



**Jersey Care
Commission**

INSPECTION REPORT

Sandybrook Nursing Home

Care Home Service

**Les Grupieaux
St Peter
JE3 7ZZ**

24, 25 & 28 October 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 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 communal bathrooms which have been non-operational for some time, are in the process of being refurbished and upgraded. It is expected that they will be completed before the end of the year.

According to the Statement of Purpose (SoP), the home can accommodate care receivers who require nursing care due to their health conditions and medical needs. Four beds have specifically been designated to support care receivers in "hospital avoidance and post hospital recovery".

This is the second inspection since the service became registered with the Commission on 14 April 2021.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: Nursing care Category of care: Adult 60+ and hospital prevention Maximum number of care receivers: 25 Age range of care receivers: 4 care receivers aged 18 years and above 21 care receivers aged 60 years and above Maximum number of care receivers that can be accommodated in the following rooms: Bedrooms 1 – 25: One person
Dates of Inspection	24, 25 and 28 October 2022
Times of Inspection	12.45pm – 5.15pm 10.45am – 1pm 10am – 11:45am
Type of Inspection	Unannounced on 24 October Announced on 25 October Announced on 28 October
Number of areas for improvement	Fourteen
Number of care receivers accommodated on the day of the inspection	24

The Care Home is operated by Government of Jersey – Health and Community Services. The home is currently without a Registered Manager and the management responsibilities are covered by an Interim Manager, who is a registered nurse.

Since the last inspection, completed on 27 January 2022, the Commission has received a number of applications to vary the conditions on the service's registration. This has included applications to increase the maximum number of care receivers, from 24 to 25 and to vary the age range to allow one person under the age of 60 to be admitted. A variation to remove a condition which specified the use of bedrooms according to category of care was also approved.

The Commission also received two notifications in relation to the absence of Registered Manager in May and September 2022. The notifications included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan in place. The home is currently being managed by an Interim Manager, who has been employed in the home for some time and is familiar with the home's operation.

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.

The findings show that there was a poor level of compliance with a number of Regulations and Standards and there has been little progress made with the areas for improvement that were made at the last inspection. The overall management, leadership and governance arrangements require improvement. These are required to ensure that the home is led in accordance with the Statement of Purpose and will also ensure that there is adequate oversight to demonstrate that the service is safe, effective, and compliant with Regulations and Standards.

The home is without a Registered Manager and an Interim Manager was appointed a few weeks prior to the inspection. The governance arrangements must be strengthened, which is important whilst the home is without a Registered Manager.

Care receivers were generally complimentary about the care given to them and said that they found the staff to be caring, helpful and considerate. Staff said that their ability to provide person centred care, in accordance with care receivers' wishes was compromised due to insufficient staffing resources.

The Provider was able to demonstrate that safe recruitment practices and procedures are in place to safeguard care receivers.

There are fourteen areas for improvement made as a result of this inspection which will detailed throughout the report. These areas include but are not limited to:

a need for a rigorous approach to the way care needs are assessed and a review of staffing provision, to ensure there are always adequate staffing levels in accordance with the high dependency needs for care receivers.

There must be an improvement in reporting notifiable events to the Commission.

There was no evidence that three areas of improvement made on the last inspection had been met. This related to the provision of information about the home to care receivers, complaints procedures and involving care receivers in the care planning process.

INSPECTION PROCESS

This inspection consisted of three separate visits to the home and was undertaken by two Regulation Officers. The first visit was unannounced and took place during one afternoon, followed by two further announced visits in the same week.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

Prior to the inspection visit, all the information held by the Commission about the service was reviewed, including the previous inspection report.

The Regulation Officers sought the views of the people who use the service, and their representatives. Three relatives provided feedback to the Regulation Officer, and six care receivers were spoken with during the inspection visits.

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

A poster was displayed in the main entrance to the home, informing visitors that an inspection was underway, and invited people to contact the Commission to share their views, if they wished. The Regulation Officers also obtained feedback from the Interim Manager, registered nurses and care staff.

During the inspection, records including, care records, incidents, staff rosters, staff recruitment records and fire safety records were examined. This inspection included a walk around of the home.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager. This was followed by a written summary of the areas for improvement that were identified during the inspection.

