Jersey Care Commission

INSPECTION REPORT

Venetia House

Care Home Service

Roseville Street
St Helier
JE2 4PL

Inspection Dates
6 August and 8 September 2026

Date Published
4 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 Venetia 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 Service
Mandatory Conditions of Registration	
Category of care	Homelessness
Maximum number of care receivers	20
Age range of care receivers	18 and above
Maximum number of care receivers 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	
None	
Additional information	
• The Statement of Purpose was reviewed and updated prior to the onsite inspection. • A meeting was held 18 May 2026 with the management team of Shelter Trust and two regulation officers to provide clarity regarding the incidents that are required to be notified to the Commission.	

As part of the inspection process, the regulation officers evaluated the home's compliance with the mandatory conditions of registration required under the Law. Following discussion between the Director of Shelter Trust and the regulation officers, an amendment to the mandatory conditions of registration was agreed.

3. ABOUT THE INSPECTION

3.1 Inspection Details

The inspection was announced seven days in advance to ensure that residents were fully informed.

Two regulation officers undertook visits to The Shelter Trust head office on 2 March 2026 to review recruitment arrangements, policies and procedures.

Two regulation officers were present for the first visit and one for the second day. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers.'

The Registered Manager was not present for the initial announced visit. However, the regulation officers were able to undertake the initial inspection with the Director and a project manager from another Shelter Trust home. A separate face to face meeting was held with the Registered Manager on 8 September 2026.

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 the residents in the home.

Inspection information	Detail
Dates and times of this inspection	6 August 2026 09:30-16:30 8 September 2026 11:27-15:51
Number of areas for improvement from this inspection	One
Date of previous inspection	22 October 2025
Areas for improvement noted at the last inspection	One
Link to the previous inspection report	RPT_VH_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, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. This means that there was evidence of staff receiving fire safety training in line with the requirements set by the Fire and Rescue Service.

4.2 Observations and overall findings from this inspection

Venetia House provides supported accommodation for individuals experiencing homelessness or housing insecurity, with a focus on promoting safety, stability and independence. 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 clients and attendance at fire safety training.

Clients are supported to maintain their independence, make choices and work towards longer-term goals. Admission and assessment processes consider individual needs and risks, while regular keyworker sessions enable clients to participate in planning and reviewing their support. Staff were observed treating clients with kindness and respect, and feedback from individuals using the service was consistently positive.

Medication management is identified as an area for improvement. The inspection identified gaps relating to medication storage, documentation and staff competency. The service responded promptly by introducing additional safeguards and strengthening medication procedures and management oversight.

The service benefits from established governance and quality assurance arrangements, with the Registered Manager demonstrating a good understanding of the service and its associated risks.

Staff described management as approachable and supportive and spoke positively about their roles. Some concerns were identified regarding communication and team dynamics, and measures have been introduced to address these.

Overall, the service demonstrated a person-centred and responsive approach, with established systems for learning from feedback and supporting ongoing improvement.

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 care receivers. They also had discussions with the service's management and other staff. Additionally, feedback was requested from three professionals external to the service and provided by one.

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and confirmed the identified area for improvement by email on 11 September 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

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

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. Where specific improvements are required, these are set out in detail and accompanied by a defined improvement plan at the end of the report.

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Staff must receive fire safety training	• Training matrix • Staff supervision files • Firefighting instruction and drills log
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Staff rota HR files Staff training records Analysis of notifications made to the Commission Risk assessments Care records Observations of care delivery Medication Administration Record (MAR)
Is the service effective and responsive	Tour of the home Statement of purpose Licence agreement Care records Risk assessments
Is the service caring	Care records Activity provision Feedback from clients Feedback from staff and professionals external to the home
Is the service well-led	Management organisation chart Monthly provider reports Staff supervision Staff meeting minutes Policies Audit Client feedback Information leaflet for clients

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The aim of the service is to support people experiencing homelessness or housing insecurity to achieve safety, stability, and independence and Venetia House demonstrated appropriate systems to keep clients safe within the context of a supported accommodation service.

