Jersey Care Commission

INSPECTION REPORT

Evans House

Care Home Service

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

Inspection Date
3 August 2026

Date Published
11 September 2026

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
Type of regulated activity	Care Home
Mandatory Conditions of Registration	
Category of care	Homelessness
Maximum number of care receivers	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 prior to the 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. During the inspection, it was identified that one registered room was no longer being used to accommodate service users.

The Registered Manager confirmed that the room is not operational and agreed to submit a variation application to amend the registration to accurately reflect the current service provision. The remaining conditions of registration were found to be met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced, and one week's notice was provided to the Registered Manager to ensure their availability throughout the inspection.

The inspection was announced in advance because Evans House operates as a supported accommodation service which is the home of the people who live there. It was considered important that service users were aware of the inspection and had the opportunity to prepare for the visit and engage with the inspection process if they wished.

Two regulation officers undertook visits to The Shelter Trust head office on 2 March 2026 to review recruitment arrangements, policies and procedures. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers.'

As Evans House is a homelessness-focused supported accommodation service, people living at the service are referred to throughout this report as service users. This terminology reflects the service model and the language used by the provider.

Inspection information	Detail
Dates and times of this inspection	4 August 2026, 13:45 to 18.15pm
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	16
Date of previous inspection	22 October 2025
Areas for improvement noted at the last inspection	Two
Link to the previous inspection report	RPT_EH_Inspection_20251022.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, as well as 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 improvement identified at the last inspection

At the last inspection, two areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed. The areas for improvement related to medication management and notifications to the Commission.

The improvement plan was discussed during this inspection, and it was positive to note that both improvements had been made.

Evidence reviewed during this inspection demonstrated that medication governance arrangements had been strengthened. This included regular medication audits, staff competency assessments, improved monitoring arrangements, medication review oversight and clearer processes for identifying and following up medication issues.

The second area for improvement related to notification reporting. A review of notifications submitted to the Commission, accident and incident records, and discussions with the Registered Manager demonstrated that reportable events had been considered and submitted to the Commission. The review identified that some notifications would have benefited from clearer descriptions or further consideration of the reporting threshold. However, there was no evidence that reportable incidents had failed to be notified to the Commission.

The evidence reviewed during this inspection provided assurance that both previous areas for improvement had been addressed.

4.2 Observations and overall findings from this inspection

Evans House is operated by The Shelter Trust and provides accommodation and support for adults experiencing homelessness. The service supports people with a range of social, emotional, physical health and mental health needs and places a strong focus on promoting independence, wellbeing and successful move-on outcomes.

The inspection found Evans House to be a well-managed and person-centred service. Staff demonstrated a good understanding of the needs of people using the service and the challenges often associated with homelessness.

Policies, procedures, training and governance systems were appropriately tailored to the client group and reflected the realities of supporting people experiencing homelessness rather than a traditional residential care environment.

Feedback from service users was positive. Service users described staff as approachable, supportive and respectful. Observations undertaken during the inspection demonstrated positive and relaxed interactions between staff and service users, with people appearing comfortable within the environment.

Whilst environmental challenges relating to the building remain outside of the provider's direct control, there was evidence of ongoing engagement with the relevant property and maintenance stakeholders and active efforts to secure improvements. At the time of the inspection, no significant concerns relating to environmental safety were identified.

Overall, Evans House was found to provide a safe, supportive and well-led service that promotes independence and positive outcomes for people experiencing homelessness. No areas for improvement were identified during this inspection.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

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

Prior to the inspection visit, the Regulation Officer reviewed information held by the Commission about the service. This included the previous inspection report, the Statement of Purpose, notifications submitted to the Commission, previous areas for improvement, policies and monthly provider reports.

The Regulation Officer gathered feedback from six service users during the inspection. Feedback from relatives or next of kin was not sought as part of this inspection, as this is not always appropriate within this service model. Many service users may have limited or no ongoing family contact or may not wish relatives to be involved in their support.

The Regulation Officer also spoke with the Registered Manager and staff during the inspection process. Additionally, feedback was received from four external professionals.

As part of the inspection process, records were reviewed. These included policies, medication records, audits, notification records, accident and incident records, complaints information, staff training information, supervision records, rotas, provider reports, support planning information and governance records.

The inspection also included a walk around of the environment, including communal areas, the kitchen, dining area, staff areas, corridors, reception area and a service user's room. The Regulation Officer also observed interactions between staff and service users during the inspection.

