



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Sandybrook Nursing Home**

**Care Home Service**

**Les Grupieaux  
St Peter  
JE3 7ZZ**

**13, 19 December 2021 and 27 January 2022**

## **THE JERSEY CARE COMMISSION**

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 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.

## **ABOUT THE SERVICE**

This is a report of the inspection of Sandybrook Nursing Home. The service is situated in St Peter, within close proximity to a day centre, also operated by the same service provider. The home is a two storey building with single bedroom accommodation provided over two floors and communal lounges on both floors. Parking facilities are provided to the front entrance of the building and there is an enclosed garden, which can be accessed directly from bedrooms on the ground floor.

The home's registration conditions allow nursing care to be provided for to up to twenty four people, who require care either on a long term basis, in order to prevent hospital admission or following hospital discharge. According to the Statement of Purpose, the home, "provides continuing care for adults over the age of 55 years with a range of physical complex medical needs, chronic conditions such as dementia and stroke, who require 24-hour nursing care".

The home has been operational for a number of years and became registered with the Commission on 14 April 2021.

Regulated Activity	Care Home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: Nursing care Category of care: Adult 60+ and hospital prevention</p> <p>Maximum number of care receivers: 24</p> <p>Age range of care receivers: 4 care receivers aged 18 years and above 20 care receivers aged 60 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Bedrooms 1 – 4: One person over the age of 18 years Bedrooms 5 – 24: One person over the age of 60 years</p> <p><u>Discretionary</u></p> <p>As the registered manager, Lindsey Herriot must complete a Level 5 Diploma in Leadership in Health and Social Care by 25 August 2024.</p>
Dates of Inspection	13 and 19 December 2021 27 January 2022
Times of Inspection	2.15pm – 5.45pm, 10.50am – 2pm 7.50am – 10:45am
Type of Inspection	Unannounced on 13 December Announced on 19 December Announced on 27 January
Number of areas for improvement	Six
Number of care receivers accommodated on the first day of the inspection	23

The Care Home is operated by Government of Jersey – Health and Community Services and the Registered Manager is Lindsey Herriot.

This is the first inspection since the home was registered on 14 April 2021. Since the home was registered, there has been a change in Registered Manager and the Commission concluded the registration process for Lindsey Herriot on 25 August 2021.

An application to vary a condition on the service's registration was also received on 23 November 2021, which related to amending an age category in respect of one of the bedrooms.

## **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.

Since the home was registered, a new permanent Registered Manager has been appointed who has expressed a commitment to developing and improving certain areas of the home's operation in accordance with the Standards. This is in areas such as enhancing care planning processes, developing written information for care receivers and increasing social activities.

Care receivers on the whole, were appreciative of the staff team and of the efforts they make in terms of the standards of care that are provided, and they described good relationships with the staff team. They said that they felt the staff were kind and caring towards them and described that, whilst they were appreciative of the care they receive, there were limited opportunities for them to engage in social activities outside of the home. Care receivers highlighted that there were limited opportunities for them to speak with the staff team outside of direct care interventions, as they could often see that they were busy providing support to others.

The home was found to be very clean and hygienic in appearance with good infection control measures in place to account for the Covid-19 pandemic. Some improvements have been made to the sluice areas following registration. However, the refurbishment of both assisted bathrooms which will allow care receivers a choice of bathing facilities, is still to be completed. The bedrooms have a clinical appearance, more identifiable with a hospital type environment, but with potential for them to become more homely and domestic. This is an area for improvement.

Newly employed staff are recruited safely and in accordance with the Standards. Staff are provided with opportunities for ongoing training and development and to review their work performance on an individual basis with the Registered Manager.

Feedback from the Registered Manager, other staff working in the home, care receivers and one external health professional indicated that the staffing levels are insufficient based upon the dependency levels of some care receivers. The staffing levels need to be improved upon in order for care and support to be delivered in accordance with the Statement of Purpose. This is an area for improvement.

In addition to improving the staffing levels and improving care receivers' bedrooms, there are four other areas for be improved upon. These relate to providing care receivers with written information about the service and making them aware of the complaints process. Care planning arrangements must be strengthened to evidence care receiver contribution and involvement. The Commission must also be informed where the Registered Manager is absent for a period of 28 days or more.

