Jersey Care Commission

INSPECTION REPORT

Sanctuary House

Care Home Service

La Rue du Croquet
St Brelade
JE3 8BZ

Inspection Date
7 and 8 October 2026

Date Published
3 November 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 Sanctuary House. The care home is operated by Sanctuary Trust Limited and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Category of care	Homelessness
Maximum number of care receivers	10
Age range of care receivers	18 and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1 – 10 one person
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care Module by 11 November 2028	
Additional information	
• An introductory meeting was held 20 March 2026 between the Registered Manager, Business Manager and the allocated Regulation Officer.	

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

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager six days prior to the first inspection 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
Dates and times of this inspection	07 October 2026 09:30-16:54 08 October 2026 12:15-14:11
Number of areas for improvement from this inspection	None
Date of previous inspection	29 May 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_SH_Inspection_20250529.pdf

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 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

Sanctuary House provides a welcoming, homely environment for men experiencing homelessness, offering safety, stability and person-centred support. Residents spoke positively about the respectful, compassionate and non-judgemental approach and staff were observed interacting respectfully with residents.

Residents are actively involved in planning their support and progressing towards greater independence. Admission and assessment processes consider individual needs and risks, while regular keyworker sessions enable residents to participate in planning and reviewing their support. Opportunities are also provided for residents to influence service development.

The inspection found appropriate recruitment, staffing, safeguarding and risk-management arrangements. Staff have access to a comprehensive training programme, including specialist training relevant to the needs of the residents.

Governance and quality assurance were strengths. Policies were readily available and reviewed regularly, incidents were investigated and learning identified, and resident and staff feedback informed service development.

Overall, the inspection found a well-managed service with a skilled and supportive staff team committed to continuous improvement. Residents described positive experiences, and the service demonstrated a clear focus on wellbeing, independence and supporting individuals to move forward in their lives.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation 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, the Statement of Purpose and notification of incidents.

The Regulation Officer gathered feedback from three residents during the inspection process. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up by email on 14 October 2026.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced.

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

5.2 Sources of evidence.

Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Risk assessments Rotas Recruitment records for new staff Induction record Resident written agreement Fire safety records Incident and accident log Staff training records Analysis of notifications made to the Commission
Is the service effective and responsive	Statement of Purpose Resident feedback Professionals feedback Staff feedback Admission assessment
Is the service caring	Sample of personal plans Daily communication/handover records Feedback from residents
Is the service well-led	Policies including Safer Recruitment, Fire safety and prevention, Safeguarding and Complaints Monthly quality assurance reports Staff supervision records Trust organisational chart Staff meeting minutes Information leaflets

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Sanctuary House provides men experiencing homelessness with a place of safety, stability and support. Residents described staff as giving them the space and time they need while providing encouragement and support to help them remain hopeful about their future.

Since the last inspection, a part-time governance adviser role has been introduced and a new support worker recruited following the departure of a staff member.

Recruitment records demonstrated safe recruitment practices. Where a reference did not provide sufficient information to establish a candidate's suitability, an additional reference was obtained. Employment records confirmed that the required satisfactory references and Disclosure and Barring Service (DBS) certificate had been received before employment commenced.

One resident sat on the interview panel for a recently recruited support worker and contributed to the decision-making process. During the inspection, both the resident and the recruited support worker provided positive feedback about the interview process.

A completed induction checklist demonstrated that the new support worker had achieved the required competencies before undertaking lone working. The induction included lone-working arrangements, the out-of-hours on-call process, health and safety requirements, policies and information technology systems. The support worker also shadowed colleagues and reviewed residents' personal plans and admission records to develop their understanding of individual needs and their role.

Safeguarding forms part of staff induction, and the policy provides guidance for staff responding to disclosures of abuse.

Staff demonstrated an understanding of the process for recognising and escalating safeguarding concerns in accordance with the service's internal policy, which has been reviewed this year.