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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, six areas for improvement were identified and an improvement plan was submitted to the Commission, by the Registered Provider setting out how these areas would be addressed. The improvement plan was discussed during this inspection with the Interim Manager. Despite assurances given by the Provider in response to the last inspection report, the Provider had not been able to evidence that all the improvements had been made; these were, the provision of information about the service, complaints procedures and care planning arrangements. This will be kept under review by the Commission in line with the Commission's Escalation and Enforcement Policy².

The home has not had a period of stability in management and there have been two Registered Managers in post since the home was registered in 2021, and additional

² The Escalation and Enforcement Policy can be found on the Commission's website and can be accessed at <https://carecommission.je/policies-and-legislation/>

managers in post prior to registration. The Provider is therefore required to provide the Commission with plans to appoint a new Registered Manager and this is an area for improvement.

It was of concern that during the absence of a Registered Manager, and two absence of manager notifications during 2022, there was no evidence that the governance and quality assurance to oversee the operation of the home as required by the Regulations and Standards had been met. There were no recent quality monitoring reports available for reference, this is an area for improvement.

Samples of care receivers' records showed that some care receivers had been admitted into the home without having their needs assessed prior to the admission. This meant it was difficult for the Regulation Officer, to determine how the decision to admit people into the home had been reached and on what basis. This breaches Standard 2. This is an area for improvement.

The Regulations and Standards require that the SoP is kept under review and revise it where appropriate to do so. The Statement of Purpose was provided upon initial registration and has not been revised since. Its contents were outdated in terms of the managerial arrangements, number of care receivers that can be accommodated and the range of care needs currently being provided for. The SoP refers to the use of four beds for hospital avoidance and post hospital recovery, which were not being used at the time of inspection. This is an area for improvement and a revised copy of the SoP must be submitted to the Commission.

Prior to the inspection visit, the Commission had been advised that there had been a change to the laundry arrangements. This meant that care receiver's clothing is no longer laundered in the home and laundry is managed by the Provider's main laundry off site. Relatives and staff during the inspection, commented that they were disappointed by this recent change and one care receiver reported that an item of clothing had been damaged.

The Regulation Officer requested to review the staff rotas to confirm the domestic and laundry staff presence and this information was not provided. Staff rotas are not

displayed in the home and are managed by the central Provider's domestic team. The Standards require that there will be a duty rota showing which ancillary staff are on duty at any time during the day and night and in what capacity. They must be retained in the home and readily available for the purpose of inspection which can take place at any time. This is an area for improvement.

During a walk round of the home the Regulation Officers observed several unrestricted windows on the first floor were fully open. An up-to-date environmental risk assessment must be carried out in relation to risks of falling from unrestricted windows. This is an area for improvement.

Staff commented that they were provided with mandatory training, however there was no system in place to ensure that the Interim Manager could evidence that this was completed. Staff also commented that they were not always provided with supervision and this is an area for improvement.

During the inspection, there was maintenance works being carried out to enhance the fire safety measures, however a review of the fire safety training records showed that not all staff had been provided with fire evacuation training. This is an area for improvement.

The Provider must ensure that a review of the homes staffing levels is undertaken; to ensure there are always adequate staffing levels in accordance with the high dependency needs for care receivers. This is an area for improvement. Notifiable events reported to the Commission and the arrangements for visiting are also areas for improvement.

Safety

<p>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.</p>

Part of the pre inspection planning took account of the notifications that have been submitted to the Commission during 2022. The number received was considered by

the Regulation Officer to be lower than what would have been expected considering the category of care provided for in the home. The home has an internal reporting system, referred to as 'Datix' where all accidents, incidents and other reportable events are recorded and reported through to a central reporting system.

Datix records were examined during the inspection and cross-referenced against records that had been provided to the Commission. There were a number of incidents recorded, including skin lacerations, medication issues, hospital attendances following fall events, pressure ulcers, fire service attendance and occurrences where staffing levels having fallen below the required numbers. In addition, there were a number of care receivers with an authorised Significant Restriction on Liberty (SRoL) in place, which had not consistently been reported to the Commission.

The Provider must ensure that notifications are submitted within two working days of the event as the Regulations and Standards require. This is an area for improvement.

The Datix records showed that there were several incidences of skin integrity problems, however there was no evidence that this information had been analysed which would potentially highlight trends or inform learning and improvement opportunities.

