Jersey Care Commission

INSPECTION REPORT

Venetia House

Care Home

Roseville Street
St Helier
JE2 4PL

Inspection Date
22 October 2025

Date Published
18 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 Venetia 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 support
Category of care	Homelessness
Maximum number of clients	20
Maximum number in receipt of personal support	20
Age range of clients	18 years and above
Maximum number of clients that can be accommodated in each room	Ground floor bedroom 17 – one person First floor bedrooms 1 – 9 – one person Second floor bedrooms 10,11,12,14,16,18,19,20,21 – one person (one bedroom can be used to accommodate two people upon their request)
Discretionary Conditions of Registration	
There are none.	
Additional information	
There is no additional information to note.	

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

On 12 June 2025, two regulation officers visited the Shelter Trust main office to review staff files, policies and procedures, monthly reports, and staff training records.

The inspection on 22 October 2025 was announced, with seven days' notice provided to the Registered Manager, and was conducted by one Regulation Officer. The notice period ensured that the Registered Manager would be available and allowed time for clients to be informed about the inspection, so they could choose to participate or provide feedback during the process.

For clarity and consistency, the term 'clients' will be used throughout this report. This ensures alignment with the terminology commonly used by the service to describe women residing in the home.

Inspection information	Detail
Date and time of this inspection	22 October 2025 12:45 – 16:15
Number of areas for improvement from this inspection	One
Number of clients accommodated on the day of the inspection	13
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	26 April 2024 None IRVenetiaHouse20240426Final.pdf

3.2 Focus for this inspection

This inspection included a focus on 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, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

This inspection found that the home is having a positive impact on clients' health, well-being and overall social circumstances. Clients are supported in various aspects of their lives, including physical and mental health, support with addiction, daily living skills and building relationships and confidence for independent living. It was evident, based on feedback from clients and external agencies, that without the stability and support provided by the home, many clients might experience significantly poorer outcomes.

Clients spoke positively about the accommodation, their freedom to come and go and described feeling very safe in the home. They described the support they received from the staff team as very helpful and said they were approachable and respectful to their well-being. Some clients informed the Regulation Officer that they had secured employment opportunities, which had led to significant improvements in their lives.

The home continues to benefit from a stable and experienced management and staff team, which contributes to a consistently high quality of support and adherence to standards.

Recruitment practices are robust and align with standards, demonstrating that the required background safety checks are consistently completed. Support workers are supported in their roles and have access to ongoing training and regular supervision.

Staffing levels and training requirements align with the standards.
Records, including support plans, risk management plans, medication administration records, client financial documentation, monthly governance reports and maintenance records confirmed compliance with the standards. The home also meets the fire safety requirements; however, the frequency of staff fire safety training requires improvement to align with the Fire and Rescue timescales. This has been identified as the only area for improvement.

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 information held by the Commission regarding this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, findings from a visit to the Shelter Trust organisation in June 2025, and notifications of incidents.

The Regulation Officer gathered feedback from two clients who were willing to engage in the inspection process. They also had discussions with the service's management and other staff. Additionally, professional feedback from external sources was sought from four individuals, of whom one response was received.

As part of the inspection process, records including policies, care records, incidents, training records, staff recruitment files, written agreements, and medication administration records were examined.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and followed up by telephone on 13 November 2025 to share staff feedback.

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

5.2 Sources of evidence.

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 Staffing rotas Feedback from clients, staff Medication administration records Medication management policy Fire safety records Incident records Safeguarding policy
Is the service effective and responsive	Statement of Purpose Feedback from clients, staff Training Matrix Care Plans and Risk Assessments Walk through the home
Is the service caring	Feedback from clients Care records Feedback from external agencies Financial records
Is the service well-led	Discussion with the Registered Manager License agreements Monthly Provider Reports Feedback from staff Client referral forms Sample of organisational polices

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

A sample of staff recruitment records was reviewed, confirming that the organisation consistently implements safe recruitment practices in alignment with the standards. Records examined included completed application forms, identity verification documentation, references, and enhanced Disclosure and Barring Service (DBS) checks. The records also showed that all new staff are provided with an induction programme to ensure they are appropriately prepared for their roles. The Registered Manager confirmed active participation in the recruitment process and jointly contributes to appointment decisions with human resources colleagues.

The staffing rotas were reviewed, which showed which staff member was on duty at any one time, as well as the name of the staff member responsible for covering their break periods. The staffing rotas also showed that, on weekdays, when the Registered Manager finishes, staff will be required to work alone. Arrangements are made to increase staffing levels as the number of clients increases.

Staff feedback to the Regulation Officer highlighted that periods of lone working can feel challenging and, at times, stressful. They described how having colleagues on shift together provides valuable emotional and practical support, allowing them to share responsibilities and problem solve jointly. Staff expressed that they valued colleague support during the evenings and described that, since the inclusion workers have been relocated elsewhere, they have missed their presence within the home. This was discussed with the Registered Manager, who had already recognised the impact of this change and spoke of the ways in which some staff shift patterns were to be adjusted to account for this.