The service had also responded proactively to a situation by adding information to the referral form used by external agencies. This is intended to strengthen communication and support resident safety while reducing the potential for any conflict in the home.

The support worker described the induction as the *"best induction I have ever had***."** They also described being warmly welcomed into the team. A resident commented positively on how well the new support worker had settled into the home.

The rota was reviewed as part of the inspection process. Support workers generally undertake one sleep-in shift each week. The Regulation Officer was advised that the online rotas provided before the inspection were the master copies. However, the paper rota reviewed on site contained handwritten shift changes that were not reflected online. It was recommended that the online rota is updated to accurately record shifts worked, ensuring there is a clear record of staffing arrangements for retrospective reference. Both versions of the rota demonstrated that staff working hours were within acceptable limits and complied with the Standards.

Out-of-hours support is provided by two senior staff members who alternate on-call duties each week. The Regulation Officer was advised that requests are generally for telephone advice, with attendance at the home rarely required. Staff described the arrangements as reassuring and said they felt comfortable accessing support when needed.

The service has recently introduced a system to record on-call contacts to identify any emerging trends. As this is a recent development, there is not yet sufficient information available to identify patterns. On one occasion where on call was contacted, the support worker was provided with a debrief the following day.

The Trust demonstrates a commitment to staff learning and development. Support workers are either undertaking or have completed the Regulated Qualifications Framework (RQF) Level 3 in Adult Social Care qualification.

The House Manager is expected to complete their RQF Level 5 Diploma in Leadership and Management qualification this year, with the Registered Manager due to commence theirs next year.

A detailed training matrix identifies training relevant to each staff member's role, with completion of mandatory training monitored. Records demonstrated good compliance with mandatory training requirements.

Staff reported having access to specialist training to support residents' needs, including trauma-informed practice. A tailored training programme has recently been developed covering areas including neurodiversity, diabetes and mental health.

Staff have completed both practical and online fire safety training. A signing-in and signing-out system is also in place for residents entering and leaving the home, helping staff to establish who may be present and require accounting for in the event of an emergency evacuation. The premises have recently undergone refurbishment, including work arising from recommendations made by the Jersey Fire and Rescue Service.

The Regulation Officer did not look at medication practices as part of this inspection as the Residents Handbook states that prescription medication is the responsibility of the person it is prescribed to, and therefore staff do not undertake medication administration training.

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.

Sanctuary House describes its purpose as providing a place to **"***rebuild and move forward"*, supporting residents to regain confidence, rebuild their lives and take positive steps towards independence. People can self-refer or be referred by other agencies, with the longer-term aim of supporting residents towards independent living and reintegration into the wider community.

Before admission, an initial assessment is completed to develop an understanding of the person's circumstances, needs and whether the service can provide appropriate support. This information informs the resident's risk assessment.

On admission, residents complete a 'Contract of Care', which identifies their reason for admission, relevant medical history and identified health needs. It also records discussions about available support, including counselling and life-skills development. Residents confirmed that they have access to a weekly counselling service.

The Sanctuary House Agreement sets out expectations for living in the home, including the curfew and expectations around anti-social behaviour. The agreement, including the potential consequences of repeatedly not meeting these expectations, is discussed with residents during their initial assessment and again when they move in. Some residents shared they value the alcohol-free environment and curfew, explaining that these arrangements helped to support their recovery from addiction.

Residents contribute towards their accommodation costs, supporting them to develop experience of managing regular housing expenses in preparation for independent living.

A care package agreement is developed to support each resident's progression towards independent living, with a focus on wellbeing, independence, self-worth and self-esteem.

Residents meet with their support workers regularly to review their on-going care plans. Every three months, the 'Outcome Star' is used to review their progress towards achieving greater independence. The 'Outcome Star' is used collaboratively to help residents identify progress and areas requiring additional support, including accommodation, finances, health, relationships, trust and hope. This provides a structured approach to understanding what matters to each resident and identifying priorities for ongoing support.

