



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Sandybrook Nursing Home**

**Care Home Service**

**Les Grupieaux  
St Peter  
JE3 7ZZ**

**20, 24 & 25 April 2023**

## 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 on the inspection of Sandybrook Nursing Home. The service is situated in St Peter, near a day centre operated by the same service Provider. The home is registered to provide nursing care to a maximum of twenty-four individuals who require long-term and short-term care. Communal facilities and care receivers' bedroom accommodation consists of single-bedroom accommodation with full en suite facilities. Communal facilities include lounges on both floors and a dining room on the first floor. A large garden is accessible from the ground floor lounge and some ground floor bedrooms. Works are progressing to upgrade the communal bathing facilities and fire safety systems.

According to the Statement of Purpose, the range of care needs includes adults with a wide range of physical and complex medical conditions and those who require ongoing care for a shorter period for rehabilitation or social reasons.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u>  Type of care: Nursing care  Category of care: Adult 60+ (21 care receivers) Hospital prevention (3 care receivers)

	<p>Maximum number of care receivers: 24</p> <p>Age range of care receivers: 1 care receiver aged 18 years and above 23 care receivers aged 60 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Bedrooms 1 – 24: One person</p>
Dates of Inspection	20, 24 and 25 April 2023
Times of Inspection	12:45 – 5.00pm, 12.00 – 4.00pm, 9.50am – 11:15am
Type of Inspection	Unannounced on 20 April Announced on 24 and 25 April
Number of areas for improvement	Eight
Number of care receivers accommodated on the day of the inspection	21

The Government of Jersey – Health and Community Services operates the Care Home. Since the last inspection, which was completed on October 28, 2022, the Commission has been kept updated regarding the interim managerial arrangements in place. The Commission has been notified that the Interim Manager has been appointed to the permanent position, and an application for them to become the Registered Manager under the Regulation of Care (Jersey) Law 2014 has been provided.

The permanent manager is a registered nurse, works full time and has a strong presence in the home. While assuming the position of Registered Manager, they will be referred to as the Interim Manager throughout this report until the registration process is concluded. Within the home, registered nurses are present over 24 hours, along with a team of health care assistants, domestic, activity, and administrative staff.

The Commission varied the service's conditions of registration relating to the category of care and received an updated copy of the Statement of Purpose. The Interim Manager has contacted the Commission to discuss operational issues as they have arisen.

## **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.

This inspection has shown that while some areas for improvement remain, the home has progressed with the areas identified on the last inspection. A permanent manager has been appointed, working hard to provide leadership and direction to the staff team. The staffing levels have increased and consistently meet the minimum Standards, and new staff are subject to safe recruitment processes.

Care receivers and their families confirmed they were generally happy with the care provided. They complimented the kindness and commitment of the staff team but wished for more opportunities for social activities and additional food options. There were positive interactions between care receivers and staff seen during the inspection. Medication practices in the home are safe. Communication around care planning arrangements has improved since the last inspection.

The governance arrangements required strengthening as there is no system in place to ensure the effective delivery of a safe and consistently monitored service as the Regulations and Standards require. This inspection found that some notifiable events had yet to be notified to the Commission as set out in the Standards. This breach has been identified previously and will be monitored closely by the Commission.

Eight areas for improvement were made due to this inspection, which is detailed throughout the report. These areas include but are not limited to: the need for newly employed staff to go through a structured induction programme and be provided with supervision. Social activities and food choices should be further reviewed to ensure they are based on care receivers' preferences.

There was a well-trained staff team working in the home who understood care receivers' needs very well.

## INSPECTION PROCESS

This inspection took place over three days. The first visit was unannounced, which meant that the home was not made aware of the inspection before it took place. The second and third visits were pre-arranged with the Interim Manager and were carried out by two Regulation Officers. The inspection was completed on April 25, 2023.