There was one event recorded on the Datix system that did not reflect the information provided within a notification provided to the Commission earlier in the year. Following the inspection visit, the Commission contacted the Provider and requested that a thorough review of the information held in relation to this incident on the Datix system is undertaken and further information provided to the Commission. A response has yet to be provided at the time of writing this report.

There was no evidence that progress had been made since the last inspection in ensuring that care receivers are provided with information about the service or complaints procedure. Discussions with care receivers and their representatives confirmed that they had not been provided with any information about the home, in

advance of moving in, or upon their arrival to the home, similarly they had not been informed of how to formally raise concerns or how to make a complaint if needed. This is a repeated area for improvement and must be improved upon to meet the Standards.

A relative informed the Regulation Officer that their experience of having raised concerns with the home, had been met with a negative response. They said that no attempts had been made to find an “amicable solution that ensures the patients wellbeing” and issues they had raised had not been acknowledged. The Regulation Officer advised them of the ways in which they could formalise complaints through Health and Community Services.

One care receiver told the Regulation Officers that their experience of being admitted into the home from hospital, had left them “raging” with anger at how rushed their admission had been. They said they had not been provided with any information about the home, had no opportunity to consider their admission fully, nor speak with their representative, and arrived at the home unprepared. The care receiver told the Regulation Officer that they wanted their views to be captured within this report and they were advised of ways in which they could report their dissatisfaction with Health and Community Services.

Their experience was discussed with the Interim Manager, who acknowledged that the admission into the home had been extremely rushed and their notes, medicines, and other equipment had not been prepared sufficiently to coincide with their admission. The Interim Manager submitted a Datix notification in view of the poor discharge planning and admission arrangements.

Another relative described their experience of their relative’s admission into the home which was similar to that as described above. They described their relative as having been “quickly delivered to Sandybrook” and was unaware that they had been admitted into the home, until they had arrived. The relative described that at that time, they had also been considering and looking at other care homes, when they became aware that their relative had already been admitted. The relative told the Regulation Officer that they had not received any information about the home and

commented “well why would I have received information as I didn’t even know X was going to be living there and I still haven’t had anything after all this time”. There is a responsibility placed upon the home to ensure care receivers are safely admitted, taking into account their capacity to consent to admission and consult with representatives must be an integral part of the preadmission assessment and planning.

Samples of care receivers’ records showed an absence of preadmission assessments, which meant that they had been admitted into the home without having their needs fully assessed.

The provision of safe care and support should be tailored to the needs of individuals, which is of particular importance to care receivers receiving long term care. Without a preadmission assessment undertaken, it is difficult to see how this can be achieved and isn’t in accordance with the care standards. This is an area for improvement.

During the inspection, the Regulation Officers were unable to find evidence that the monthly quality monitoring reports had been completed, which would have identified service strengths or areas of improvement. The governance arrangements in place were not robust enough and had not been sufficient to ensure that the care and services provided are in line with the Regulations and Standards. This is evidenced by the fact that there had been non-compliance with the areas of improvement from the previous inspection and the findings of non-compliance reflected in this report. This is of concern since the home has been and is currently without a Registered Manager. This is an area for improvement.

Staff spoke of the impact of the changes to management over the past few years and felt that this had destabilised the leadership of the home.

An area of good practice was an examination of staff personnel files showed that safe recruitment practices were adopted for newly recruited staff. All safer recruitment employment checks as referenced in the Standards had been met in advance of staff taking up employment. There were two agency registered nurses

working in the home at the time of inspection and the recruitment checks undertaken had also met the Standards.

A sample of staffing rosters was examined which showed that the minimum staffing levels are met in respect of nurses and care staff. However, numerous staff told the Regulation Officers that they felt the staffing levels were not appropriate to meet the needs of all care receivers considering their complex health conditions and care requirements. Staff described that there was a “mismatch between the staffing levels and care receiver dependencies”.

It was noted from a review of the Datix submissions, that there have been reports made when the staffing levels have fallen below the required number. The impact of the staffing levels upon care receivers will be further described under ‘care and support’.