Residents' outcomes are shared with the wider staff team to promote a consistent approach to support. The Regulation Officer was advised that residents can be involved in choosing their support worker, allowing them to identify a staff member with whom they feel comfortable working. During the first day of the inspection, a resident was supported to review their Outcome Star and later spoke positively about the experience.

Residents who are not in employment are expected to participate in weekly occupational activities to help maintain routine, structure and wellbeing. Residents described how staff encourage and motivate them to undertake at least one meaningful activity each day.

Engagement with the Outcome Star, occupational activities and household responsibilities forms part of the expectations for living at the home. These activities support the development of practical skills and increasing independence.

Is the service caring?

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

Support is tailored to residents' individual needs, preferences and circumstances. Residents described being treated as individuals and felt that the support they received was person-centred.

One resident described staff as "*caring, compassionate, understanding, laid back and not bothersome.*"

Residents' choices to spend time alone are respected, with staff remaining available when support is needed. The Registered Manager explained that staff are able to recognise when a resident may be becoming isolated and approach them with sensitivity and compassion, offering support while respecting their personal space.

Daily written communication records are used to support effective staff handovers. Confidentiality is promoted by referring to residents by room number rather than by name. More sensitive information is recorded separately within personal notes, with relevant staff alerted when these require review. This supports the timely sharing of information while maintaining residents' confidentiality.

Residents are encouraged to make their rooms feel personal to them. This included providing materials for one resident to decorate their room to their individual taste and supporting another resident to bring in personal items of furniture.

Residents are supported to access appropriate financial benefits and pursue activities that reflect their interests, including attending the gym. Residents and support workers described a range of shared activities, including movie nights, sea swimming, walking, cycling and gardening at the home's allotment. One individual with an interest in gardening spoke positively about growing tomatoes that were used in meals prepared at the home.

Residents are encouraged to maintain positive relationships with friends and family, who can visit and use communal areas of the home.

Former residents who have moved to alternative accommodation are also welcomed back to visit and share meals.

Within the entrance to the home, information is displayed that includes the service's vision, mission and values, details of partner agencies that can provide help and support and volunteering opportunities, as well as photographs reflecting activities involving residents and staff.

The home does not lend itself to being accessible to residents with physical disabilities however the Registered Manager shared that reasonable adjustments would be made where possible and includes accessing translation services if required.

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.

Governance is a strength of the service, with a proactive approach to quality assurance and continuous improvement.

Staff spoke highly of the Registered Manager and their leadership style. The Registered Manager described a committed staff team focused on supporting residents to achieve their goals and make positive progress. This was reflected in feedback from residents, who consistently described staff as professional and spoke positively about the benefits of living at the home and working towards their identified goals.

Policies requested during the inspection were readily available and had been reviewed and updated since the previous inspection. The service is developing a policy to support the safe use of artificial intelligence, reflecting consideration of emerging practices.

The complaints procedure is referenced in the Residents' Handbook and displayed on the notice board at the entrance to the home.

A concise version is also available for residents. Since the previous inspection, one formal complaint has been received regarding a meal provided by the service.

Resident feedback is sought four times a year and the most recent survey received a good response and indicated high levels of satisfaction, while also identifying opportunities to improve communal facilities. One resident confirmed that informal feedback is regularly sought and that staff are readily available should they wish to raise concerns, provide feedback or seek support.

Monthly quality assurance reports are completed by a trustee and volunteer, with the sample reviewed demonstrating good oversight of the service. Each month, one of the Care and Support Services with Accommodation Standards is reviewed to assess compliance with the required Standard.

Managers also undertake informal audits of personal plans and communication records to monitor the quality of recording. There are plans to involve residents in developing the next Statement of Purpose to help ensure it accurately reflects the service.

Weekly staff meetings support communication across the team and the minutes are circulated. Records demonstrated good attendance and opportunities for staff to contribute, as well as learning from incidents and complaints shared.