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

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

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 spoke with three care receivers and five relatives, two of whom were in the home at the time of inspection. Contact with other relatives was made by telephone, having given their consent to be contacted. The views of four health and social care professionals were also requested as part of the inspection process and two people provided a response. The Interim Manager, Lead Nurse, activity coordinator, two registered nurses, five health care assistants and one domestic were spoken with during the inspection.

Care records, staff files, training records, staffing rosters, health and safety reports, incident records and food menus were also examined. This inspection included a walk round of the home and the communal areas and several bedrooms were viewed.

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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.je/Standards/>

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager.

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 available at the end of the report.

## **INSPECTION FINDINGS**

At the last inspection, fourteen 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 and Lead Nurse, and it was positive to note that most improvements had been made. This means there was evidence that pre-admission assessments were completed, visiting hours were less restricted and fire safety drills were provided. A staffing review and environmental risk assessment were completed, care planning arrangements were strengthened, a permanent manager was appointed, and ancillary staff rotas were available.

Addressing the other areas for improvement requires further progress as the Registered Provider had yet to meet the Standards about monthly quality assurance processes and to inform the Commission of all notifiable incidents. The failure to notify the Commission of notifiable incidents, accidents, or other events that have posed or may pose a risk to care receivers have been identified on the previous two inspections during 2021 and 2022.

Following this inspection, a formal letter was issued to the Registered Provider on April 26, 2023, to comply with Regulation 21 (Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018), and an assurance was subsequently provided from the Registered Provider that notifications will be made. This will be

kept under close review by the Commission, and if notifications are not received consistently and promptly, enforcement action will be taken.

Progress has been made for care receivers to be provided with information about the home; the Interim Manager highlighted that this was in the final development phase, and due to be completed by mid-May.

### **Management of the service**

<p>The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.</p>
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Since the last inspection, the Interim Manager has become the permanent Manager, and an application to become the Registered Manager with the Commission has been received. This is a positive development as the home has not had a period of stability in management since the home became registered in 2021. Staff and relatives commented favourably on the Interim Manager's efforts to date and were satisfied with their approachability. The Interim Manager has contacted the Commission periodically to discuss operational issues as they have arisen and has expressed a commitment to developing the service.

The home provides 24-hour nursing care to a maximum of twenty-four people who are predominantly over the age of 60 years and who have a wide range of physical and complex medical needs. Four people who require short-term care following hospital discharge can also be cared for in the home, and the Interim Manager described their vision and intention to provide one category of care only.

The process for informing people about raising complaints has been improved. The Regulation Officer noted that the complaint process information was displayed in the home. The home had received two formal complaints since the last inspection. The records of all communications with complainants, actions taken, and outcomes were maintained and described by the Lead Nurse and Interim Manager.

Relatives that were spoken with told the Regulation Officer that they felt confident to raise any issues of concern directly with the Interim Manager in the first instance. One person, however, described that while the Manager had acknowledged their concerns and responded appropriately to them, they still needed to address their concerns thoroughly. The Regulation Officer discussed this with the Interim Manager during the end-of-inspection feedback.

The Interim Manager has initiated setting up relatives' meetings to inform them about the home and allow the opportunity for feedback. Relatives who spoke with the Regulation Officer expressed satisfaction with this initiative. In addition, they are proactively contacted by the nursing team at least monthly to get updated about their relative's welfare. Again, this had been reported as being helpful to them, and relatives said that they felt the communication from the home was good.

The governance and quality assurance arrangements need to be improved. This was identified as an area for improvement on the last inspection, and it is not very reassuring that, despite assurance from the Provider, the monthly quality monitoring visits still needed to be implemented. This means that the Provider has yet to prove appropriate oversight of the service, and there is a regulatory requirement for these visits to occur. This was discussed with the Lead Nurse and Interim Manager and is a repeated area for improvement.

By the time the third visit occurred, the Provider had identified one person to carry out the monthly visits. The Regulation Officer discussed how the Commission's template governance tool might be used to ensure that the home is operating safely and the quality of the service provided is reviewed and continually improved.

