INSPECTION REPORT

Strathmore

Care Home Service

80 Marks Road
St Saviour
JE2 7LD

Inspection Date
01 October 2025

Date Published
17 November 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 Strathmore. 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 Care Personal Support
Categories of care	Homelessness, Children
Maximum number of care receivers	16
Maximum number in receipt of personal care/personal support	16
Age range of care receivers	16-25 years old
Maximum number of care receivers that can be accommodated in each room	Rooms 1-3, 6, 7, 10-13, 17 & 18 – One person Rooms 8, 9 & 14-16 – Two people
Discretionary Conditions of Registration	
None	
Additional information	
Updated Statement of Purpose received during pre-inspection process.	

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

The Regulation Officer provided further advice to the Registered Manager, regarding the categories of care. The Registered Manager expressed concerns of keeping personal care in their registration, as they do not provide this service, therefore further discussion are to take place with the Registered Provider as to remove or to continue with personal care in their registration.

3. ABOUT THE INSPECTION

3.1 Inspection Details

On 12 June 2025, prior to the inspection visit, two regulation officers attended the main office to review safe recruitment files, policies and procedures, and staff training records. Please note that throughout this report, references to who gathered the information may alternate between "the Regulation Officer" and "regulation officers."

For clarity and consistency, throughout this report the term 'service users' will be used when referring to care receivers. This ensures alignment with the terminology commonly used by the service.

This inspection was announced, and one week's notice was given to the Registered Manager to ensure their availability during the visit. The announced inspection visit itself was carried out by one Regulation Officer.

The Registered Manager was present during the inspection visit.

Inspection information	Detail
Dates and times of this inspection	01 October 2025 09:00-13:30
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	15
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	11, 12 and 19 November 2024 One IRStrathmore2024.11.19Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the area for improvement identified at the previous inspection on 11, 12 and 19 November 2024, as well as 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, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how the area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the area for improvement had been achieved. This means that there was evidence of staff completing the Level 3 accredited Medication Administration Module, and yearly competency assessments have now been introduced to the service.

4.2 Observations and overall findings from this inspection

Prior to the inspection visit, regulation officers reviewed staff files and confirmed that recruitment checks, including references and DBS checks, had been completed. Induction packs were comprehensive, containing completed induction performances, mandatory training, orientation to the service, and competency assessments. Training records confirmed completion of e-learning, practical, and specialist training relevant to the service. Staffing levels were sufficient to meet the needs of service users, with almost all staff having achieved Level 3 qualifications. Only one member of staff is still to undertake their qualification, meaning the service consistently exceeds the minimum requirement of 50% of staff at Level 2 or 3 whilst on duty.

Medication management was robust, with two daily audits, and a Controlled Drugs book maintained in line with policy. The Registered Manager highlighted challenges with external medication providers, which staff addressed through additional monitoring to ensure timely and accurate administration.

Care plans and risk assessments were up to date, individualised, and aligned with service users' assessed needs. Each service user had a bespoke pre-assessment and was allocated a key worker. Regular review meetings took place, and daily entries were in place. Health and safety measures, including fire drills, equipment checks, and fridge temperature monitoring, were completed alongside external contractor checks.

Communication was effective. The open-door policy, daily handovers, and ongoing shift discussions ensured staff were aware of service users' needs. Weekly managers' meetings supported coordinated decision-making.

Care planning supported the physical, emotional, and social wellbeing of service users. Mealtimes accommodated dietary needs and promoted choice, while daily activities encouraged engagement, education, and personal development. Behaviour and relationship management were embedded in care planning, supporting positive interactions and conflict resolution.

Policies covering safeguarding, whistleblowing, medication, and incident management were reviewed and updated in February 2025, with a further review in September 2025. Feedback from staff and service users confirmed a positive culture, accessible leadership, and effective governance. Occupancy remained stable at around 15 service users, with spare capacity maintained for flexibility. Overall, the service demonstrated consistent good practice in governance, care delivery, staff development, and service user engagement.

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 the information held by the Commission about this service was reviewed, including the previous inspection report, review of the Statement of Purpose and notification of incidents.

The Regulation Officer gathered feedback from two service users willing to engage during the inspection visit. A poster with the Commission and Regulation Officer's contact details was also left on the premises. The Regulation Officer offered to go at a different time post-inspection visit, if any other service users wished to speak face-to-face. No further service users expressed a wish to provide feedback. The Regulation Officer also spoke with the service's management and other staff. Additionally, feedback was sought from seven professionals external to the service, of whom three responded.

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

The Regulation Officer delivered feedback to the Registered Manager at the conclusion of the inspection visit, with a follow-up email sent five days later to reiterate the key points discussed.