A review of the incident register demonstrated that incidents are reported internally, reviewed and investigated, with learning identified and actions taken where required. Following one incident, a proactive approach was taken to develop a memorandum of understanding with an external partner supporting the service.

Staff wellbeing is prioritised within the service, with support workers represented on the wellbeing committee and opportunities provided for team social activities. Staff spoke positively about a boat trip to Sark during the summer.

Since the previous inspection, improvements to employment terms and conditions have included an additional day of annual leave, increased parental leave as well as the pre-existing two wellbeing days that can be taken when needed.

A supervision and appraisal matrix demonstrates that staff receive regular supervision and annual appraisals in accordance with the Standards. Support workers spoke positively about their supervision.

The Registered Manager and staff also have access to external professional supervision, which was described as beneficial and readily available.

Staff feedback during the inspection was consistently positive and a recent staff survey conducted by the Trust received a good response, with all respondents expressing overall satisfaction with working at the home and agreement that they felt supported by management. Most reported having the tools and information required to undertake their roles effectively. This reflected feedback provided during the inspection, with staff valuing teamwork, feeling appreciated and seeing residents make progress. Staff described the team as close and supportive, with one referring to it as a "*tight-knit team*".

Overall, the feedback gathered during the inspection reflected a supportive working culture, with staff describing feeling valued and well supported in their roles.

What residents said:

They have inspired me in how I want to work - go into therapy or support work. I wish more people knew about the place.

This place is like a lifeline. It is a gift being here.

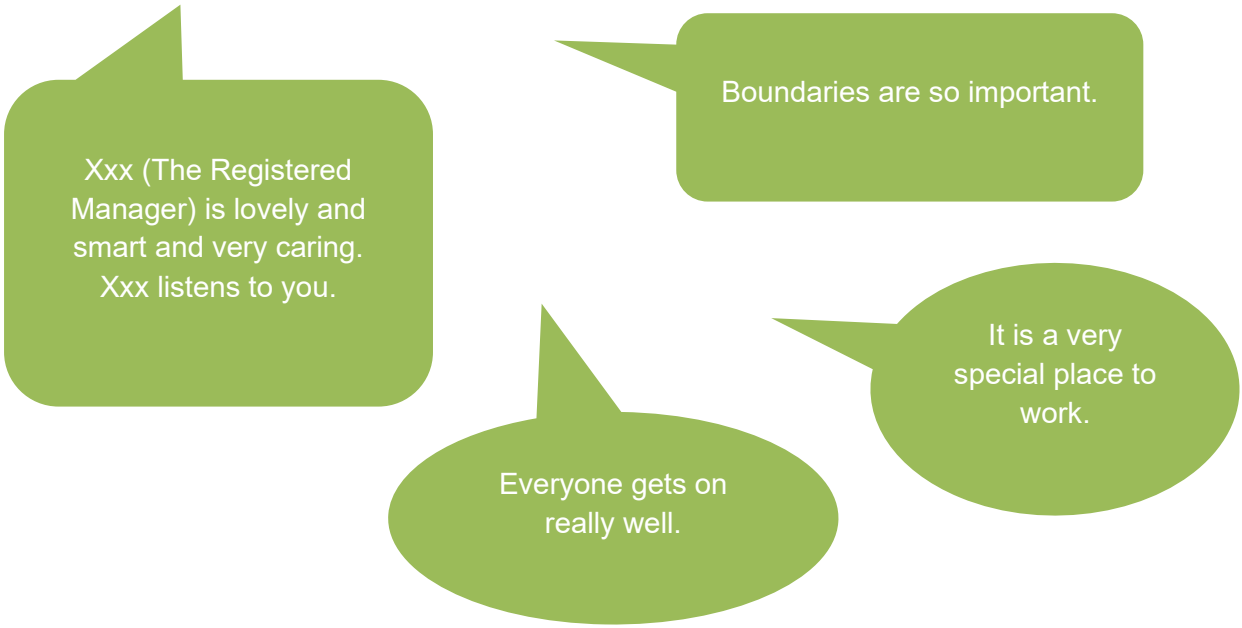
I have never had such a strong support network. Helpful is an understatement.

