Jersey Care Commission

INSPECTION REPORT

Evans House

Care Home Service

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

Inspection Date
22 October 2025

Date Published
3 December 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 Evans House. The Care Home is operated by The Shelter Trust and there is a registered manager in place.

Registration Details	Detail
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	23
Maximum number in receipt of personal care/personal support	23
Age range of care receivers	18 years and above
Maximum number of care receivers that can be accommodated in each room	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 Conditions of Registration	
None	
Additional information	
An updated copy of the service's Statement of Purpose was submitted upon request following the inspection process.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration required under the Law. It was concluded that all requirements have been met. The Project Manager, who supported the inspection process in the absence of the Registered Manager, raised concerns about including personal care in the service's registration, as this type of care is not currently provided. A discussion with the Registered Provider will take place to decide whether personal care should be retained or removed from the registration.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced, and one week's notice was given to the Registered Manager to ensure their availability during the visit. The Registered Manager was unavailable on the day of the inspection due to prior commitments; however, the regulation officers were able to carry out the inspection with the support of an experienced Project Manager. Following the visit, the Registered Manager engaged fully with the process and subsequently provided additional evidence to support the inspection.

The inspection was undertaken by one regulation officer who was accompanied by the Pharmacist Inspector for part of the inspection visit. References to who gathered the information during the inspection may change between "the Regulation Officer" and "regulation officers".

For clarity and consistency, the term 'service users' will be used throughout this report when referring to care receivers. This ensures alignment with the terminology commonly used by the service.

Inspection information	Detail
Date and time of this inspection	22 October 2025 09:00 - 13:45
Number of areas for improvement from this inspection	Two
Number of service users accommodated on the day of the inspection	19
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	11, 16 and 25 September 2024 One IREvansHouse20240925Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 11, 16 and 25 September 2024, as well as 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 improvement identified at the last inspection

At the last inspection, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the identified area for improvement has been achieved. Evidence was seen of staff completing the Level 3 accredited medication administration module, and yearly competency assessments have now been introduced within the service. However, it is recommended that the competency assessment process be made more robust, and the regulation officers have provided some suggestions on how this could be strengthened.

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 and staffing levels were reviewed during the inspection visit. It was noted that rotas are planned for the full year in advance, outlining staff allocations and periods of leave.

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 in place and regularly reviewed. Written agreements contained information on house rules and terms and conditions of the service. 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. Mealtimes were flexible, with food, drinks, and food donations supporting nutritious meals throughout the day.

Two incidents that met the reporting threshold were not reported to the Commission, which was discussed with the Project Manager. This will be further discussed under the 'well led' section in the body of this report. Policies and procedures were accessible, though it was recommended that they include review or expiry 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, review of the Statement of Purpose and notification of incidents.

The Regulation Officer gathered feedback from three service users and observed further engagement between a service user and a staff member. They also had discussions with the service's management and other staff. Additionally professional feedback external to the service was sought from five, of which no responses were provided.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Project Manager and followed up on the identified areas for improvement by email, to the Registered Manager and Project Manager two weeks after the inspection visit.

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

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

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Medication Competency	Medication Management Medication Policy Level 3 Medication Administration Module Certificates Yearly Medication Competency Assessments
New key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Staff Recruitment Files, including Disclosure and Barring Service (DBS), references and induction programmes Rotas Training Matrix Feedback from service users, staff Medication Management Care Plans and Risk Assessments Health and Safety Checks & Audits Observations from walking around the inside and outside of the care home Incident records
Is the service effective and responsive	Statement of Purpose Effective communication – Open door policy and handovers Feedback from service users, staff Whistleblowing policy Supervisions and Appraisals Records Business Continuity Plan
Is the service caring	Staff Wellbeing Policy Feedback from service users and staff Care Records Observation of service delivery
Is the service well-led	Discussions with the Project Manager and Registered Manager License Agreements Accident and Incident Log Policies and Procedures Feedback from service users, staff Statement of Purpose Monthly Provider Reports

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

On 12 June 2025, before the inspection visit, two regulation officers attended the main office to review safe recruitment files, policies and procedures, and staff training records.

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.

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. 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.

The Safeguarding Policy was provided during the inspection visit and it was updated in February 2025. The Project Manager explained that The Shelter organisation has three managers are trainers in safeguarding and they are providing in house training for the Shelter group.

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 service user is allocated a key worker, and regular meetings are scheduled to review care plans and risk assessments accordingly. Daily entries recorded by support workers were reviewed. Risk assessments were established for each service user and updated with the care plans.

