazing, they are always there when we need them!

The team are respectful and help me to make difficult decisions, everyone tries their best

When requested feedback from staff, what they said:

I understood how important it is not only assessing each person's needs from their entry but also to review their progress on a regular basis to ensure that the support we provide is tailor-made based on each individual and the changes of their circumstances. We also work with external agencies and healthcare professionals which ensure access for our clients to any additional help they require.

I never been in such a healthy and supportive environment, management is so supportive, and the team is amazing!

A professional's view:

The service is incredibly effective and responsive, in my experience. They work tirelessly to ensure the best for their clients.

The team maintains a secure setting where individuals can access support without fear of harm or discrimination.

The service is incredibly effective and responsive, in my experience. They work tirelessly to ensure the best for their clients.

Leadership at the shelter is proactive and collaborative, encouraging multi-agency cooperation to meet diverse resident's needs. Their commitment to continuous improvement and openness to feedback ensures the shelter remains a safe, effective, and compassionate space for vulnerable individuals.

They show great care and empathy towards their own residents, often extending their care and time for people beyond their time at Shelter Trust properties.

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.

Jersey Care Commission

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