## **INSPECTION PROCESS**

This inspection started with an unannounced visit to the home and consisted of three separate visits and was undertaken by one Regulation Officer. The first took place during one weekday afternoon and the second follow up visit on a Sunday. The final inspection visit was pre-arranged in order to meet with the Registered Manager, who had been unavailable during the two previous visits.

An unannounced medicine inspection was carried out on 9 December 2021, by a Senior Pharmacist employed by Health and Community Services.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Statement of Purpose and conditions on registration**
- **Complaints**
- **Safe recruitment and staffing arrangements**
- **Care planning**
- **Care home environment**
- **Monthly quality reports**

Prior to the inspection visit, all of the information held by the Commission about this service was reviewed. This included correspondence between the Commission and the Provider about discretionary conditions applied on the home's registration.

The Regulation Officer spoke with nine care receivers and one family member who was visiting at the time of the inspection. Three registered nurses, three health care assistants and the Deputy Manager were spoken with as part of the inspection. Contact was made with one health professional who was known to have visited to the home, to allow them an opportunity to provide feedback to the Regulation Officer. The Regulation Officer examined a range of records which included, samples of care records, training logs, staffing rotas, personnel files, monthly quality reports and electronic medication records.

This inspection included a tour of the premises. A poster was also displayed in the main entrance to the home, informing visitors that an inspection was underway, which invited people to share their views, if they wished.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and informed the Provider of the areas for improvement.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

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<sup>1</sup> The Care Home and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

## INSPECTION FINDINGS

### **The service's Statement of Purpose and Conditions on registration**

The Standards outline the Provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Commission's consideration of the Provider's application to register the service as a care home with the provision of nursing care, took into account the fact that the service had been operational for some time prior to the registration requirement. Numerous pre-registration visits and discussions were undertaken by Commission staff with Health and Community Services staff prior to the registration being concluded.

The home was registered with discretionary conditions which required the Provider to inform the Commission, how the arrangements for access into and out of the home could be adapted and non-operational bathrooms on both floors would be improved. In relation to access into and out of the home, the Provider confirmed that a review of options are being considered; this will be kept under review by the Commission. The Provider confirmed that the refurbishment of the bathrooms is not expected to be completed until January 2023, but the Commission has requested on two occasions, that the Provider give further consideration to bringing this timescale forward. However, the Provider did not engage or correspond any further with the Commission in response to this request.

The Registered Manager advised that, subsequent to the conclusion of the inspection process, she has registered to commence the Level 5 Diploma in Leadership and expects to complete this award by 2024 in order to meet the discretionary conditions on registration.

At the outset of the inspection in December 2021, the Registered Manager was absent and later confirmed to the Regulation Officer that she had been absent for longer than a period of 28 days. The Commission had not been informed of the interim arrangements for running the regulated activity during the period as the Regulations require and this is an area for improvement.

The Statement of Purpose (SoP) makes reference to some practice areas that would benefit from further review to ensure that they align with the Standards and this was discussed with the Registered Manager. This includes the location of the staff handover and the visiting hours that are imposed. The staff handover takes place in the communal dining room at the start of the day and in the communal lounge during the evening. One care receiver told the Regulation Officer, that on one occasion they had been playing dominoes in the lounge and had been asked to leave to allow for the staff team to conduct their handover. The process of sharing information between staff, which would characteristically include confidential details relating to health needs and conditions, should be further reviewed in order that there are no risks with breaching confidentiality and negatively impacting on care receivers' freedom and choice of where to spend their time. There are suitable office environments available and the Registered Manager agreed that she would review this practice.

The SoP also makes reference to restricted visiting hours which have been implemented as a result of the pandemic. This was observed during the inspection visit, where some relatives were observed in the home during the afternoon only.

The Registered Manager confirmed that the visiting restrictions were implemented to comply with the hospital directorate, however it must be recognised that the home is registered as a care home and must adhere to the Standards. The visiting restrictions should be reviewed with the expectation that a more open and flexible approach will be adopted so that visitors will be welcomed at any reasonable time as is stated in Standard 9.4.

