



**Jersey Care
Commission**

INSPECTION REPORT

Sandybrook Day Centre

Adult Day Care Service

**La Rue du Craslin
St Peter
JE3 7ZZ**

27 and 28 April 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, 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 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 Day Centre. The service is situated in St Peter and linked to Sandybrook Nursing Home. The centre is a single storey building and has plenty of internal space, which enables a range of activities to take place at any one time. The centre is open six days per week, Monday to Saturday. Forty-one care receivers are currently making use of the centre.

The centre provides social day care for care receivers who are living with dementia and those who require support due to social isolation. Opportunities for social outings are offered and provided in order to encourage both mental and physical stimulation. Care receivers attend on specified days agreed in advance at the time of referral into the service and subsequent assessment.

The centre was closed for a period of refurbishment towards the end of 2021, to allow the internal fabric of the centre to be improved upon. The facilities include a dining area, social activities room leading to an outdoor patio area, kitchen, toilets, staff office and clinical room.

Regulated Activity	Adult day care service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care and personal support Category of care: adult 60+, dementia care</p> <p>Maximum number of care receivers who may be accommodated on the premises at any one time: 20</p> <p>Age range of care receivers:60 years and above</p> <p><u>Discretionary</u></p> <p>Rachael Therin registered as manager of Sandybrook Day Care Centre must complete a Level 5 Diploma in Leadership in Health and Social Care by 5 February 2024.</p>
Dates of Inspection	27 and 28 April 2022
Times of Inspection	10:45am – 2.15pm 10:15am – 12.00pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	9 on 27 April 12 on 28 April

The Adult Day Care Service is operated by Government of Jersey – Health and Community Services and the Registered Manager is Rachael Therin. Since the last inspection, completed on 29 March 2021, the Commission received an application from the Provider to register a temporary Registered Manager for the period 2 September 2021 until 19 April 2022. As of 19 April 2022, the Registered Manager, Rachael Therin is now registered with the Commission.

The Commission were notified of the closure of another day service provision also operated by Government of Jersey, Health and Community Services on 31 December 2021. In order to continue to offer a service and accommodate those additional care receivers, the centre was temporarily closed for a period of refurbishment towards the end of 2021. The Regulation Officer visited the centre on 29 November 2021 to review the changes that had been made to the environment, in advance of the centre reopening.

To accommodate additional care receivers, the Commission received an application to vary the conditions on the service's registration which included the category of dementia care. A revised copy of the Statement of Purpose (SoP) was received on 7 January 2022 as part of the variation application.

The discretionary condition on the service's registration was discussed with the Registered Manager, who confirmed that she is progressing through the Level 5 Diploma and expects to meet this within the identified timeline.

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.

Care receivers were extremely complimentary, praising of the support and enjoyment they received whilst attending the centre. Care receivers are given regular opportunities to discuss their experiences and are consulted about the service and make suggestions for outings and activities.

Activities are designed to stimulate and assist care receivers in their daily lives, for example social, physical, emotion and cognitive needs. The operational day to day management of the centre, according to the service's Statement of Purpose (SoP) means that care receivers attend on specific days which reflects their abilities and level of need.

There have been significant improvements made to the environment since the last inspection. Work has been undertaken to upgrade the kitchen facilities to allow care receivers to benefit from preparing and baking foods. Dementia friendly signage, toilets and handrails have been provided also to help care receivers identify areas within the centre.

Each person has a support plan which is devised by staff in the centre which provides an outline of individual needs and skills relevant to their attendance at the

day centre. It was evident from a review of records that care receivers' well-being needs are met in the centre.

There is a consistent staff team who were well motivated and keen to provide an excellent service and they were seen to be confident in their communications and interactions with care receivers who responded positively to them. There are various ways in which the staff and management team communicate and encourage flexibility in their approach to ensure needs are met and care receivers benefit from attending the centre.

INSPECTION PROCESS

This inspection was announced and consisted of two separate visits to the centre over two consecutive days. Notice of the inspection visit was given to the Registered Manager two days before the visit, which was to ensure that they would be available to help facilitate the inspection process. The inspection visits were planned to see how the centre operates whilst supporting care receivers who have differing needs as described in the SoP.

The Adult Day Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report. The Regulation Officer sought the views of the people who use the service and spoke with managerial and other staff.

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

During the inspection, records including care records, risk assessments, menus and staff training records were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, two areas for improvement were identified and an improvement plan was submitted to the Commission by the Provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was good to note that all of the improvements had been made. Whilst no new staff have been recruited since the last inspection, the Registered Manager will ensure that she has oversight of all recruitment documentation relating to all newly appointed staff. Care records showed evidence of care receiver contribution and evaluation of their experiences more clearly than was noted previously.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

Information about the day service is given to prospective care receivers in advance of a placement being offered. The Registered Manager also completes a pre-assessment which is used in conjunction with information, completed by the referrer about care receivers' health needs and identified risks.

An example pre assessment record and referral information were examined which confirmed that care receivers' needs are fully assessed to ensure their attendance at the centre is appropriate and any information which would have a bearing on their attendance identified.

A sample of care receivers' support plans were examined which gave an overview of their abilities, likes, dislikes and preferences which help guide staff as to providing the right level of support. Support plans were supplemented with risk assessments. Background information relating to individual life histories and details relating to the impact of living with dementia also featured in care receivers' records which had been developed by staff in the centre.

The care records showed examples of ways that changes to health were recognised by staff in the centre and relevant health professionals contacted and well-being needs were met. This included one care receiver who was living with dementia informed staff they had some discomfort which staff then investigated appropriately, informed their family member who in turn notified the GP.