During the walk around the home, the Regulation Officer observed that some bedrooms had been painted at the Interim Manager's request. The fire safety systems and the bathrooms are still being upgraded, and it is estimated that the bathrooms will be completed by mid-May. As part of the fire safety risk management plan, an additional staff member remains in place overnight. The Regulation Officer observed that the paintwork on the coloured wall in the ground floor lounge needed to be better maintained, which had been identified on the previous inspection. This



needs to be redecorated and is an area for improvement. The Interim Manager explained that they had arranged for new garden furniture to be provided to allow care receivers more opportunities to enjoy the garden areas.

For care receivers to exit the home on the first floor via stretcher, the current arrangements require them to leave through the dining room and central kitchen, compromising their dignity, security, and comfort. The time that care receivers have to exit in this way can only sometimes be guaranteed to occur when others are not using the dining room and kitchen. This unsatisfactory arrangement will be addressed with the Provider outside of this inspection process.

Newly employed staff have a two-week introduction where they work alongside more experienced colleagues and complete Level 1 safeguarding, manual handling, and fire safety training as a minimum within this timeframe. After that, probationary reviews take place following the Government's employment policy.

The need for staff to complete a structured induction programme as the Standards require is an area for improvement. There are no formalised induction records for staff. While newly recruited staff who spoke with the Regulation Officer described a positive introduction into the home and mandatory training provided, the suggested induction programme requirements for care workers are explained in the Standards. This should provide the foundation for developing an induction programme.

Samples of training records were examined which showed that mandatory training is provided and the majority of staff had completed it. This includes fire safety training provided since the last inspection. Registered Nurses are supported to revalidate with the Nursing and Midwifery Council. Fourteen care staff have completed a Level 2 vocational qualification in health and social care and three have completed a Level 3 award.

Staff still need to be provided with regular opportunities to discuss their role through formal supervision processes identified in the previous inspection. Some staff need help accessing the Government's platform for learning, development and performance matters which has been added to the risk register. Nevertheless, the

Standards regarding staff supervision are clear and must be met, and this remains an area for improvement.

### **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.

A sample of five care receivers' care records was reviewed, which showed consistency in completing comprehensive, detailed pre-assessment records. This showed that care receivers' health needs had been thoroughly assessed before admission into the home and relevant care plans developed afterward. Standard 2.1 has been met and shows improved practice from the last inspection.

Care plans were developed based on an assessment of needs and confirmed that they had been regularly reviewed and evaluated. There were some examples of personalised approaches to care and photographs taken to evidence changes to skin conditions etc. Significant improvements were noted in the care planning review process, which included more involvement with families where relevant. The Interim Manager described a recent initiative whereby relative meetings were arranged, and they had been well attended, where information about the home could be shared. Family members told the Regulation Officer they felt the staff's communication had improved and appreciated being contacted by staff and meetings offered by the manager.

Care receivers have access to a Doctor during the weekdays, and out of hour's medical arrangements will be arranged for as necessary. Other health and social care professionals will be contacted as required, such as speech and language therapy and dietetics services. There was a low incidence of pressure ulcer formation within the home, and care receivers who have wounds can rely on the input of a tissue viability nurse.

It was evident throughout the inspection that staff knew care receivers very well, were familiar with daily routines, and positive interactions were observed. Care receivers and relatives who were spoken with confirmed that they were happy with

the care provided and complimented the staff team's kindness and commitment. They made the following comments;

“It’s really good, I’m well cared for and I get on well with the staff. “The staff are all very nice and friendly and they use nice terms of endearment”

“It’s fine, not too bad. The girls are lovely”

“I feel well cared for, the staff are very kind and very attentive”

“We’re very pleased that X is so well looked after. X is kept clean and the staff are all very good, and they’re all very approachable and they do listen. We get a call once a month and an update when we visit and we find this really helpful. We’ve got no worries or concerns and would talk to the staff if we did” [from a relative]