Safe recruitment arrangements were reviewed during a previous visit to The Shelter Trust head office in March 2026 by two regulation officers and confirmed safe recruitment practices are followed. The files reviewed included application forms, job descriptions, interviews, references, Disclosure and Barring Services checks, right-to-work checks, and confirmation that checks were completed before employment started.

Staffing arrangements are appropriate for the service model. The Statement of Purpose describes the staffing arrangements which includes out of hours management support.

Support workers work a six-week rolling rota, with consistent day and night teams. Existing staff generally cover annual leave and absences, supplemented when required by bank staff, colleagues from other services within the organisation, or, on rare occasions, the On-Call Manager. Staff spoke positively about the rota system, with one commenting that they "*love their pattern of work rota*" because it enables them to plan their personal commitments.

The inspection identified some inconsistency in arrangements for covering staff breaks during lone-working shifts. While evidence was seen of weekend cover being scheduled ahead of time, some staff reported that cover was occasionally arranged at short notice, limiting their ability to plan break periods away from the home.

Staff also provided mixed feedback regarding additional responsibilities associated with covering kitchen duties while the Chef was temporarily supporting another service. Although all staff hold food hygiene certificates and some were content to prepare evening meals, others reported that competing responsibilities could affect their ability to fully undertake their keyworker role. The Registered Manager advised that the Chef was due to return shortly, which should alleviate these pressures. The Registered Manager also helped with meal preparation when needed, working alongside the staff team.

Staff described a structured induction process that included an introduction to the service by the Registered Manager, familiarisation with organisational policies, completion of statutory and mandatory training, and opportunities to shadow experienced colleagues. One staff member reported that some of their shadow shifts were alongside relief staff whose primary place of employment was elsewhere, which they felt provided less insight into the service than shadowing permanent members of the team. Despite this, staff reported feeling confident to commence their role following induction.

The Director of Shelter Trust described the wide range of training opportunities available to staff and the staff team confirmed they have access to specialist training tailored to the needs of clients, and records demonstrated good compliance with mandatory training requirements, including fire safety training. The organisation provides opportunities for support workers to undertake the Level Three Regulated Qualifications Framework (RQF) Certificate in Preparing to Work in Adult Social Care.

Staff demonstrated a good understanding of their safeguarding responsibilities and the appropriate routes for escalation. Safeguarding training forms part of the organisation's learning programme and is supported by a detailed safeguarding policy. Two members of staff have completed train-the-trainer safeguarding courses to support the delivery of in-house training. The organisation's investment in staff training is an area of strength.

To promote the safety of both clients and staff, staff carry personal panic alarms, receive de-escalation training, and have access to client risk assessments.

As the service is small and has a consistent staff team, staff know the clients well and understand how best to support them.

Clients are provided with their own key, allowing them to enter and leave the property while additional security measures operate overnight.

Systems are in place for the collection of rent payments, providing an audit trail and assurance that clients' money is managed appropriately.

Medication management is identified as an area requiring improvement. On the first day of inspection, the room used to store the medication trolley recorded elevated temperatures during hot weather, creating a risk that medication integrity could be affected. The service responded promptly and are exploring long-term solutions to maintain medication within recommended storage conditions.

The inspection identified gaps in medication governance and documentation. ‘When required’ (PRN) medication protocols were not in place; however, these were implemented promptly following feedback. A General Practitioner authorisation for self-administration was in place for one individual, but there was no supporting assessment of their ability to manage their medication safely. In response, the service introduced documented self-medication risk assessments, which will be regularly reviewed. The prompt action taken demonstrated a responsive approach to feedback and a commitment to service improvement.

On the first day of inspection, it was identified that not all staff administering medication held the required Level Three RQF qualification in medication management. To ensure safe practice, interim arrangements were immediately introduced requiring staff to complete internal medication administration training, successfully undertake a competency assessment, and be formally signed off as competent before administering medication independently.

Medication Administration Records are supplied by two different pharmacies using different recording codes.

Staff were reminded of the importance of applying the correct codes for the relevant pharmacy, and oversight of this process has since been incorporated into the Registered Manager's monthly medication audit.

