



**Jersey Care  
Commission**

## **Summary Report**

**Sandybrook Nursing Home**

**Care Home Service**

**Les Grupieaux  
St Peter  
JE3 7ZZ**

**24, 25 & 28 October 2022**

## **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.

## 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><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 19 Standard 12.2</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></p> <p><i>Health &amp; 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><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 21 Standard 4.3</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></p> <p><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><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 10.2</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></p> <p><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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<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 2.1  <b>To be completed by:</b> 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.
	<b>Response by registered provider:</b>  <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>

<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 9.4  <b>To be completed by:</b> 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.
	<b>Response by registered provider:</b>  <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><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Regulation 20 Standard 1.1</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></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 31<sup>st</sup> 2023.</i></p>

<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></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 31<sup>st</sup> 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><b>Area for Improvement 8</b></p> <p><b>Ref:</b> Standard 3.9 Appendix 5 (Care home Standards)</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></p> <p><i>Health &amp; Community Services are currently undertaking a staffing review of the nursing home, to be completed by 31<sup>st</sup> 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 &amp; 1.45 x FTE RN's. Funding approved from January 2023 to recruit to roles.</i></p>

<p><b>Area for Improvement 9</b></p> <p><b>Ref:</b> Regulation10 Standard 4.6</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></p> <p><i>Health &amp; Community Service Head of Health &amp; Safety to conduct an environmental walk around of nursing home. Date to be confirmed.</i></p>
<p><b>Area for Improvement 10</b></p> <p><b>Ref:</b> Standards 2.4, 2.5 and 2.6</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></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 16<sup>th</sup> December 2022 informing them of this improvement. The letter also contains QR code to direct relatives to the My Experience Survey.</i></p>
<p><b>Area for Improvement 11</b></p> <p><b>Ref:</b> Standard 1.2</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></p> <p><i>A brochure is currently being developed which will address the following areas;</i></p> <ul style="list-style-type: none"> <li><i>• Information about the Home to care receivers</i></li> <li><i>• Complaints procedures</i></li> <li><i>• Involvement of Care receivers and, where requested or required, involvement from Family members in the care planning process.</i></li> </ul> <p><i>Completion date for this – End of February 2023</i></p>

<p><b>Area for Improvement 12</b></p> <p><b>Ref:</b> Regulation 27 4(c) 27 (6)</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></p> <p><i>Acting Lead Nurse has commenced the recruitment process for substantive Grade 7 home manager role. This will be advertised &amp; 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><b>Area for Improvement 13</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></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><b>Area for Improvement 14</b></p> <p><b>Ref:</b> Appendix 3 and 5 (Care home Standards)</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></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>



The full report can be accessed from [here](#).