Jersey Care Commission

Summary Report

Venetia House

Care Home Service

Roseville Street
St Helier
JE2 4PL

Inspection Dates
6 August and 8 September 2026

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

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.

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 registered provider: Corrective action has been taken in relation to medication management and training.

The full report can be accessed from here.