[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 verbal feedback to the Registered Manager. The Regulation Officer confirmed that the previous areas for improvement relating to medication management and notifications had been reviewed. No new areas for improvement were identified during this inspection. A follow up email confirmation was sent six days post inspection visit.

This report presents the findings from the inspection and outlines the range of observations made. Throughout the report, areas of positive practice are highlighted, alongside points where practice may continue to be strengthened.

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Medication management	Medication records Medication audits When required 'PRN' protocols Temperature monitoring records Competency assessments Medication incident records Monthly provider reports Discussions with the Registered Manager and staff, and previous inspection information.
Notifications to the Commission	Notifications submitted to the Commission Accident and incident records Internal incident logs Monthly provider reports Notification analysis Discussions with the Registered Manager and previous inspection information.
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Recruitment and induction information Staffing rotas Training records Safeguarding policy Health and safety policy Accident and untoward incident policy Staffing and lone working policy Medication records and audits Notification records Environmental observations / Walk around Staff feedback and discussions with the Registered Manager.

Is the service effective and responsive	Statement of purpose Home Star records Key-working arrangements Monthly provider reports Website information Service user feedback Professional feedback Nutrition arrangements Staff feedback and discussions with the Registered Manager.
Is the service caring	Service user feedback Observations of staff and service user interactions Home Star records Key-working arrangements Records showing service user involvement Staff feedback and discussions with the Registered Manager.
Is the service well-led	Monthly provider reports Governance records Complaints log Accident and incident review processes Medication audit records Supervision records Training information Feedback systems Staff feedback Professional feedback Environmental correspondence with the relevant property and maintenance stakeholders Discussions with the Registered Manager.

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Safe recruitment arrangements remained in place. On the 2 March 2026, two regulation officers reviewed safe recruitment. Recruitment files demonstrated that references, Disclosure and Barring Services checks, right-to-work documentation and qualification checks were completed before employment commenced. Recruitment practices were consistent with the provider's recruitment policy and safer recruitment principles.

The service maintained appropriate staffing arrangements. Rotas demonstrated planned staffing levels, management oversight, waking-night cover and access to relief staff where required. Recruitment challenges previously affecting catering provision had been resolved with a newly appointment chef.

Training arrangements were robust and reflected the needs of people accessing the service. Training included safeguarding, professional boundaries, health and safety, lone working, mental health awareness, substance misuse, conflict de-escalation, self-harm awareness and suicide prevention. Staff demonstrated knowledge of safeguarding responsibilities and escalation processes.

Safeguarding arrangements were clear. The Registered Manager described clear reporting pathways and a robust safeguarding framework supported by policies, training and external agency partnerships. Notifications reviewed during the inspection demonstrated that risks were identified, assessed and escalated appropriately.

Staff feedback supported these findings. Staff described the service as focused on supporting people safely while helping them move towards greater independence.

A member of staff said: "*I try and support service users to move on to best of their abilities*."

A professional working regularly with the service said: *"I have had experience of them escalating matters in a timely manner to the correct professionals."*

Medication management had improved since the previous inspection. Evidence reviewed demonstrated regular medication audits, staff competency assessments, temperature monitoring arrangements and management oversight. Minor documentation issues identified during the inspection did not impact on the safe management of medicines and were addressed during the inspection process.

During the inspection, blood pressure monitoring arrangements for one service user was reviewed. Information regarding expected readings and monitoring requirements was available to staff, and relevant information was recorded within daily records. The service had also taken steps to obtain further clarification from the GP regarding agreed parameters and has since provided written confirmation of these. To further strengthen practice, it was recommended that staff undertaking blood pressure monitoring receive appropriate training.

The review identified that some notifications would have benefited from clearer descriptions or further consideration of the reporting threshold. However, there was no evidence that reportable incidents had failed to be notified to the Commission.

Whilst historical concerns regarding damp and building deterioration remain, active remedial work was underway, and no significant concerns were observed during the inspection. Service users' bedrooms, communal areas, kitchens and staff areas were clean and presentable.

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 inspection found that Evans House continued to operate in accordance with its purpose as a homelessness-focused supported accommodation service for adults.

The Statement of Purpose reflected the service being delivered and clearly described admission pathways, support planning arrangements, staffing structures and governance systems. The document demonstrated a focus on independence, move-on planning and partnership working. Minor factual amendments were identified and discussed with the Registered Manager.

Assessment and support planning arrangements were structured and person centred. The Outcome Star assessment tool was used to support assessment, action planning and review. Outcome Star reviews were completed every three months, or sooner if required, and were used to monitor progress towards independence and agreed goals.