This report sets out our findings and includes any areas of good practice identified during the inspection.

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

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Medication Competency	Medication Management Medication Policy Level 3 Medication Administration Module Certificates Yearly Medication Competency Assessments
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 Rotas Training Matrix Feedback from service users, staff and professional's external to the service Medication Management Care Plans and Risk Assessments Health and Safety Checks & Audits Staff Rotas Observations from walking around the inside and outside of the care home
Is the service effective and responsive	Statement of Purpose Effective communication – Open door policy and handovers Feedback from service users, staff and professionals external to the service Whistleblowing policy Supervisions and Appraisals Records Business Continuity Plan
Is the service caring	Staff Wellbeing Policy Feedback from service users and staff Care Records Observation of service delivery
Is the service well-led	Discussions with the Registered Manager License Agreements Accident and Incident Log Policies and Procedures Feedback from service users, staff and professionals external to the service Statement of Purpose Monthly Provider Reports

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The regulation officers reviewed staff files to ensure that all recruitment checks had been completed, including references and DBS evidence. Induction packs were examined and found to contain records of completed forms, orientation to the service, mandatory training, and competency assessments.

Training records were also reviewed to confirm completion of e-learning, practical, and specialist training relevant to the service's category of care. Staff rotas were reviewed to assess staffing levels in relation to the number of service users, covering both day and night shifts, and to confirm that planned staffing aligned with the registered capacity. Staff were consistently present on every shift. Almost all held a Level 3 qualification, with only one staff member yet to complete theirs. This means the service not only meets but regularly exceeds the requirement for over 50% of staff on duty to hold a Level 2 or 3 qualification, which represents good practice.

Feedback from staff:

We take medication extremely serious and ultimately we want to ensure the safety of staff and service users at all times.

Medication management procedures were reviewed. The service conducts two daily audits, maintains no excess stock to minimise errors and waste, and has a Controlled Drugs (CD) book and CD cupboard in place, with all entries signed by two staff members as per internal policy. The Registered Manager highlighted some challenges regarding medication supplied by external services, alluding to delays and differing systems, which require Strathmore staff to take additional measures to ensure timely and accurate administration.

A sample of care plans and risk assessments was reviewed to assess whether they were current, individualised, and aligned with service users' assessed needs. Each service user receives a bespoke pre-assessment prior to admission. The review found that care plans and risk assessments were up to date, personalised, and clearly reflected the individual needs of each service user, demonstrating that the service takes a structured and person-centred approach to care planning.

The service uses an online system which prompts staff to update care plans and flags overdue reviews. Each service user is allocated a key worker, and regular review meetings are held. Daily entries by support workers were observed, and risk assessments were updated regularly.

Health and safety arrangements were also discussed. External contractors, such as CI Fire, carry out regular maintenance of fire alarms and emergency lighting. In addition, staff completes in-house safety checks, including fire drills, checks on fire doors, and monitoring of fridge temperatures, to ensure the environment remains safe.

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 Regulation Officer discussed with the Registered Manager how the service demonstrates effective communication. The service operates an open-door policy, enabling staff to speak freely with the Registered Manager. In addition, two handovers occur daily, during which discussions take place regarding each service user, including potential risks or concerns. The Registered Manager emphasised that ongoing communication occurs throughout each shift, ensuring all staff are aware of each service user's status at all times.

Feedback from staff:

There's a manager on site (…) and if there's any advice, concerns or guidance they are always more than happy to help and if there's any problems at the weekend there's always a manager on call who we can speak to if we are not sure what to do.

This was observed during the inspection and supported by feedback from staff and service users, which highlighted the effectiveness of communication within the team.

Weekly managers' meetings are held to share updates, coordinate work, and address challenges as a team. These meetings support effective information sharing across The Shelter Trust.

Service user licence agreements were reviewed and found to include information about ground rules, charges, and the rights and responsibilities of each service user, demonstrating transparency and clarity regarding service expectations.

Documentation confirmed that information about the service and individual care plans is accessible to both service users and support staff. Communication processes are in place to ensure that service users' views are recorded and considered during care planning and reviews. Feedback from service users and staff confirmed that they felt included in the delivery of care and support on a daily basis.

The service also has a business continuity plan, detailing procedures to maintain care provision and staff deployment during emergencies or unforeseen circumstances. An on-call manager is available at all times, and staff confirmed they are aware of how to access this support when needed.

Is the service caring?

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

Health and wellbeing outcomes were supported through comprehensive and personalised care plans, which reflected both the physical, emotional, and social needs of service users. Care planning involved detailed assessments on admission, regular monitoring, and periodic reviews to ensure that care provision remained relevant to individual needs. Relevant professionals from mental health and child and adolescent services were consulted as appropriate to support complex needs.

