Jersey Care Commission

Summary Report

Strathmore

Care Home Service

80 Marks Road
St Saviour
JE2 7LD

Inspection Date
01 October 2025

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17 November 2025

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.

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.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an improvement plan is not required.

The full report can be accessed from here.