



**Jersey Care
Commission**

INSPECTION REPORT

Stuart Court

Care Home Service

**La Rue de Haut
St Lawrence
JE3 1JQ**

**Inspection Dates
6, 8 and 11 May 2026**

**Date Published
3 June 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 Stuart Court. The Care Home is operated by Methodist Home for Aged (Jersey) 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	Adult 60+
Maximum number of care receivers	28
Age range of care receivers	60 Years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-26 One person Rooms 27 & 28 One Person Respite
Discretionary Conditions of Registration	
None	
Additional information	
A Statement of Purpose was provided to the Regulation Officer during the inspection period. This was discussed at inspection and found to be reflective of the service provided.	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration 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 unannounced and took place without prior notice to the home. The Commission carries out unannounced inspections as part of its regulatory approach to observe services in their usual operating conditions, and Stuart Court was selected for inspection in line with this approach. The Registered Manager was present for the two unannounced visits, and the Deputy Manager was present for the third visit.

For the purpose of this inspection report, the term 'care receivers' has been replaced with 'residents', as this is how the home refers to people living in the home.

Inspection information	Detail
Dates and times of this inspection	06/05/2026 10:00-13:30 08/05/2026 07:30-11:30 11/05/2026 18:30-20:00
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	28
Dates of previous inspection	9, 11 & 19 June 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_SC_Inspection_20250619.pdf

3.2 Focus for this inspection

This inspection included a focus on the below 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

The inspection found that Stuart Court provides a safe environment where residents are protected from abuse and avoidable harm. Recruitment processes are in place and include appropriate checks to ensure staff are suitable to work with residents. Health and safety systems are well established, with regular audits and checks in place. Medication is managed safely, and staff demonstrated a clear understanding of safeguarding and incident reporting processes. The environment is clean, well maintained and supports residents' independence, including the use of signs to help residents find their way round the home.

Care planning is person centred and regularly reviewed, with residents involved where possible. Staff use a range of communication methods to support understanding and engagement. The service works with external professionals to meet residents' health needs and demonstrates a proactive approach to end of life care. Activities and daily routines are flexible and tailored to individual preferences, supporting independence and wellbeing. Residents are also actively involved in decisions about food and menu planning.

Staff were observed to interact with residents in a respectful and compassionate way. Residents appeared relaxed and comfortable, and relationships between staff and residents were positive and well established. Feedback from residents and professionals reflected confidence in the care provided. Care plans reflect individual needs, and staff respond appropriately to changes in health and wellbeing.

Leadership arrangements provide effective oversight of care delivery and support a positive team culture. Staff reported feeling supported and able to raise concerns. Systems are in place to monitor quality, including regular provider reports and clear policies and procedures.

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, variation requests and notification of incidents.

The Regulation Officer gathered feedback from residents during the inspection visit, and six of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by four 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 on by email two weeks post inspection visit.

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	<ul style="list-style-type: none"> • Recruitment records - references and DBS checks • Induction pack • Governance – audits and action plans • Staff training records • Medication records • When required medication guidance • Medication competency checks • Risk assessments • Incident and notification records • Staffing rotas • Environment observations • Feedback from residents, staff and relatives
Is the service effective and responsive	<ul style="list-style-type: none"> • Care plans • Communication tools and methods • Welcome and service information • Activity schedules • Resident involvement in daily routines • Health referrals and monitoring records • Feedback from residents, staff and relatives
Is the service caring	<ul style="list-style-type: none"> • Care plans • Resident preferences information • Daily records • Behaviour monitoring • Health and wellbeing records • Observations of care and interactions • Feedback from residents, staff and relatives
Is the service well-led	<ul style="list-style-type: none"> • Statement of Purpose • Policies: Safe recruitment; Staffing; Transport; Complaints; Supervision • Monthly provider reports • Governance and monitoring records • Staff supervision and appraisal • Staffing rotas • Incident and quality assurance records • Feedback from residents, staff and relatives

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Stuart Court provides accommodation and care for adults aged 60 years and above and operates within its conditions of registration.

Safe recruitment arrangements are in place. Recruitment processes follow the Standards and include appropriate pre-employment checks such as interview records, references, Disclosure and Barring Service checks and a structured induction process. This supports safe decision-making and ensures staff are suitable to work with residents. An up-to-date Statement of Purpose was reviewed that reflects the care delivered, with minor updates identified, agreed and achieved at the time of the inspection.

Health and safety practices are robust and well embedded. The Regulation Officer reviewed audit records showing that regular checks are completed, including bed and mattress checks, infection prevention and control, fire safety and emergency equipment. Staff also demonstrated a clear understanding of how to raise concerns and escalate incidents. This was considered an area of good practice.

Medication management was safe. Records were complete and accurate, including 'when required' medication, which was also reflected in care plans. Medication audits showed clear actions and follow-up. Staff competency is assessed annually and evidence of this was reviewed.

Blood glucose monitoring had been undertaken in the past by trained staff members as a delegated task. While this practice was appropriate, there is limited evidence of regular competency review since 2024, and clearer arrangements would strengthen assurance, as there are still a demand for staff to carry out this task occasionally. While the current approach is broadly appropriate, clearer arrangements to confirm ongoing competence would strengthen practice and support alignment with guidance on delegated healthcare activities. The home is currently seeking further advice.