A professional stated: *"The staff have been receptive to clinical recommendations and have engaged constructively in multidisciplinary discussions to support residents' wellbeing and care planning"; another professional stated:* "*Responsive. Know their residents well.*"

Move-on planning remained a key strength of the service. Support was provided in relation to housing, training, employment, financial management, legal matters and access to healthcare services. Evidence demonstrated successful move-on outcomes into independent accommodation and other supported living arrangements.

The service also promoted community participation and wellbeing through a range of opportunities, including volunteering, food collection projects, walking activities and sports opportunities. These approaches support confidence, social inclusion and personal development.

An external professional highlighted the service's strengths, stating that it: "*Provides safe accommodation for people whilst offering supported opportunities for education, training and employment.*"

There was a clear focus on supporting service users' wellbeing through planning appropriate nutrition. Service users had access to food, drinks and snacks throughout the day, and dietary requirements were identified during assessment and monitored thereafter. Feedback regarding food provision was positive and reflected improvements following the appointment of a dedicated chef.

Is the service caring?

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

Care and support were provided in a manner that promoted dignity, respect and independence.

Support planning was based on people's individual goals, aspirations and circumstances. Service users were encouraged to participate actively in decisions regarding their support and move-on planning. Outcome Star reviews and key-working sessions provided opportunities for people to discuss their goals and monitor progress. A professional described the service as: *"Evans House works with clients in crisis and often with complex background and circumstances. They are understanding and focus on meeting the needs of their clients."*

Staff demonstrated an understanding of the importance of balancing support with independence. The service model focused on helping people develop skills, confidence and resilience whilst respecting personal choice and autonomy.

Feedback from service users was positive. One service user said: "*I feel heard and if I have any problems, I can talk to them*". Another service user stated: "*Staff are great*."

Observations undertaken during the inspection supported this feedback. Service users were observed interacting comfortably with staff and one another in communal areas, the garden and dining room. Conversations appeared relaxed and respectful, and people appeared comfortable approaching staff when required.

The service demonstrated a commitment to helping people achieve greater independence whilst maintaining supportive and respectful relationships. This approach was reflected consistently throughout records reviewed, staff discussions and observations undertaken during the inspection.

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 was well led by a Registered Manager who demonstrated an understanding of the needs of people accessing the service and the challenges associated with homelessness support.

Governance arrangements included monthly provider reports, incident reviews, supervision arrangements, medication audits, quality assurance systems and management oversight processes. Evidence demonstrated that incidents, complaints, medication practices and environmental risks were routinely reviewed and monitored.

A professional commented: *"Overall, my experience of working with Evans House has been positive, and I have valued the cooperative approach adopted by the team in meeting the needs of residents."*

The provider demonstrated a positive approach to learning and improvement. Learning from incidents was discussed through handovers, supervision and management oversight processes. The service had also developed multiple routes for obtaining service user feedback, including concerns and complaints procedures, comments boxes, informal discussions and a confidential online feedback system accessed through QR codes.

Staff feedback regarding leadership and support was generally positive. Staff highlighted access to training, safeguarding support and opportunities for professional development.

Staff commented: "*We have plenty of training and if we feel anything else is required, we can talk to management*."

Feedback received during the inspection process also highlighted opportunities to continue strengthening supervision and communication arrangements to ensure all staff feel fully supported in their role. This did not emerge as a wider theme during the inspection; however, it provides an opportunity for continued reflection and service development.

The provider continued to demonstrate a proactive approach to addressing environmental concerns that remained outside of its direct control. Evidence reviewed demonstrated extensive correspondence and ongoing engagement with the relevant property and maintenance stakeholders regarding repairs, damp and building maintenance matters, providing assurance that environmental concerns continued to be actively monitored and escalated where required.

Overall, governance systems were proportionate, embedded and supportive of continuous improvement.

What service users said:

The home is nice and the rooms too.

Food is good now, and we can make snacks at any time too.

I have regular meetings with staff to talk about how I can be supported to move-on.

What staff said:

I love my job; it is so rewarding to see the difference we can make in people's lives.

I try to keep a happy house, like to keep the mood cheerful, always have a laugh and a joke with the residents and try my best to help them out where I can.

A lovely place to work.

A professional's view:

I have seen prompt and reliable email communication. I have seen good prescribing records. I have seen a tidy property. Have a genuine investment in their clients.

In terms of my experience working with the team at Evans House, I have found them to be consistently professional, responsive and resident-focused.

Evans House take great care in meeting the needs of their service users.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore; 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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