During all three inspection visits, the Regulation Officer noted the intrusive sounding of the call alarms which ring throughout the home. The Regulation Officer noted that



during one visit, the alarms sounded before 8am whilst a number of care receivers were in bed.

Although there were no identified issues of concern relating to staff attending to requests for assistance, the continual periodic noise has the potential to undermine care receivers' peace and comfort and negatively affect their overall experience of living in the home. Two care receivers commented that, "the buzzers are a bit annoying, I hear them all the time" and, "I can hear the buzzers and they're quite loud". The Registered Manager acknowledged this and agreed to review the systems in place, so that the noise throughout the home is reduced as much as possible.

The Standards require that people who are considering using the service are provided with information about the service. Care receivers and one family member suggested to the Regulation Officer that they had not been given such information either prior or following the care receivers' move to the home. The SoP states that information about the home is available in English, although there was no evidence that people had been provided with such information. Information should be made available about the home and should include a summary of the services and facilities provided and arrangements for medical and GP reviews, so that care receivers are fully informed about the arrangements in place for access to medical services. This is an area for improvement.

The SoP describes that there are four beds allocated for the purpose of hospital prevention/ recovery and the Registered Manager has developed an admission criteria. The Manager endeavours to assess all potential admissions in order to ensure that their needs can be met in the home as is their responsibility. Care staff described that the care receivers are likely to need a more concentrated level of care and support, due to helping them re learn everyday living skills necessary in preparation for discharge home of which places additional demands upon their workload.

The Standards require all notifiable events to be communicated to the Commission within two working days of any event, which includes death notifications and safeguarding alerts.

On the second day of the inspection, it was noted that the home had raised a safeguarding alert with the Health and Community Services safeguarding team, although had not informed the Commission. This was discussed at the time and a retrospective notifications made.

During the Registered Manager's absence, the Commission should also have been made aware of three notifiable events. This was discussed on the final inspection visit and the Registered Manager acknowledged that a more robust system of communications is to be implemented.

## **Complaints**

The Standards set out the Provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service Providers should closely monitor their implementation.

Discussions with care receivers and one relative during the inspection, confirmed that they had not been informed of the home's complaints policy or procedures. One relative commented that they had not received any information of this nature and "wouldn't know how to formalise any concerns" that they may have. One care receiver told the Regulation Officer that they had spoken directly with the Registered Manager about some concerns relating to their bedroom, which had been resolved to their satisfaction. Therefore, they had confidence that issues would be addressed appropriately.

The Standards relating to receiving feedback about how the service operates was discussed with the Registered Manager, who recognised and accepted that information relating to the complaints policy and procedures is not available for care receivers. Whilst the information needs to set out the internal investigative process

with timescales for action, people also need to be made aware of the Commission's details in case they are not satisfied with the response from the service.

A record of all communication with complainants, results of investigations and outcomes should be maintained in the home and in the same way, a log of all compliments when received, should be maintained to share with the staff team. This is an area for improvement which the Registered Manager agreed to address.

### **Safe recruitment and staffing arrangements**

The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The Standards and Regulations set out the Provider's responsibility to ensure that there are at all times suitably recruited, trained and experienced staff available to meet the needs of care receivers.

New staff are recruited in accordance with the Government of Jersey's safe recruitment policy and the process is undertaken and managed by the Government's Human Resources team. The Regulation Officer reviewed a sample of staff personnel records which found that Standards in relation to safe recruitment practices are met. Records including enhanced criminal records checks, references, proof of identity, right to work in Jersey and the applicant's statement of personal qualities are obtained and reviewed by the HR team before the applicant is provided with a contract of employment. There was evidence that the Registered Manager had reviewed all of the core data involved in the recruitment process before the employee started work in the home.