Incident records show that risks are identified and monitored. Records were consistent with notifications submitted to the Commission, and all were documented in each resident's care plan. Appropriate action was taken following incidents, including reviewing care plans and risk assessments. The Regulation Officer discussed the accidents and incidents reporting process with staff on duty, and they demonstrated awareness and were able to explain the process.

The environment was clean, safe and suitable. To enable residents to navigate the home independently a wayfinding system has been introduced, which helps residents to manage for themselves where possible rather than becoming totally dependent on care staff and others. This was identified as an area of good practice.

During the inspection, residents appeared comfortable and secure. Interactions were calm and supportive, and residents were observed moving independently around the home with confidence.

Overall, the home provides safe care, with effective systems in place to manage risks and protect residents from harm.

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.

Care is planned and delivered in a way that promotes understanding, involvement and choice. Staff use a range of communication approaches, including informative boards spread across the home, newsletters, regular residents and relative meetings, where feedback is strongly encouraged with an open-door approach. This is an area of good practice.

Care planning processes are person centred. The Regulation Officer found evidence of residents being involved in care plan reviews. Plans are updated when needs change, ensuring care remains responsive. Records showed appropriate and timely referrals to external healthcare professionals.

The home demonstrated elements of the Gold Standards Framework. Care plans show clear information about residents' stages of care, with timely referrals to ensure appropriate support. The home also undertakes post-death reviews to reflect on practice and support team learning.

Residents are supported to engage in meaningful activities. Activity programmes reflect individual preferences and promote wellbeing. Participation is flexible, allowing residents to choose how they spend their time. Feedback received showed that the home facilitates different types of activities, that may not necessarily be part of the activities programme, but are tailored to the residents' preferences, such as a quiet zone to read a wide selection of books, a well-maintained garden to walk around, knitting and watching television.

Nutrition and hydration needs are well supported. Residents are involved in menu planning. The open kitchen design allows interaction between the chef and residents. There is also a board where residents place different recipes or suggestions for the chef to consider for future meals. Additionally, the resident's meetings can be used to explore nutrition, and feedback is encouraged. There is a weekly menu prepared by the chef based on this feedback.

Overall, care is responsive to individual needs and supports independence, and engagement.

Is the service caring?

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

Staff demonstrated a good understanding of residents as individuals. Care plans include preferences, routines, and staff were observed applying this in practice.

Residents are supported to make choices about their daily lives. Communication methods are used where required to support involvement in decision-making. Capacity and self-determination training is offered to the staff, and this is monitored by the home. The Regulation Officer was able to verify that this is up to date and closely monitored.

Staff interactions were kind, and residents were observed to be relaxed and comfortable in the presence of staff, with positive and well-established relationships.

One resident shared, "*I am happy here*" and spoke positively about the support they receive. Health and emotional wellbeing are supported through ongoing monitoring and responsive care. Staff act promptly when needs change and seek professional advice where required, this was evidenced in the care plans and feedback received from external professionals, "*staff have good knowledge of the people they support*".

The Regulation Officer had the opportunity to observe, discuss and review the care plans related to essential care. The routines were flexible, the residents were well presented, the care plans were person-centred. It was noted that some health appointment recording, such as dental or ophthalmology checks, was not consistently tracked. This was acknowledged by the home, and a new monitoring tool was implemented during the inspection process.

Overall, the home provides compassionate and respectful care. Residents are supported in a way that promotes dignity, comfort and a sense of belonging.

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.

Leadership is visible and accessible. Staff described the management team as approachable and supportive and reported feeling valued in their roles. Supervision arrangements support reflection, development and safe practice.

The supervision policy meets expectations for staff support and oversight. It sets arrangements for supervision, including frequency, purpose, and documentation, and shows that supervision is used to support staff development and competence.

The home has clear ways for residents, relatives and staff to share feedback. The home has a feedback box in the reception where anyone can place their comments if they wish to do it this way. The manager was always visible and operates an open-door policy. Concerns can be raised openly, and this was confirmed by the feedback received from the residents, *"if I have a concern, the service will listen and help me"*. This was seen as an area of good practice.

Monthly quality reports provide overview and assurance of service performance. These are completed independently of day-to-day management and include staffing, safety, compliance and seek regular feedback from staff, residents and external professionals. Action plans are in place and progress is monitored.

The Regulation Officer reviewed key policies, including complaints, staffing, transport and duty of candour. These were found to be in place, clear and aligned with standards.

Staffing is planned to use a structured approach based on residents' needs. Rotas support continuity and safe working hours. The Regulation Officer reviewed staffing rotas and training records, which demonstrated that staffing levels and skills are aligned to residents' needs. Training records confirmed that staff have completed mandatory training, supporting safe and effective care. This approach supports the Standards relating to safe staffing and staff competence.

What care receivers said:

I could not
ask for better!

It is a lovely calm,
pleasant atmosphere.

I love it here;
everyone is so nice!

What relatives said:

Staff are very considerate, friendly and have mostly worked
there for long periods of time so has consistency.

Friendly,
approachable staff.

They always respond promptly
when I contact them.

The staff are really caring, friendly, approachable and respectful. I
cannot fault them. There are a good variety of activities and
excellent food. The building and gardens are well maintained.

A professional's view:

Staff are caring, compassionate and attentive to residents' wellbeing.

Residents are usually very well cared for.

I have not had any concerns regarding the safety or wellbeing of residents.

What staff said:

I have worked here for 26 years and still like working here.

We are a good team and get on well.

We support each other to provide the best for residents.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore 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.



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