The organisation provides on-call support outside of core working hours, which offers additional support to the staff team when needed. One support worker told the Regulation Officer that on a previous occasion, they experienced no response to their call, although it appeared to be an isolated incident.

Medication is managed safely in the home, in line with the organisation's medication policy and the standards. Samples of medication administration records were reviewed during the inspection and found to be well-maintained and appropriately completed with staff signatures. All staff responsible for administering medication have completed the required training and undergo an annual competency assessment. Records confirmed that the competency assessments are completed by the Registered Manager.

Where appropriate, clients are supported to take responsibility for administering their own medication, as the home recognises that this is an important aspect of daily living and supports independence when clients move out of the home. The Registered Manager explained that self-medication risk assessments are completed for clients who can manage their own medication. During the inspection, samples of these assessments were seen in the care records, which outlined that client capacity had been carefully considered to ensure safe and appropriate self-medication.

Two clients who spoke with the Regulation Officer commented that they feel safe living in the home. One client shared an example of the measures staff had taken to ensure their safety, explaining that these actions not only protected them but also contributed to their overall sense of reassurance and wellbeing.

Samples of fire safety records were reviewed, and it was found that routine checks were carried out in accordance with the fire and rescue service's requirements. The only exception was staff fire safety training, which was outside of the recommended timescales. This was highlighted during the inspection and made an area for improvement. The Registered Manager acknowledged this and confirmed how they planned to address this before the inspection process had concluded.

The organisation's safeguarding policy was examined and found to detail procedures for identifying and reporting concerns to external agencies, ensuring that clients are protected from harm.

The incident records were also reviewed and cross-referenced with notifications submitted to the Commission. The Registered Manager explained that they monitor these records to ensure that all necessary notifications are made promptly and in line with the requirements.

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.

The Registered Manager provided an overview of the occupancy levels this year so far, which demonstrated that occupancy rates increased over the summer months. They explained that the home provided short-term support to clients experiencing immediate crises, showing that the length of stay varies depending on individual needs and circumstances. In addition, the Registered Manager highlighted that some client's self-refer rather than coming through external agencies or other Shelter services. The team views this positively, as it indicates women in the community are increasingly aware of the support the home offers and feel confident in approaching the home directly.

The Registered Manager, staff team, and monthly reports all highlighted that clients successfully move out of the home into their own accommodation. One of the clients discussed during last year's inspection has since moved on from the service and secured their own place. This was described as a significant achievement and major step in rebuilding their life.

The home is accessible to offer support to clients when they move out. Both the Registered Manager and the staff team, as well as an external agency worker, provided examples of clients who continue to benefit from this connection.

Former clients frequently return to the home to collect food parcels, engage socially with others, or seek emotional and practical support. The home offers a weekly coffee morning for current and former clients to chat, and it is evident that some former clients feel comfortable returning to the home to speak with people they trust.

This ongoing contact enables the staff team to notice when someone has not been seen for a while and to carry out appropriate welfare checks where necessary. The external agency worker emphasised that this informal monitoring acts as an essential safeguard for some clients, offering reassurance without feeling intrusive or compromising their independence or lifestyle choices.

The Registered Manager also described the approach to balancing clients' rights to freedom and autonomy with their duty of care. Clients told the Regulation Officer they are free to come and go as they wish, however the staff team are vigilant in recognising when clients may be at risk. If a client is absent for an unusual length of time, staff follow clear procedures to check on their wellbeing, while still respecting their independence. This is intended to provide a supportive safety net without intruding on clients' lives.

The communal areas and a selection of bedrooms were observed to be well maintained, comfortable and designed to feel as homely and domestic as possible. Clients expressed happiness with both the comfort and quality of the environment. Externally, the home presented as attractive and well cared for, with attention paid to flower planters and baskets.

The training records showed that the home provides a range of training to staff, including both mandatory courses and service specific training. All staff have completed vocational qualifications at Level 3, and the completion and progress of staff training are monitored through monthly provider reports. One support worker explained the practical benefits of strengths-based training and how it informs their day-to-day practice.

Is the service caring?

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

Two clients were willing to share their views of the home and independently told the Regulation Officer about the progress they had made since moving into the home. They spoke positively of their relationships with their key workers and said they felt calm and safe in the home. Both clients described feeling that the whole staff team took a genuine interest in their welfare and went above and beyond to help them wherever possible and encouraged optimism for the future. One client described the significant impact of their key workers' efforts, noting that without this support, they would not have achieved the progress they had.

Feedback from clients include:

Samples of care records, risk assessments, and client financial records were reviewed, which were detailed, well-organised and easy to navigate. The records showed that clients were fully involved in their development and identified both their strengths and areas for development. Two clients were identified as requiring support with budgeting and managing their finances, and the records provided clear details of all debits and withdrawals, demonstrating accountability and good governance.

Client goals were identified and included a range of personal development objectives, including social and housing goals, physical fitness aims, and strategies to help support periods of poor mental ill health. The home uses the Homeless Star tool in helping clients assess their current strengths and weaknesses, and plan for their future. A visual copy is available for their reference. The Registered Manager explained how one client's deteriorating mental health was affecting several areas of their life, which was reflected in the changing shape of the star. They said this was useful when sharing information with relevant health professionals.