Amazing place. I can speak to someone 24 hours a day.

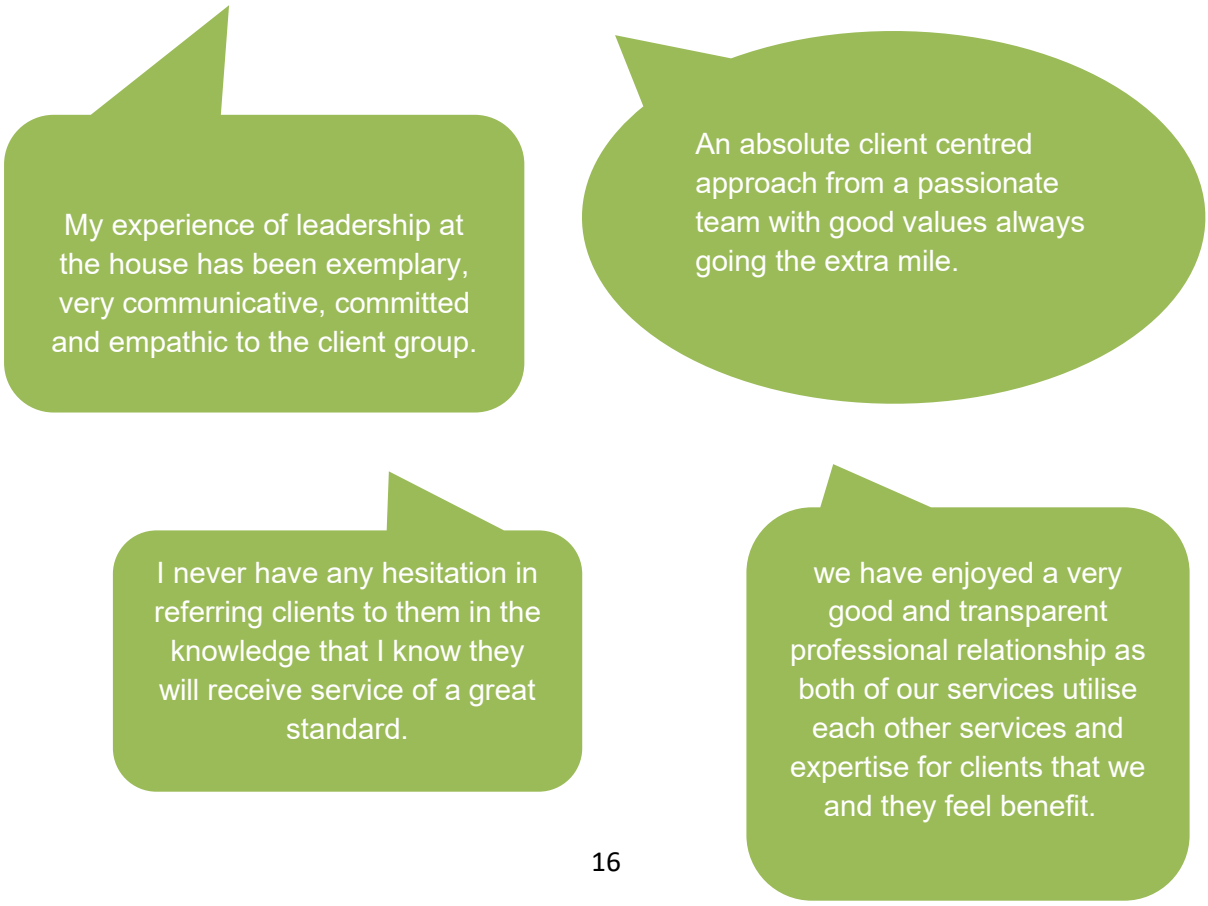
This is my home. They give me hope.

All the staff are lovely. They help me with everything.

What staff said:



A professional's view:



IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection.

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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