“X is looked after very well indeed. When I go in X is always clean and shaven and X likes the carers and is happy with them. I get an update monthly now which is good and if I have any concerns I just phone and talk to the staff. The communication is much better and I could go to any of the staff if I had a complaint, but there’s never anything of that magnitude. The call bell is always answered in a reasonable time and the staff are lovely, really nice and friendly” [from a relative]

“X is very happy and service wise I think the long term care is very nice and the staff are very good” [from a relative]

One relative, a staff member and one care receiver described that, at times, they felt the support they received was routinized, task-orientated, and could be more flexible and adaptable to suit individual preferences. They said care focused more on the activity and prioritized achieving rigid schedules. Some comments included;

“the staff concentrate on the physical care and I think sometimes choice about what to do is lacking. The care is very routine based, like the toilet, dressing and food and not much else”

“I want to see more person centred care and I don’t feel the residents’ choices are always respected and valued, I think the routines are a priority”.

“There’s not a lot to do outside of meal times and after you get washed in the morning, it’s always the same routine”

One relative shared some observations with the Regulation Officer, including noticing essential items such as call bell, TV remote, and drink being left out of their relative's reach when they visit. This was communicated to the Interim Manager.

During the inspection, some care receivers were observed spending time in the lounges, and others were spending time in their rooms. The activity coordinator is available from Monday to Thursday, and it was reported that previously there were two staff dedicated to social activities, and now there is one.

The Regulation Officer observed an in-house activity during the first visit, and care receivers appeared to enjoy themselves.

Relatives, care receivers, staff, and one health and social care professional consistently described limited opportunities for social activities. While they spoke positively of the efforts taken by the activities coordinator, they felt this aspect of care could be improved. Their comments included;

“There’s not much going on, I would like to do a bit more through the day, the days are long”

“I feel X is left in the room a lot watching TV and there’s very little activity and X always makes reference to being bored. When I visit there’s very little interaction or stimulation and the group activities are in the lounge but nothing else”

“The activities could be improved a bit, there’s not a lot of choice or opportunity to go out it’s always just activities in the lounge. The outside visitors have stopped since Covid and I don’t think it’s kicked back off since. There’s no bus to take people out for a ride and that would be nice”

“The activity lady tries and does her best but there’s not much activity going on and X spends a lot of time in the room and I don’t see much going on in the lounge, lots of residents are just in their room”.

“Some residents are confined to their rooms and can’t attend the group activity in the lounge and it’s impossible for any meaningful activities to be provided on such a small budget”

The Regulation Officer was advised that the budget allocated to social activities is £25 per month, which is considered inadequate to meet Standard 9 for 24 care receivers. Based on feedback, it was evident that providing activities and aspects of social stimulation for care receivers needed to be improved as care receivers needed more to occupy them apart from daily tasks and the television. This is an area for improvement.

Two people commented negatively on the call alarms and felt it was unfair for care receivers to be subjected to the intrusive sounds of call bells ringing. The impact of this system should be subject to further scrutiny and review to determine whether this negatively impacts care receiver’s privacy, comfort, and dignity. This is an area for improvement.

Care receivers’ clothing is no longer in the home and is laundered off site at the Provider’s main laundry. A medication audit was completed by a Pharmacist in January 2023, confirming evidence of good practice regarding the management of medicines. The outcome highlighted the safe storage and handling of medications and legible, neat, and precise record-keeping practices.

### **Choice and safety**

<p>The Standards outline the Provider’s responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People’s rights will be supported and protected.</p>
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Samples of staff personnel files for newly recruited staff were reviewed, showing that a safe recruitment approach was consistently undertaken. Samples of staffing rosters were examined, which showed that the staffing levels met the minimum

Standard. An adequate number and skill mix of care staff were available from a review of the rosters and during the inspection visits. This included a minimum of two registered nurses over the 24 hours, health care assistants, and the Interim Manager. The rosters detailing ancillary staff are now retained in the home, which meets the area for improvement made on the last inspection.