The Registered Manager and Deputy Manager are both registered nurses, employed on a full-time basis and who maintain a regular presence in the home. The staff team consists of registered nurses, health care assistants, a ward clerk, domiciliary staff and an activities coordinator. In addition, there is access to a doctor in the home during the week. A sample of staffing rosters were examined which showed that there are at least two registered nurses and six health care assistants on duty throughout the day, and two registered nurses and two health care assistants overnight. The staffing rosters showed that some staff are working in excess of the recommended 48 hours during the week, although it is recognised that there are staffing challenges in the care sector currently.

During the first two inspection visits, which took place at different times of the day, the Regulation Officer observed health care staff constantly attending to care receivers' needs and it was noted that staff were working in pairs to meet the majority of care receivers' dependency levels and mobility needs. The Regulation Officer spoke with the Registered Manager, registered nurses and some health care assistants who expressed that the staffing levels were insufficient to allow for interactions and conversations with care receivers beyond providing personal care and support to them.

All staff described that whilst the staffing levels throughout the day supported the provision of personal care, there was limited opportunities to spend time speaking with care receivers and they felt that this was an important aspect of their role that they could not fully address. They said that they recognised that it was difficult for them to adequately or consistently meet care receivers' social needs, without support from more staff members. They commented that they were unable to facilitate activities such as taking care receivers for walks in the area close to the home and on occasions, felt like they were compromised in being able to respond to their requests for assistance in a timely manner.

Staff spoke of some of the ways that care receivers' wellbeing is catered for and described the aspects of support that care receivers require help with, including, personal care, continence management, nutrition and hydration, prevention of pressure sores, mobility needs and medication management. They described that, the majority of care receivers are unable to self-care in many aspects of their daily lives which is reflected in the Statement of Purpose, "*that care receivers have a range of physical and complex medical needs, chronic conditions and who require 24 hour nursing care*".

Staff spoke in detail of care receivers' care requirements which confirmed they had a working knowledge of their general health and interventions required to promote their health, safety and wellbeing. They were able to distinguish the varying approaches needed to maintain and develop care receiver's independence in preparation for their discharge home and for those care receivers who are entirely dependent upon staff for all activities of daily living.

Staff made the following comments to the Regulation Officer:

“There’s not enough staff, everyone is doubles and we don’t have enough time to spend quality time”

“We’ve had a few managers over the past few years and we feel really pushed with the staffing levels now, we can’t give the quality touches like sitting and chatting to residents or taking them into the garden, you just feel rushed to go from one to the next. We feel that we need more staff that would help the residents definitely as they often don’t get the social stimulation they should”

One health professional told the Regulation Officer that when they visit the home, “it’s always busy and difficult to find staff as they’re always busy”. They described the staff team as “lovely and dead friendly” and always take on board specialist advice that is provided to them. They spoke positively about the Registered Manager and of her efforts in “trying to do a really good job” and felt that she would benefit from some additional support from within the Organisation on the basis that she is new to her role. The Registered Manager recognised a shortfall in staffing levels according to care receivers’ dependency levels and care needs and had escalated this to their senior management team some months earlier.

Two care receivers referenced their inability to exercise a degree of choice over their personal preferences regarding going to bed which they attributed to staffing provision. One person said, “you can’t really go to bed when you want, normally they ask you to go to help the other staff” and “it’s a bit early when we go to bed but they’ve got so many people to see to so they ask you to go to bed”. Another care receiver said “sometimes in the day it takes a long time to answer my bell”.

Taking into account the findings as described above, the Provider should make arrangements to improve the staffing levels in the home to demonstrate that they facilitate and allow for care and support to be of a good quality and which can be provided in accordance with the Statement of Purpose and Standards. This is an area for improvement.

Care receivers on the whole spoke highly of the staff team and, during conversation, they made the following comments to the Regulation officer:

“I’ve just had a lovely lunch and I’m looked after really well. We have a good laugh, they help me in the morning. Sometimes in the day it takes a long time to answer my bells but they do come”

“Overall they’re [the staff] very good and most staff want to cheer you up and the atmosphere is really good. They come really quickly and they always answer [the call bell]. I’m well impressed with the staff”

“They try their best to help you, it’s not too bad overall. The staff are good and I get on well with them”

“I like it here and when I ring my bell I get help”

“I’m lovely and comfortable here and I’ve just had a lovely sleep”

“I’d like to see the staff a bit more”

“The girls are good, they’re very nice”

“The staff are excellent, they really can’t do enough at all they don’t keep me waiting and there’s very little to complain about”

Health care assistants have all completed a Level 2 vocational award in health and social care and one person has expressed an interest in registering for Level 3. Staff are appropriately supervised and facilitated to attend mandatory and professional development training. The Registered Manager described the training plan put in place for staff, and explained that she meets with all staff on a 1:1 basis to discuss and record their performance and development. Staff have access to these records at all times.

## Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the Provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs and communicated appropriately.

A sample of care receivers' records were examined. These related to those who were living in the home on a long term basis and those that are admitted on a temporary basis, having been discharged from hospital. Care receivers' records are paper based and stored securely in the staff office. Generally, the plans were informed by a range of risk assessments relating to moving and handling, falls and pressure ulcers by way of example. The plans reflected care receivers' physical health, care and support needs for the health conditions they are living with and provided direction about how to deliver care and support. However, improvements are needed in aspects of record keeping as some records were not signed and dated.

There was little evidence of care receivers, or their representatives being included in the development and review of their care and care plans. The SoP states that 'relatives and patients are encouraged to participate in planning care with the Primary Nurse'. There was no evidence that this had happened from the records that were reviewed. Personal plans should be able to demonstrate that the level and type of support provided is in accordance with care receivers' wishes and expectations, and that positive outcomes are being achieved. It was difficult to identify the overall discharge planning goals for those individuals who were admitted as part of a hospital recovery plan. The admission assessment for one such care receiver was undated and unsigned. The care plans for this care receiver related to physical care descriptors only, and there was no evidence that a review had taken place which would evidence the effectiveness of care interventions.

All care plans should include the expressed views and wishes of individuals as far as these can be ascertained. One care receiver's assessment identified that a care plan should have been implemented in respect of one aspect of their health. However, there was no evidence that a care plan had been implemented. Another care

receiver's care plan took account of their religious preferences and recognised that they like to attend a local church. However, there was no information to describe how their religious preferences are being met.

Overall, there was an absence of plans relating to social aspects of care receivers' lives. There was limited evidence that care receivers are encouraged and supported to maintain interests and to have meaningful things to do and to promote their sense of wellbeing. Whilst the home employs an activity worker to support activities, there are limited opportunities for care receivers to access the local community and one person commented, "there's no transport here, so no opportunities for a drive out".

One health professional told the Regulation Officer that they find care receiver's documentation is often duplicated and the plans are not always evaluated. The care planning arrangements must be strengthened and improved upon to meet the Standards and this is an area for improvement.

Individual choices to include sleep preferences should be assessed and sufficiently described within the care plans and routine working practices of the home reviewed to ensure outcomes for care receivers are as they wish.

The Senior Pharmacist employed by Health and Community Services carried out an unannounced medication inspection on 9 December 2021, which evidenced good practice regarding the management of medicines in the home.

### **Care home environment**

Reference was made to Standard 7 of the Care Home Standards which states: "The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay."
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The application documentation that was submitted by the Provider to register the home, highlighted that there are no functional assisted bathrooms available on either floor of the home. The Commission required the Provider to submit a plan specifying when the bathrooms will become operational in order to meet Standards and to ultimately allow care receivers a choice of bathing options. The Provider expects



this aspect of works to be completed in January 2023. It is the Commission's view that the pace of improvement is too slow, as the internal schedule of works included an acknowledgement that the bathrooms required improvement. This schedule of works was produced prior to the home becoming registered with the Commission. Therefore, a significant period of time has elapsed between this acknowledgement and the date of this inspection.

A sample of care receivers' bedrooms were reviewed, and it was noted that they were 'clinical' in their appearance, with the use of hospital type profile beds, laminate style flooring and white boards applied to the walls. One care receiver told the Regulation Officer that their personal furnishings from their own home were in a storage facility and that they would appreciate the opportunity to decorate their bedroom with some of their own furniture and belongings. The Provider must develop a plan for care receivers' bedrooms to become less clinical in appearance and more personalised. Care receivers should be informed as to how and when this can be achieved. This is an area for improvement.