The laundry assistant has recently been redeployed to the main Provider’s laundry facility, which means that there is no longer a laundering service within the care home. This had disappointed both care receivers and family members. The Regulation Officers were shown a care receiver’s favourite item of clothing which had been damaged because of being laundered in the main laundry. Family members spoken described dissatisfaction with this change and specifically referred to the valuable contribution the laundry worker had made in caring for their relatives clothing. One relative said “the laundry aspect of things is now really disappointing, when X first moved there and until recently there was a lovely lady who was very sociable and used to chat to X, and now that’s gone so X doesn’t see her anymore. Now there’s a long delay in clothing being returned”. It is suggested that the Provider reviews the way in which care receiver’s laundry is managed based on feedback provided and damage to clothing.

The duty rotas for domestic and laundry staff were not available in the home, so it was difficult to establish if Standards had been met relating to the provision of ancillary staff. The Regulation Officer was advised that the domestic rotas are managed and retained centrally along with other Health and Community Services

areas. The Regulation Officer requested this information be provided; however it was not provided despite a telephone call and written request. The rotas showing which ancillary staff are on duty at any time must be always retained and be available in the home. This is an area for improvement.

The home environment was found to be clean and hygienic during all of the inspection visits.

Care and support

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.

Many care receivers told the Regulation Officers that the staff team were very good, and they felt that the quality of care provided to them met their expectations. They described the staff team as being kind and caring and commented;

“The care is very good”

“I like it, the care here’s very good. The staff are lovely and if I had to choose anywhere I’d recommend it”

“The food is good and the staff are good and they help you”

“The girls are lovely and you get good levels of care here”

“X has made really good progress since being here and the staff are very good and very kind” [from a relative]

“Presently I am content that X is receiving food care and the home is clean” [from a relative]

“We’re generally really impressed with the care and impressed with the nurses and majority of carers. The location of the home is lovely and the gardens are nice and

there's a nice variation with the arts and crafts and the activities lady is very good"
[from a relative]

Families overall described that they had confidence in the staff team to provide good care to their relatives, however they felt that the repetitiveness and predictability of evening food choices could be better improved.

The SoP refers to four dedicated beds used for hospital avoidance and post hospital recovery, however at the time of inspection the home was supporting twenty four people on a long-term basis. Twenty people were assessed as having 'extremely high levels of support' needs and four care receivers who needed a 'very high level of support'.

Whilst the staffing levels met the minimum staffing Standards, staff of all grades and the Interim Manager said that there were not enough staff to provide an acceptable level of support to care receivers. Staff described that care receivers required two staff to assist with physical support needs and had to consider the fact that there are several care receivers with symptoms typically associated with dementia and cognitive impairment. Staff said that the majority of care receivers were unable to self-care independently and required support with nutrition and hydration, personal care and pressure ulcer prevention for example.

Some of the staff team consistently described that staffing levels have impacted negatively upon care receivers' daily lives, and they believed had led to poorer outcomes in relation to addressing their emotional and social wellbeing and providing person centred care. They said that despite their commitment and desire to provide care in line with personal preferences, they were not able to do so due to having insufficient staff. They said the opportunity to interact, engage with and provide social stimulation to care receivers was limited and undermined their desire and ability to provide individualised care. This view was echoed by one family member who said "the staff simply don't have enough time to engage with patients and family members, they always seem to be rushed off their feet".

During the inspections (which took place at various times of the day), care receivers were observed either resting in bed or sitting in armchairs, no care receivers were observed mobilising independently around the home. Some care receivers described occasions where their call bells had not been answered in a timely manner. All staff consistently described that the staffing levels have negatively impacted upon care receivers' experiences. They described this in terms of a lack of flexibility in the provision of care and felt that care receivers' choices to have care delivered as would be their preference was compromised.

One family member also commented "Sandybrook always appears to be under pressure and short staffed. It is common for me to hear room alarms sounding continuously and not see a member of staff".

The Provider must carry out a staffing review, which ensures that staffing levels are based upon care receivers' experiences, family observations, staff feedback and care receiver dependency levels. This is an area for improvement.

The home has visiting hours in place which limits visiting to two set periods during the day, which the Regulation Officers felt reflected the hospital directorate's visiting hours. The rationale for this is not clear and goes against the 'visitors will be welcomed at any reasonable time' Standard. Family members told the Regulation Officer that the visiting hours impacted upon their choices and abilities to see their relatives and comments included: "the visiting hours are inconvenient as sometimes you hit all the traffic when the kids are coming out of school" and "the visiting hours are a bit awkward as I can't make those times during the week and can only see X at the weekend". A review of visiting restrictions is an area for improvement.