A medication inspection was undertaken, and a separate report will be provided to the Registered Manager. The medication inspection included several recommendations to support the ongoing improvement of medication management. Key findings from the visit have also been reflected in this report.

The medication review identified a number of practices that are working well, alongside areas that would benefit from further development to ensure full alignment with the Standards. Improvements are required in the implementation of clear protocols for 'when required' (PRN) medication, routine temperature checks, and improvements to medication audits. Further attention is also needed to strengthen medication administration records, including variable dosages on medication charts, the maintenance of clinical equipment, such as a blood pressure machine, the management of delegated tasks, and the consistent recording of medication-related incidents.

In light of these findings, medication management will be an area for improvement, with an expectation that the service continues to build on the progress made and fully embeds safe and consistent practices across all aspects of medication handling.

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 house rules, terms and conditions of the service, complaints procedures, and termination of agreements.

This demonstrates transparency and clarity regarding service expectations and is in line with Care Home Standards. Documentation demonstrated that information sharing about the service and individual care plans was provided and accessible to service users and support workers.

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.

Additionally, staff demonstrated during the inspection visit that they record engagements with external professionals to the service, such as hospital appointments, and general practitioners' advice, as evidenced in their care records.

The Project Manager reported 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.

The Project Manager located the concerns and complaints log, but it was not up to date. In particular, a complaint mentioned in a monthly provider report referred to a hygiene related concern. Further information was requested from the Registered Manager to update the Commission on the outcome of this complaint post-inspection

visit, which allowed the Regulation Officer to assess the effectiveness of the provider's complaints procedures. The Registered Manager subsequently provided details of this complaint and two additional complaints. The Regulation Officer recommended that the complaints log is consistently updated and kept accessible to staff at all times.

Is the service caring?

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

Personalised care plans supported health and wellbeing outcomes, reflecting 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.

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 safely and proportionately, while promoting dignity, respect, and choice for all service users.

Mealtimes were observed 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, allowing service users to make their own, in addition to the served 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 also supports the provision of balanced and nutritious meals.

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 policy for 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.

A review of notifications received by the Commission, alongside a sample of internally recorded accidents and incidents, found that two incidents had been recorded internally but not reported to the Commission despite meeting the notification threshold. The project manager discussed this with the Commission, who acknowledged the importance of ensuring that all relevant incidents are notified promptly.

In addition, of the four notifications received by the Commission, one was submitted outside the timeframe set out in the Care Home Standards. Therefore, of the six notifications reviewed during the inspection, half were either not reported to the Commission or submitted late. This will therefore be an area for improvement.

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. An external company to the service completed a full review and update of all. The Shelter's policies and procedures were updated 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 was described as approachable and supportive, with staff reporting that they felt comfortable raising concerns and seeking guidance. Service users confirmed that they felt listened to and able to speak directly with the management team "*They [staff] are amazing, I know that I can speak with them, if I need to"*. An open-door policy was observed during the inspection, promoting transparency and accessibility.

Regular managers' meetings were held weekly, supporting consistent communication across the service and enabling collaborative problem solving. The 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.

What service users said:

Staff are very supportive. They know me very well.

The food is lovely, and my room is the best in the home, I was able to decorate my room.

We feel like at home, we are a family.

What staff said about the service:

We work collaboratively to ensure residents receive the right level of care and support. Communication between staff, management, and healthcare professionals is generally good.

Evans House provides a welcoming and supportive environment for residents. Ongoing attention to staff wellbeing, clear communication, and maintaining sufficient staffing levels will help ensure the service continues to deliver safe and high-quality care.

IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 **Ref:** Standard 6.7 Appendix 9 Regulation 14 **To be completed:** 22/01/2026	Medication management should be strengthened to ensure safe and consistent practice. This includes clear PRN protocols, regular temperature checks, improved medication audits, accurate record keeping (including variable dosages) proper maintenance of clinical equipment, effective management of delegated tasks, and consistent recording of medication-related incidents.
	Response by the Registered Provider: Medication management is central to our work with service users, both in terms of ensuring their wellbeing and safety and through the delivery of high standards across all our services. We support the findings of the inspection process and look forward to implementing the changes required to deliver consistency.

Area for Improvement 2 **Ref:** Standard 4.3 Appendix 8 Regulation 21 **To be completed:** With immediate effect	The Registered Provider must notify the Commission of any incidents, accidents, or potential risks to care receivers, as outlined in the Care Home Standards.
	Response by the Registered Provider: We acknowledge the necessity for the timely submission of incidents, accidents or potential risks to the Jersey Care Commission. Whilst records are maintained internally, the need for external reporting is essential to meet our obligations to the Jersey Care Commission.

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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