Staff spoken with demonstrated a clear understanding of their roles and responsibilities and displayed a strong commitment to helping clients achieve personal goals, build confidence, and work towards greater independence. They appeared to be motivated by a genuine desire to improve the lives of the clients they work with.

Feedback from an external partner agency highlighted the collaborative arrangements supporting clients. They praised the professionalism and dedication of the staff, noting their holistic approach which addresses not only accommodation needs but also clients' social, recreational, physical, and emotional well-being. Staff were commended for their strong client knowledge, quick identification of issues, and understanding, client-focused approach. The partner agency worker also noted that staff actively encourage clients to engage in enjoyable activities, including those not pursued for many years.

Feedback from one external agency included:

Training is provided in trauma-informed practice, with staff demonstrating an understanding of how past experiences and trauma can impact clients and how this may be reflected in their daily lives. Discussions with them highlighted their appreciation of how such experiences can influence behaviour, lifestyle choices, emotional responses, and relationships. Staff consistently emphasised the importance of creating a safe and supportive environment, and the need to adopt a sensitive and compassionate approach.

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.

During the inspection, the Registered Manager offered a comprehensive and insightful overview of clients' individual needs, personal history, progress, and future goals. This level of detail showed that they are not only fully engaged in the operational management of the home but also closely involved in monitoring client welfare, and their interests. Their knowledge extended beyond clients themselves, reflecting a strong leadership role within the staff team. This demonstrated a well-led service where the Registered Manager plays a central role in ensuring that both clients and staff receive the support they need.

The Registered Manager is regularly present in the home, building positive relationships with clients who respond well to their guidance and support. They take pride in the home's high staff retention since registration, demonstrating a supportive and well-managed environment. The Registered Manager expressed confidence in the staff to provide effective support and make sound decisions in their absence, ensuring consistent care for clients.

Support workers told the Regulation Officer that they greatly value the Registered Manager's presence within the home and felt that they supported them in managing their day-to-day responsibilities. They expressed that they felt the Registered Manager took a genuine interest in their wellbeing and regularly checked in with them. Staff described these conversations as sincere rather than routine, noting that time was consistently made to listen and offer support when needed.

The supportive and visible leadership provides the team with guidance, reassurance, and consistent support in managing day-to-day responsibilities. Staff report feeling more confident and better coordinated when the Registered Manager is available to offer direction and support.

When the Registered Manager is on leave, support workers notice their absence and described the impact on their decision-making. They expressed that during these times, it would be beneficial for someone from the wider organisation to provide on-site support, ensuring continuity of leadership and maintaining the same level of oversight and communication that they experience when the Registered Manager is present.

This was communicated to the Registered Manager for further consideration on how the staff team can continue to receive managerial support in their absence. Support workers commented that, at times, communication from the wider organisation could be improved. They shared a recent example regarding the relocation of the inclusion workers base, which they felt was communicated in a fragmented manner.

The Registered Manager and support workers all reported that supervision is carried out regularly and meets the standards. Support staff described supervision as essential and said they valued the one-to-one discussions with the Registered Manager. One support worker described that from their perspective, they felt the supervision format could be more reflective in nature. This feedback was shared with the Registered Manager, who responded positively and continues to seek staff suggestions.

Samples of monthly provider reports were reviewed and found to be detailed and comprehensive. They noted that standards relating to complaints management, training, staffing and client welfare are routinely examined to assess the home's compliance with the standards. The approach involves a representative from the organisation carrying out the review and reporting their findings to the Registered Manager.

Samples of client referral forms completed by referring services and those completed by the home were reviewed. These demonstrate that the service seeks to obtain as much information as possible before a client is admitted, to identify and mitigate any risks. The Registered Manager provided an example of a prospective client arriving at the home without being referred by an agency, and described the steps taken to obtain the necessary information about them.

Other examples were shared, demonstrating the home's liaison with various agencies, including social services, the police, and the prison. These examples reflected the home's non-judgmental and respectful approach, promoting client dignity and acceptance of both past and present lifestyle choices.

Samples of client licence agreements were reviewed, which outlined the rights and responsibilities of the home, as well as the expectations placed on clients. The duration of the agreements varies depending on individual circumstances and can be renewed and extended as appropriate.

Organisational policies are available for staff to refer to. Samples reviewed included safeguarding, medication management, and whistleblowing. The home responded to one complaint made by a former client earlier this year and followed its complaints policy and retained records of the correspondence and outcome.

Overall, the management of the home demonstrates that it is operating in accordance with its registration conditions and Statement of Purpose. Feedback from staff and external agencies confirmed that the home's aims and objectives are clear and consistently implemented.

IMPROVEMENT PLAN

There was one area 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 4.2 Regulation 10 **To be completed:** by 22/01/2026	The provider must ensure that all staff receive fire safety training in line with the requirements set by the Fire and Rescue service.
	Response by the Registered Provider: All new staff upon joining receive an induction, during which health and safety matters are covered in detail. As part of Shelter's training program, this includes fire safety training, provided by an external party. Going forward, quarterly supervisions will include fire safety matters as a regular topic for discussion.

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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