In addition, samples of care records were examined, which contained care plans and daily notes relating to care and support provided. The fundamental principle of care planning with the individual's contribution was lacking and there was no evidence that care receivers were included in the planning or review process. There was no evidence that care receivers or family members were included or had participated or contributed in the care planning process. This is a repeated area for improvement.

One care receiver who had recently been admitted into the home said that they were unaware of their plan of care. Family members described a lack of communication regarding care planning arrangements. There was no evidence that families had been consulted and their views about the quality of care provided to their relatives captured in the care plan review. Family members commented:

“Prior to Covid I used to have meetings with the nurses to go over a review about X, but that’s all fizzled out and I used to find that really useful”

“I pressed the emergency bell by mistake and when the staff came running, it allowed me to speak with them about X. That was really helpful to get an update about X”

“Coordinated communication regarding X’s care between the home and myself is in my view an area that needs to be improved upon. Regularly I ask for feedback regarding any intervention X may have received, however I do not receive any information unless I make enquiries and follow things up”

It was noted that care folders are identified by room number and in order to personalise them it is suggested that care receivers’ names are also written on the folder spine.

One care receiver has been supported by a staff member on a ‘1:1 care basis’ for the past few months. The daily records referred to constant staff supervision, however there was no evidence that the decision to provide this level of observation had been based on a risk assessment of the individual’s health needs, nor reviewed.

The Interim Manager was preparing a detailed risk assessment at the time of inspection. There was no care plan in place to guide staff on effective ways of managing situations to ensure good outcomes when providing this level of support and no evidence of a review having taken place to determine if the 1:1 support remained relevant or necessary.

Training

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.

The Provider has arrangements in place to offer staff a full range of relevant and mandatory training. Staff confirmed that they complete their training as is required, however the Interim Manager confirmed that there was no system in place to check staff had completed training as they should.

Staff said that they had not consistently received supervision as required by the Standards and this is an area for improvement.

Fire awareness and evacuation training had been provided in May 2022 to some, but not all the staff team. The need for staff to be provided with fire safety training to meet the Standards and requirements set by the Fire and Rescue Service is an area for improvement.

The Interim Manager spoke of the system in place to share information within the team relating to care receivers' dietary needs. He highlighted that this was an area that needed to be closely monitored to ensure all staff were aware of the importance of adhering to advice provided by the Speech and Language Therapist.

Staff described that they had experienced a number of changes to the management structure over the past few years and that this had impacted upon the quality and consistency in leadership. They said that whilst they have team meetings, they felt there could be improvements made to ensure more reflection and learning from events.

Environment

The Standards outline that the environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.

The home was found to be visibly clean and hygienic in appearance during the inspection visits. The bathrooms on both floors were in the process of being upgraded, so that there will be a bath provided on the ground floor and wet room on

the first floor. An additional storage area will also be provided on the ground floor, and it is expected that the works will be completed in December. The fire safety systems were also being upgraded at the time of inspection and until they are completed, a member of non-clinical staff has been placed on night duty to facilitate an emergency evacuation should it be necessary.

Whilst some bedrooms were furnished with items to personalise them, their overall appearance remained clinical in nature. This was demonstrated by the presence of wall mounted white boards some of which had information relating to infection control protocols, clinical type laminate flooring and hospital style profile beds. The paintwork in the main lounge on the ground floor was also chipped and marked and there was no evidence of a planned programme of redecoration having been identified or put in place.

There was a mixed response to the impact of the call alarm sounding through the home. Some care receivers said that it did not disturb them and others (and one family member) said that that they were intrusive and noisy.