Although the service responded promptly to the medication-related issues identified during the inspection, further work is needed to ensure that the revised medication management processes are consistently applied in practice. Medication management is an area for improvement.

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.

It was established during the inspection that a variation to the mandatory conditions of the home's registration. The variation was received and granted during the inspection process and a revised Statement of Purpose was provided to reflect the change.

The Statement of Purpose recognises effective communication and respect for cultural diversity as key aspects of service delivery. A staff team from a range of cultural and linguistic backgrounds supports an inclusive approach that respects individual differences and promotes positive relationships with those using the service.

Access to the service is through self-referral or agency referral and the admission and assessment arrangements are structured. Each referral is considered in conjunction with a personalised risk assessment to assure the suitability of the home for the client.

The service aims to support individuals by providing accommodation, meals, and personalised support to help them transition to more suitable long-term accommodation.

Records reviewed during the inspection showed that licence agreements clearly outlined accommodation fees and the terms of occupancy.

Initial agreements are issued for three months and may be extended where required. Signed copies of house rules are within client records, demonstrating that individuals have agreed to the expectations of living at the home. The house rules explain the circumstances that may lead to a termination of occupancy. These expectations are discussed during assessment and again on admission to ensure they are understood. Individual preferences, including dietary choices, are also identified during the assessment process.

A key-working system is used, supported by the 'Home Star tool', which enables support workers and clients to identify strengths, assess progress, and set goals across areas such as housing, health, relationships, education, employment, and life skills. The inspection found that the home was responsive to individuals' needs and aspirations, with key-working sessions used to plan and review progress towards personal goals. Clients were also supported to access external services when required, including mental health, and other professional support services.

The organisation has recently introduced a new electronic case management system designed to support the specific needs of individuals experiencing homelessness. Staff had received training in its use and reported that the system was more user-friendly than the previous platform. Senior managers recognised the challenges associated with implementing a new system and had adopted a phased transition approach, with the previous system remaining accessible during the changeover. Additional support was available through designated 'super users' who assisted colleagues with the new platform.

The home provides a flexible and supportive environment that encourages independence and personal development. A range of activities and resources were available within communal areas, including access to television, crafts, and personal care equipment. Staff work from a dedicated workstation within the lounge area, enabling them to maintain records while remaining accessible to clients.

Clients are encouraged to participate in community activities and supported to access employment, and other opportunities. Meals and refreshments are available throughout the day and night, including healthy food options.

Facilities are available for individuals to manage their own laundry, and outdoor seating areas provided opportunities for social interaction. Those who had moved on from the service could continue to access outreach support and maintain links with the home.

The inspection found that the home provided a safe and welcoming environment for service users. The service's reputation within the community appeared to be reflected in an increase in the number of self-referrals received.

Is the service caring?

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

The Regulation Officer observed support workers engaging with clients in a kind and respectful manner. Staff work alongside clients to understand what matters to them and support them towards their own goals. They help clients build practical skills and confidence, with the aim of moving on to more permanent accommodation.

Client records included risk assessments that were reviewed at least every three months to ensure they remained up to date. Risk assessments were linked to clear actions to reduce identified risks, such as supporting individuals whose alcohol use resulted in anti-social behaviour to access appropriate detoxification services.

Support planning reflects each individual's goals, aspirations and circumstances, with clients actively involved in decisions about their support and future. Plans are reviewed regularly through weekly keyworker sessions to ensure they remain relevant and responsive to changing needs. This person-centred approach respects individual choice and promotes dignity, independence and safety, while ensuring support is tailored to each person's unique needs.

The provider's monthly quality monitoring reports identified ongoing work to further strengthen records of service user involvement in decision-making and support planning.

During the inspection, the regulation officers were given a tour of the home. Information boards display details about available services, employment opportunities, and local rental properties. Bedrooms are spacious, well presented, and equipped with en-suite facilities and included one wheelchair-accessible room to meet the needs of those requiring accessible accommodation. The home was clean, tidy, and well maintained, with the lounge area having recently been redecorated.

Overall, the service demonstrated a caring and respectful approach, promoting both safety and independence while recognising the individual needs, vulnerabilities and complexities of those receiving support.