Several staff have been recruited since the last inspection, and the staffing levels are planned to increase pending approval of the business case. During the inspection visits staff explained how many care receivers they were looking after, which was in line with the Standards. Staff still consistently commented that they felt pressured regarding their workload and described that due to the dependencies of care receivers, they always had to work alongside a colleague for safe moving and handling practices. They said that based on the assessed needs of care receivers, it was a challenge for staff to support engagement in activities and to offer spontaneous opportunities for 1:1 socialising.

The records reported through the Provider's internal incident reporting system were reviewed and cross-referenced with information submitted to the Commission since the previous inspection. This found omissions in the information reported internally but have yet to be reported to the Commission. This breach of the Regulations and Standards had been raised in the previous two inspections. A formal letter was issued to the Provider on April 26, setting out the Commission's expectations and escalation and enforcement plan should this continue not to happen. A positive response was received and the Commission will closely monitor this, and enforcement action may be taken if notifications are not received consistently and promptly. This is an area for improvement.

A discussion was held with the Interim Manager about learning events that had and were planned about events that had happened in the home. The Interim Manager had communicated these incidents to the Commission, liaising and taking advice from their senior managers and health safeguarding team.

A walk through the home noted some bedrooms had been redecorated since the last inspection, and efforts had been made to make them more personalised. However,

some bedrooms were still clinical in appearance, and the aim to personalise following individual preferences and the Standards should continue.

Following the last inspection, an environmental risk assessment was undertaken, which resulted in the need for the current window restrictors to be replaced with a more robust type. Meanwhile, the service has put in some measures to reduce the risk of potential harm from the existing types, which was explained to the Regulation Officer. During the inspection visits, the restrictors on all windows on the first floor were noted to be being used appropriately. The window opposite bedroom 19 was in need of repair.

The home was found to be clean and hygienic, and staff and visitors continue to wear masks and follow the Health and Community Service infection control guidance. A discussion was held with the Interim Manager about the rationale for visitors to continue to wear masks whilst visiting their relatives in their bedrooms. A member of the domestic team advised the Regulation Officer of the cleaning schedules in place to guide them in their work.

A number of care receivers attend the dining room on the first floor for their meals. Sample menus for lunchtime meals were reviewed, which included a variety of hot meals and vegetables. The menus reflect the same foods as are provided in the General Hospital, and the main meal of the day is served at lunchtime, which was based on the outcome of a care receiver survey conducted some time ago.

Care receivers gave mixed views about the quality and choice of foods and some of their comments included;

“There’s a limited choice of food, especially in the evening when it’s always sandwiches”

“The downside is the food, it’s often of a poor standard, and there’s not a lot of choice and that’s a let-down. Evening meals are always sandwiches”

“It’s always the same triangle sandwiches every night, it would be nice to have something else”

Feedback from one health and social care professional highlighted that there is very little variety in the modifications with foods that are offered and that some levels of diet are not represented with desserts. They advised that on some occasions, there has been a lack of staff/ time to provide constant supervision to care receivers to enable them to eat and drink safely. Care receivers should be provided with varied meals which are based on their preferences and requirements, and this is an area for improvement.

The menu options were displayed on a notice board in the dining room; however, this location may prove challenging for care receivers to see while sitting at the dining table. Consideration should be given to displaying the menus in a more prominent position to allow care receiver to see them more clearly.

The visiting hours have been extended following the last inspection, which had been received positively from some relatives who spoke with the Regulation Officer.