Care plans also included guidance on managing health conditions, medication requirements, and personal routines to promote consistency and stability.

Feedback from staff:

We have had success stories of people finding jobs and then moving into their own flat; if we feel they are ready to live independently or be enrolled in college and then moving onto university where they can get a degree.

The plans were structured to reflect wider outcome areas, such as the individual's living arrangements, ability to care for themselves and their environment, and financial management.

Support was also identified in relation to friendships and relationships, maintaining physical health, and promoting emotional wellbeing. Plans further considered how service users spend their time, including education, employment, and meaningful activities, while also addressing risks linked to alcohol or drug misuse.

Daily activities were structured to promote engagement, social interaction, and personal development. Service users are encouraged to take part in educational opportunities and additional activities, such as going to the gym, and are supported in finding employment or other meaningful occupational activities.

Mealtimes were observed to provide a positive social environment, with meals served in the communal dining area, offering choice and independence. Drinks and sandwich ingredients are available throughout the day and night, in addition to structured meal provision for breakfast, lunch, and dinner. Staff ensure dietary requirements, including vegan, vegetarian, and allergen-specific needs, are met. Packed lunches are prepared for service users attending school or work to ensure nutritional needs are maintained outside the home, and food is accessible 24/7 for those wishing to eat at other times. The service also benefited from regular donations from a local retailer, which supported variety and choice in meals.

Relationships and behaviour management were embedded within care planning and risk assessments. Staff consistently monitor interactions between service users, supporting them in developing communication skills, managing conflicts, and maintaining positive social connections.

Key workers facilitate regular discussions with service users to review care plans, discuss daily routines, and address concerns regarding relationships or social participation.

Staff observations and daily records demonstrated ongoing attention to the individual needs of service users. Risk assessments were actively linked to care planning, and incidents or behavioural concerns were reviewed promptly, with appropriate adjustments made to care provision. These measures ensure that each service user is supported holistically, with consideration for their physical health, emotional wellbeing, social engagement, and personal development.

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, license agreements were checked and confirmed to be in place for all service users. These agreements clearly set out the rights and responsibilities of the service users, along with the service's ground rules, demonstrating a transparent approach to the support provided and expectations.

The service has a structured system for managing incidents, including clear procedures for reporting, recording, and reviewing accidents and incidents. Staff were able to explain these procedures and demonstrated an understanding of when and how to escalate concerns. A sample of internal incident records, alongside notifications submitted to the Commission, was reviewed. These records were detailed, linked to updated risk assessments, and showed evidence that incidents were appropriately monitored and followed up.

Policies and procedures covering key areas such as whistleblowing, safeguarding adults and children, medication administration, and accident and incident management were available and accessible to staff. Independent employment and health and safety specialists conducted a full review and update of all The Shelter's policies and procedures in February 2025, with further updates made in September 2025.

The Registered Manager, who is also the safeguarding lead, confirmed that the safeguarding policy was currently being reviewed. It was recommended that all policies include a clear review or expiration date to ensure they remain current and compliant.

Feedback from staff and service users highlighted a positive culture within the service. The Registered Manager was described as approachable, and staff felt confident raising concerns and seeking guidance when necessary. Service users reported that they felt listened to and able to speak directly with staff about their care. An open-door policy was observed during the inspection, reinforcing accessibility and transparency. Staff also reported that the manager regularly worked alongside them, which supported visible leadership and encouraged best practice.

Service user feedback:

The staff are great; I get along with everyone!

Weekly managers' meetings were held to ensure consistent communication, coordination, and problem-solving across the service. Records confirmed that the service continued to operate within its registered scope and that governance arrangements supported the safe delivery of the service.

Occupancy levels were discussed, and the service consistently maintained around 15 service users. The service also tries to have a spare room if it is necessary to relocate a service user.

What service users said:

I have been really supported, they don't judge me or make me feel bad.

They are supporting me with my goals, and I am very grateful. I have my room, my goals, this is home.

Staff support me all the time, even and specially when I am in a crisis moment. I feel safe and supported in the end of the day.

Staff feedback:

I feel it is very reassuring for them [service user] that no matter what time of day or night, there's always someone here who can give advice or just be a shoulder to

Just wanted to say I have been working here for just over a year, and it has been great.

I feel the service is safe, all the staff there have the best interests of the young people at heart and do their best to ensure their safe in their temporary home.

A professional's view:

Staff go above and beyond to deliver the best possible care. The service is effective and responsive and very much in need.

I've always found the service to be effective and responsive. They are easily contactable and responsive.

They are caring and aim for the well-being of those in need. I have worked with the manager on several cases, they appear to be a good manager, and cases are well supported and managed.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and 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.

Jersey Care Commission

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