During a walk round of the building a number of windows which were of an awning type on the first floor were open. There were some restrictors in place, but some had been overridden so that the windows were fully open. The Provider must risk assess the premises to determine whether the current precautions are sufficient to reduce the risk of harm from falls. This is an area for improvement.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Regulation 19 Standard 12.2</p> <p>To be completed by: with immediate effect</p>	<p>The Provider must ensure that quality assurance processes are in place. This includes monthly reporting on the quality of care and support provided and evidence of compliance with the Regulations and Standards.</p> <hr/> <p>Response by registered provider: <i>Health & Community Services have initiated monthly independent reciprocal reviews between the Registered Managers of Sandybrook Nursing Home and Clairvale Recovery Unit. These commenced in December 2022 and the monthly outcomes will be submitted to the Jersey Care Commission.</i></p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 21 Standard 4.3</p> <p>To be completed by: with immediate effect</p>	<p>The Provider must develop a robust system to ensure that the Commission is notified of all notifiable incidents, accidents or other events that have posed or may pose a risk of harm to care receivers.</p> <hr/> <p>Response by registered provider: <i>All relevant documentation has been provided to the Registered Manager by the Jersey Care Commission. A laminated list of notifiable incidents is now displayed in the treatment area for all staff to read. They have also received the information via email, and a signing sheet utilised to ensure awareness.</i></p>
<p>Area for Improvement 3</p> <p>Ref: Standard 10.2</p> <p>To be completed by: with immediate effect</p>	<p>The Provider must ensure that care receivers and their representatives are made aware of the complaints policy and procedures.</p> <hr/> <p>Response by registered provider: <i>Registered Manager has received informal feedback training from Senior Nurse Patient Experience Team. He is now aware of feedback process, including complaints, comments and compliments. This information will be cascaded to all staff. Information leaflets and posters now on display in several areas of the home, advising residents and relatives how to provide feedback, including completing the 'My Experience' survey.</i></p>

	<i>Registered Manager attending ‘Managing Complex Complaints’ training in January 2023, and all staff to attend Customer Experience Training during 2023. Evidence will be provided to the Jersey Care Commission with training records.</i>
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Area for Improvement 4 Ref: Standard 2.1 To be completed by: with immediate effect	The Provider must be able to demonstrate that all care receivers who are admitted into the home have a full assessment undertaken by the Manager or another competent member of staff who works in the home.
	Response by registered provider: <i>All assessments now stored in shared electronic drive, with access available to all assessors. Following assessment a copy of the assessment documentation will be stored in the patient’s medical records on the referring ward. This will include a determination as to whether or not the patient is suitable for transfer to Sandybrook Nursing Home.</i> <i>If deemed not appropriate for transfer, the reason will be clearly documented on the assessment sheet. For those patients who are assessed as suitable for transfer to Sandybrook, their assessment record will be stored within their medical records in preparation for their admission into the Home.</i>

Area for Improvement 5 Ref: Standard 9.4 To be completed by: with immediate effect	The Provider must review the home’s visiting arrangements and be able to demonstrate any limitations and restrictions in restricting visitors are proportionate, risk assessed, and evidence based.
	Response by registered provider: <i>All residents’ next of kin have now received written notification of changes to visiting hours (11.00 – 19.30 daily). This will provide less restrictive visiting, allowing relatives more scope to plan visits, and benefit the psychological wellbeing of residents.</i>

<p>Area for Improvement 6</p> <p>Ref: Regulation 20 Standard 1.1</p> <p>To be completed by: 1 month of the date of this inspection (28 November 2022)</p>	<p>The Provider must review the Statement of Purpose and ensure that the range of services being provided are clarified.</p> <p>The Commission must be provided with an updated copy.</p>
	<p>Response by registered provider:</p> <p><i>This is currently under review with necessary changes being made. An updated copy will be provided to Jersey Care Commission by January 31st 2023.</i></p>

<p>Area for Improvement 7</p> <p>Ref: Standard 4.2</p> <p>To be completed by: 1 month of the date of this inspection (28 November 2022)</p>	<p>The Provider must ensure that all staff are provided with fire safety drills that meet the requirements set by the Fire and Rescue Service.</p>
	<p>Response by registered provider:</p> <p><i>97% of staff have completed updates on fire and evacuation training. The remaining two staff members are booked for an update on 31st March 2023, sooner if cancellation places become available. All staff have either completed or are booked on Fire and Safe Handling Refresher Courses, with compliance being met by February 2023. Evidence will be provided to the Jersey Care Commission with training records.</i></p>