Staff completed daily records which related to care receivers' level of participation, enjoyment of activities and any specific observations and issues to note whilst attending the centre. Support plans that had been completed by staff working in the centre were detailed and personalised, although it was noted that the referrer had not developed any support plans to identify specific goals and objectives from attending the centre. Twice daily meetings are held which staff described as a good way of planning and evaluating care receivers' support needs and the outcome of their visits. Staff said these meetings were useful as a means of sharing information across the team which allows them to be up-to-date with care receivers' needs.

The Registered Manager ensures that care receivers are supported in a safe environment with sufficient staffing levels. The centre is sufficiently staffed and varies depending upon the number of care receivers in attendance and their support requirements. On both days of inspection, the staffing complement allowed care receivers to be both supported socially in the community and in the centre.

The staffing levels in the centre allow the centre to operate in line with the SoP to ensure positive outcomes for care receivers. The Registered Manager ensures care receivers' safety whilst in the centre by accommodating less than the maximum number of care receivers than registration conditions allow.

There have been no new staff employed since the last inspection. The Registered Manager is fully aware of the standards relating to safe recruitment of staff.

There have been some improvements made to the environment to support care receivers, who are living with more advanced levels of dementia. This includes a door alarm applied to the main door, a clinical room for safe storage of medicines, dementia friendly signage, colour contrasting toilets and the provision of coloured crockery.

Since the last inspection, the centre now has use of an additional, larger vehicle which can be used to take care receivers out and engage in activities away from the centre. During both inspection visits, care receivers were consulted about venues for outings and some went out for a drive. Whilst the current vehicles are able to support wheelchair users for example, there are certain limitations, which means that care receivers with some physical disabilities cannot access the vehicles. This is something that should be reviewed by the service to ensure that all care receivers can be offered opportunities for a drive.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>

There was a positive atmosphere in the centre and care receivers were seen to be engaging and responding positively to the staff team. Staff described that the centre operates in various ways according to the categories of care and in accordance with the SoP. This was noted over the course of both inspection visits where care receivers' cognitive levels of functioning were widely varied, and which required specific responses and approaches from the staff team.

On one visit, care receivers were seen to be initiating conversations chatting amongst each other, reading newspapers, playing word games and cards. On the other visit, care receivers required staff to offer more support and guidance and prompt them to engage in discussions and activities. The background music and

levels of stimulation were adjusted depending upon care receivers' abilities and this was noted during the visit.

The staff team described that they are kept up to date with care receivers' support needs through twice daily handover meetings and prior to the morning sessions getting underway. They plan activities which are designed to assist care receivers in aspects of their daily life for example, social, cognitive, emotional needs. The team handover discussions motivated staff to think of different and exciting activities and was one way of sharing information about care receivers' needs and wishes. At the end of one inspection visit, a member of staff told the Regulation Officer that they had taken some care receivers to a tourist location and one person described it was their first visit there, which prompted reminiscence discussions about their working life.

Several care receivers attending have a cognitive impairment and others have more advanced dementia. There were photographs depicting the daily choices of meal and one care receiver was observed choosing their lunch from the photographic and large print menu provided. The Regulation Officer spent time in the dining room and care receivers commented that the meals were tasty, and they were well presented. Meals were served individually and reflected individual choices; for some care receivers high contrast-coloured plates were used to assist care receivers see their foods.

Staff were seen to be confident in their communications and interactions with care receivers and understood their personal histories, lifestyles and family connections. This was evidenced by conversations heard from staff to care receivers where they referred to family members, past roles and location and names of family homes.

Feedback from care receivers to the Regulation Officer was overwhelmingly positive about their experiences and spoke highly of the support they received. The Regulation Officer observed that they looked relaxed in their demeanour, smiling, laughing, knitting, reading, playing games and chatting with others. One person said "I love coming, if I had to give it marks, I'd mark it 10/10". Another said "I speak to my friends here and it breaks my days up especially now that I come on a Saturday,

the weekends aren't as long" and another said "the food is lovely, I see people here and we all have a laugh". "There's always surprises here" was described by another person.

The Registered Manager gave an example of a situation where she had engaged with other professional colleagues and the safeguarding team based upon the content of a discussion with one care receiver. This demonstrated that the team acknowledged and recognised the care receiver's concerns and reported them appropriately within the service's safeguarding procedures.

The Registered Manager has recognised that the role of key worker needs to be developed further so that their responsibilities are reflected in practice as described in the SoP, and has plans in place to address this.

Community meetings are held on a monthly basis which allows care receivers' views of the service to be explored and provides an opportunity to discuss their experiences of attending. The meetings are organised in small groups to meet the needs and preferences of those attending. There have been no concerns raised or complaints made about the quality of the service since the last inspection.

Training

<p>The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>

Four staff were consulted with about their work which included the support and direction they are given in their day to day duties and training opportunities. All staff spoken with appeared motivated and keen to provide a good service.

They told the Regulation Officer new ideas and suggestions are welcomed by the management team, which makes them feel like they have a say in the running of the centre.

The training records were examined which showed staff training was up to date and there are plans in place for refresher training to be provided in respect of dementia

care. All staff have a Level 2 vocational training award, and some have Level 3. Staff have access to a range of policies and procedures, team meetings, supervision and appraisal to guide them in their role and reflect on their personal practice. Staff said that they felt adequately equipped and trained to carry out their roles and have the right skills to support care receivers.

Staff were observed during the inspection and found to be knowledgeable about their work, and of care receivers' needs and were responsive to how their needs were to be met. They were flexible in their approach and observed to be assisting care receivers in various ways, depending upon their abilities and at a pace which suited them. They were observed encouraging care receivers to engage in activities and conversation and respected decisions where people declined interactions.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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