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 operates within a clear governance structure overseen by The Shelter Trust, with support from senior management, trustees and central functions including human resources, finance, training and administration. Monthly provider reports and weekly project management meetings support oversight of occupancy, staffing, incidents, training, supervision, environmental improvements and progress towards independence and move-on planning.

A recently introduced electronic recording system automatically notifies the Registered Manager when accident or incident reports are completed, enabling timely review and consideration of whether notification to the Commission is required. The system also allows compliments relating to staff practice to be shared directly with the staff member concerned, supporting recognition of good practice.

The Registered Manager has a good understanding of the service, the individuals supported and the risks associated with the service model. They understand the strengths and development needs of the staff team and, in response to staff feedback, adjusted staffing arrangements to ensure responsibilities were allocated according to staff competence and experience.

Staff described the Registered Manager as approachable, supportive and accessible, with clear out-of-hours support available through the on-call management system. One staff member reported feeling, *"respected, valued and appreciated"* and described the Registered Manager as *"approachable and open".* Another valued the autonomy given to staff, including involvement in initial assessments and responding to challenging situations.

Staff supervision is undertaken regularly and incorporates discussions associated with appraisal, as a separate annual appraisal process is not in place.

Staff described supervision as an opportunity to identify training and support needs, and evidence demonstrated that feedback raised through supervision had resulted in changes to practice.

The organisation's focus on staff wellbeing is positively recognised, with staff having access to counselling, debriefing and reflective supervision. Staff spoke positively about working at the home, describing their roles as rewarding and expressing pride in supporting individuals to feel safe.

Staff meetings are held quarterly; however, feedback gathered during the inspection identified some concerns regarding respectful communication during meetings and wider team dynamics. Some staff felt that issues raised were not always followed up, resulting in mixed views about communication within the home.

The Registered Manager is aware of these concerns and has introduced measures to improve communication, information sharing between shifts and working relationships. Further opportunities remain to strengthen team cohesion and ensure significant information is consistently communicated and understood across the staff team.

The service has a comprehensive range of policies covering safeguarding, health and safety, lone working, recruitment, professional boundaries and risk management. These reflect the risks associated with the service, including homelessness, substance misuse, self-harm and mental health concerns. Policies are regularly reviewed and generally provide clear guidance for staff.

Complaints and feedback are managed in accordance with organisational procedures. Evidence demonstrated that complaints are investigated, learning is shared with staff and improvements are made where required. Clients are encouraged to provide feedback through a range of methods, including a confidential feedback box and quick response (QR) code. This demonstrates that the organisation values the views of those using the service and uses feedback to support reflection and improvement.

Feedback received from individuals using the service was consistently positive. One person described staff as *"non-judgemental, kind, caring, supportive and available".*

Overall, feedback reflected a service where clients felt supported and treated with dignity and respect, while established governance, feedback and quality assurance processes supported ongoing review and improvement.

What staff said:



What clients said:

I couldn't fault it. My room is lovely.

Very supportive here.

Very happy here. Best thing I did. All the staff are most beautiful people. Treated me as family.

A professional's view:

The service places the resident front and centre of their work, and I feel they have an excellent record of tailoring their service to each individual's unique needs.

I am constantly impressed with the care and concern shown by staff. I feel they know their residents well and despite the vast differences between each resident's needs, they strive to support each one effectively.

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 7.11 and 7.12, Appendix 6 Regulation 14 **To be completed:** by 31/01/2027	The registered person must ensure that medication management and training meets the required standards. This should include: • All staff having completed an accredited level three medication administration module (vocational qualification) and subsequently be assessed annually for competency. • Recording on MAR's is to be accurate • Medication is to be stored under optimum environmental conditions • PRN protocols and medication self-assessments are to be introduced.
	Response by the Registered Provider: Corrective action has been taken in relation to medication management and training.

To ensure there is clear evidence that the required improvements have been made, the following action will be taken:

- The Provider must submit written confirmation to the Commission when the area of improvement has been achieved

These actions will be used to track progress, confirm completion, and provide assurance that the necessary improvements have been achieved.

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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