<p>Area for Improvement 8</p> <p>Ref: Standard 3.9 Appendix 5 (Care home Standards)</p> <p>To be completed by: 1 month of the date of this inspection (28 November 2022)</p>	<p>The Provider must ensure that a review of the homes staffing levels is undertaken; to ensure there are always adequate staffing levels in accordance with the high dependency needs for care receivers, their experiences.</p> <p>Staffing levels must be sufficient to lead the home in accordance with the Statement of Purpose.</p>
	<p>Response by registered provider:</p> <p><i>Health & Community Services are currently undertaking a staffing review of the nursing home, to be completed by 31st December 2022. The review will include 25 beds with a plan to initiate any changes to staffing levels in a timely manner. Previous business case submitted February 2022, now approved to increase with 5.15 x FTE HCA's & 1.45 x FTE RN's. Funding approved from January 2023 to recruit to roles.</i></p>

<p>Area for Improvement 9</p> <p>Ref: Regulation10 Standard 4.6</p> <p>To be completed by: 1 month of the date of this inspection (28 November 2022)</p>	<p>The Provider must carry out an environmental risk assessment to determine whether the precautions in place are sufficient to reduce the risk of harm from falling.</p> <p>Response by registered provider:</p> <p><i>Health & Community Service Head of Health & Safety to conduct an environmental walk around of nursing home. Date to be confirmed.</i></p>
<p>Area for Improvement 10</p> <p>Ref: Standards 2.4, 2.5 and 2.6</p> <p>To be completed by: 1 month of the date of this inspection (28 November 2022)</p>	<p>The Provider must evidence that care planning arrangements demonstrate care receiver or family involvement and participation in their development and ongoing reviews.</p> <p>Response by registered provider:</p> <p><i>Sandybrook Nursing Home currently have a 'resident of the month' where all care plans are reviewed, a plan is in place to now invite the resident's next of kin to attend to be involved in the care plan of their relative. This day falls on the same day each month. Letter sent to all relatives on Friday the 16th December 2022 informing them of this improvement. The letter also contains QR code to direct relatives to the My Experience Survey.</i></p>
<p>Area for Improvement 11</p> <p>Ref: Standard 1.2</p> <p>To be completed by: 1 month of the date of this inspection (28 November 2022)</p>	<p>The Provider must provide information about the home to care receivers and their relatives. Information should include details as specified in Standard 1.2.</p> <p>Response by registered provider:</p> <p><i>A brochure is currently being developed which will address the following areas;</i></p> <ul style="list-style-type: none"> <i>• Information about the Home to care receivers</i> <i>• Complaints procedures</i> <i>• Involvement of Care receivers and, where requested or required, involvement from Family members in the care planning process.</i> <p><i>Completion date for this – End of February 2023</i></p>

<p>Area for Improvement 12</p> <p>Ref: Regulation 27 4(c) 27 (6)</p> <p>To be completed by: 2 months of the date of this inspection (28 December 2022)</p>	<p>The Provider must provide the Commission with details of the arrangements that have been made to appoint a new Registered Manager.</p>
	<p>Response by registered provider:</p> <p><i>Acting Lead Nurse has commenced the recruitment process for substantive Grade 7 home manager role. This will be advertised & recruited into in January 2023. Reason for the interim Grade 7 home manager position was to mitigate risk following immediate resignation of previous registered manager.</i></p> <p><i>Acting Lead Nurse Jenna Mackay will update Jersey Care Commission when substantive registered home manager in place.</i></p>

<p>Area for Improvement 13</p> <p>Ref: Standard 3.14</p> <p>To be completed by: 2 months of the date of this inspection (28 December 2022)</p>	<p>The Provider must ensure that care staff are provided with regular opportunities to discuss their role through formal supervision processes.</p>
	<p>Response by registered provider:</p> <p><i>All staff have been requested to submit their 2023 goals in January via 'My conversation, My Goals' platform. The interim home manager will then dedicate time to meet with each staff member to discuss goals through the appraisal process. Plan in place to ensure this is achieved and compliance ongoing.</i></p>

<p>Area for Improvement 14</p> <p>Ref: Appendix 3 and 5 (Care home Standards)</p> <p>To be completed by: 2 months of the date of this inspection (28 December 2022)</p>	<p>The rotas detailing which ancillary staff are on duty at any time must be available in the home and be easily accessible to the Commission.</p>
	<p>Response by registered provider:</p> <p><i>All rotas now emailed by Health and Community Services Housekeeping Chargehand weekly and we are notified of any sickness/absences which is then updated on the rota. A copy of the rota is kept in the Fire Box.</i></p> <p><i>Associate Chief Nurse also trying to collate all staff on one roster, however in the absence of this, there is a robust plan in place.</i></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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