The home was found to be very clean in appearance and cleaning schedules were in place. Staff were seen to be wear personal protective equipment and Covid-19 screening protocols were in place for visitors to the home.

A perimeter fence has recently been provided to enclose the garden areas of the home from the public thoroughfare.

### **Monthly quality reports**

<p>The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the Provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements. The Manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p>
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This Standard was discussed with the Registered Manager who advised that the Provider has not yet appointed a representative to report monthly on the quality of care provided and compliance with registration requirements. The Provider is expected to carry out their own checks and address any issues as and when they

arise as a means of driving a cycle of continuous improvement to benefit care receivers.

The home is subject to periodic quality assurance checks through Health and Community Service's Jersey Nursing Assessment and Accreditation System (JNAAS) process, which provides assurance and evidence that the service is achieving and meeting certain standards.

There was no evidence of governance oversight into the management of the home, whilst the Registered Manager was absent and the Commission had not been informed of the managerial arrangements whilst she was absent. This is an area for improvement.

## IMPROVEMENT PLAN

There were six areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (1)</p> <p><b>To be completed by:</b> immediately</p>	<p>The Provider must ensure that the Commission is notified in writing, should the Registered Manager be absent for a continuous period of 28 days or more.</p> <hr/> <p><b>Response by registered provider: We have now learned from this. All managers within the Medical services care group are aware and will ensure early notification to JCC should the registered manager be absent for longer than 28 days and will cascade this information internally.</b></p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.9 Appendix 5 (Care Home Standards)</p> <p><b>To be completed by:</b> 2 months of the date of this inspection (27 March 2022)</p>	<p>The Provider must ensure that improvements are made to the staffing levels to demonstrate that care is provided in accordance with the Statement of Purpose and to account for the categories of care provided for.</p> <hr/> <p><b>Response by registered provider: A meeting will be set up with the finance team and management team to review this.</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standards 2.4, 2.5 and 2.6</p> <p><b>To be completed by:</b> 2 months of the date of this inspection (27 March 2022)</p>	<p>Care receivers' care plans will identify personal goals and aims and include personal preferences and evidence care receivers' involvement in their development and review.</p> <hr/> <p><b>Response by registered provider: We have introduced a system called resident of the day. This is the room number allocated to the day of the month, the CP will be reviewed and updated accordingly and family/relatives contacted, updated and encouraged to be included within the development of the care plan to ensure patient centred care is maintained.</b></p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 1.2</p> <p><b>To be completed by:</b> 2 months of the date of this inspection (27 March 2022)</p>	<p>Information should be available for care receivers, their relatives and others, so that they know what to expect from the service and of the facilities that are offered. The information should include details as specified in Standard 1.2 and be provided in a range of formats to meet people's communication needs.</p> <p><b>Response by registered provider: A new brochure has been derived and sent to the senior management team within HCS for ratification and this includes the fact that Sandybrook has 2 in house doctors and their working times. This is not a chargeable service and is fully included within the cost. It clearly states There is no OOH GP cover. We will also be looking to have this printed in Portuguese.</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 10.2</p> <p><b>To be completed by:</b> 2 months of the date of this inspection (27 March 2022)</p>	<p>The Provider must ensure that people who receive care and their representatives are aware of the service's complaints policy and procedures.</p> <p><b>Response by registered provider: A new brochure has been derived and sent to the senior management team within HCS for ratification and this includes information on how to submit a complaint, give feedback/ comments on the service. We will also be looking to have this printed in Portuguese.</b></p>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 7.1</p> <p><b>To be completed by:</b> 3 months of the date of this inspection (27 April 2022)</p>	<p>The Provider must make arrangements to improve care receivers' bedrooms so that they appear and feel homely with appropriate décor and personalised with their possessions to meet their needs and preferences.</p> <p><b>Response by registered provider: Staff will speak to the patients' relatives and encourage them to bring in personal items such as equipment photos and pictures. Where the residents do not have any family members Sandybrook can look to purchase personal items from our budget to make the rooms feel more personalised.</b></p>

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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