## IMPROVEMENT PLAN

There were eight 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 21 Standard 4.3</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The Provider must ensure the Commission is made aware of all notifiable incidents, accidents or other events that have posed or may pose a risk of harm to care receivers.</p> <p><b>Response of Registered Provider:</b></p> <p>The Registered Manager recognises areas of improvement were required to embed this process within the team. Since April's Inspection visits a laminated list of notifiable events is displayed for staff to refer to and in addition, a further prompt has been produced to ensure Datix's reporting is linked to Notifiable Events. A quick reference Action Card has been issued to all staff with all Notifiable Event also being printed and held in a folder as evidence.</p>
<p><b>Area for Improvement 2</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 implemented which includes monthly reporting on the quality of care and support provided and to evidence compliance with the Regulations and Standards.</p> <p><b>Response of Registered Provider:</b></p> <p>Since April regular monthly reviews have been commenced by The Registered Manager of Clairvale Recovery Unit for Sandybrook. This reciprocal arrangement had not been carried out by the Registered Manager from Sandybrook, which has now been addressed with immediate effect. Review dates are now diarised on an ongoing basis.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 3.10 Appendix 6</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The Provider must ensure that all newly employed staff complete a structured induction programme which will assess their competence.</p> <p><b>Response of Registered Provider:</b></p> <p>The Registered Manager is working with the Health &amp; Community Services Practice Development Sister to develop a revised Induction Pack, which is currently in draft form. This will provide a structured induction programme and review of the probation period at weeks 8, 12 &amp; 18 weeks (when the employee will meet with the Registered Manager or Deputy). In</p>

	<p>addition, a supportive document is being prepared to provide all new employees with information in relation to working at Sandybrook Nursing Home.</p>
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<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The Provider must ensure that staff are provided with regular opportunities to discuss their role through formal supervision processes.</p>
	<p><b>Response of Registered Provider:</b></p> <p>The new Connect People platform provides an objective-based appraisal framework, in conjunction with formal supervision by the Registered Manager or their deputy. Objectives are set yearly and quarterly review meetings are held. This will provide an opportunity for personal development, communication and capability concerns to be supported. Staff will receive supervision in line with the HCS procedure.</p>

<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 9.1, 9.2, 9.3</p> <p><b>To be completed by:</b> within two months from the date of inspection (25 June 2023).</p>	<p>The Provider should review the budget allocated to support the programme of activities currently on offer and must ensure activities are meaningful to care receivers.</p>
	<p><b>Response of Registered Provider:</b></p> <p>It is recognised the current Activities budget is insufficient. Sandybrook has recently moved into a new Care Group structure (Intermediate Care) and the General Manager is reviewing this as a matter of urgency. A revised budget will aim to provide care receivers with meaningful activities supporting their social, physical, and psychological well-being.</p>

<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 8.1</p> <p><b>To be completed by:</b> within two months from the date of inspection (25 June 2023).</p>	<p>The Provider should ensure that care receivers are provided with varied meals which are based on their preferences and requirements and should include therapeutic diet options.</p>
	<p><b>Response of Registered Provider:</b></p> <p>A survey is currently being completed by the Registered Manager to gain care receivers' feedback. The Registered Manager is linking in with the Catering Manager and Head Nutritionist &amp; Dietetics within HCS, to review therapeutic diets/feeds and provision of snacks for Sandybrook. In addition, the option of having a hot</p>

	meal/sandwiches & soup available at lunchtime and evenings is currently under review along with a cooked breakfast option. Menu's will be displayed on the dining room tables to enable care receivers to see the meal options available.
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<b>Area for Improvement 7</b>  <b>Ref:</b> Standard 7.1 Appendix 10  <b>To be completed by:</b> within three months from the date of inspection (25 July 2023).	The Provider should formally review the communal call bell alarm system to determine the impact it has upon care receiver's comfort, privacy and dignity.
	<b>Response of Registered Provider:</b>  Options appraisal of various call bell systems is being undertaken. This will include looking at Technology Enabled Care options, review of other care homes provision on island, and the involvement of our Estate Management team to reviewing options available.

<b>Area for Improvement 8</b>  <b>Ref:</b> Standard 7.1  <b>To be completed by:</b> within three months from the date of inspection (25 July 2023).	The Provider must redecorate the wall in the ground floor lounge.
	<b>Response of Registered Provider:</b>  Maintenance work has been commissioned and will be completed in several areas of the home including the ground floor lounge by the end of June.

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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