



**Jersey Care
Commission**

INSPECTION REPORT

Sandybrook Nursing Home

Care Home Service

**Les Gruipieaux
St Peter
JE3 7ZZ**

7,8,22 and 29 August 2024

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 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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 the parish of St Peter.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: nursing care Category of care: Adults 60+ Maximum number of care receivers in receipt of nursing care: 24 Age range of care receivers: 60 years and over for 23 care receivers, 59 and over for one care receiver. Maximum number of care receivers who can be accommodated in the following rooms: Bedrooms 1 – 24, one person

Discretionary Condition of Registration	None
Dates of Inspection	7,8,22 and 29 August 2024
Times of Inspection	7 August 09:00 – 14:20 and 15:00 – 17:25 8 August 09:55 - 12:40 and 13:15 - 17:40 22 August 09:15 - 13:05 and 14:05 - 16:35 29 August 09:15 - 11:00
Type of Inspection	Announced
Number of areas for improvement	Four
Number of care receivers using the service on the day of the inspection	19

The care home service is operated by Health and Community Services (HCS). At the time of the inspection, the service was without a Registered Manager, and an interim manager was in place.

There was a discretionary condition on the service's registration for the Registered Manager to complete a Level 5 Diploma in Leadership in Health and Social Care by 11 July 2026. The condition has been removed as it pertained to the previous Registered Manager.

Since the last inspection in April 2023, the Commission received an absence of Registered Manager notification in June 2024. The notification included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan.

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 environment is light, spacious, and well-kept, and it has recently undergone redecoration in many areas. It is homely and functional.

A range of policies and procedures are in place. A cycle of audits is undertaken. Staffing levels are appropriate, and rotas are managed well. The training was found to be easy to access and encouraged.

Care receivers spoke positively about the team and the support they received. majority of most care receiver representatives felt they were kept up to date, and communication was good. Professionals external to the Sandybrook team described staff as committed and welcoming, highlighting they would ask for advice and be responsive to it. It was commented that the team has been resilient and work well together. Most of the staff feedback was that there was good teamwork and support related to medical, nursing, administrative and management staff.

Areas of nursing care were found to have a focus on physical health needs, with improvements required to increase and embed psychological and social support. However, staff were noted to be skilled and knowledgeable in delivering holistic, person-centred care palliative and end of life care. There was evidence that staff recognised when referrals to the Capacity and Liberty Team for assessment were required and had a system to highlight when reviews were needed.

The organisation has a clear leadership and management structure. However, it has been unstable for periods since the last inspection due to absences and staff being required to fulfil several roles. It was encouraging that recent changes have begun to stabilise the structure, enabling the service to meet the requirements. There was sound accounting of the services budget, and funds for the activities had increased since the last inspection.

Wider organisational practices can be supportive and present challenges to the delivery of care in the nursing home setting. The service benefits from shared resources. However, it can at times compromise individualised care.

The service is delivered as outlined in the Statement of Purpose.

INSPECTION PROCESS

This inspection was announced and was completed on 7,8,22 and 29 August 2024. Notice of the inspection visit was given to the Registered Manager on 5 August 2024. This was to ensure that the Registered Manager would be available during the visit. One regulation officer undertook the first three inspection visits, two regulation officers undertook the fourth inspection visit jointly. References to who gathered the evidence and information during this inspection may change between the Regulation Officer and the regulation officers.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

Prior to our inspection all of the information held by the Commission about this service was reviewed, including the previous inspection reports.

The Regulation Officer gathered feedback from seven care receivers and four of their representatives.

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

Discussions took place with the service's management and other staff. Additionally, feedback was provided by four professionals who worked outside of the Sandybrook Nursing Home team.

As part of the inspection process, records including policies, care records, staff files, meeting minutes were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager and Lead Community Nurse.

This report outlines our findings. 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, eight 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. Improvements had been made in five areas. The Commission had been made aware of all notifiable incidents, a formal review of the communal call bell alarm system had been undertaken, and the wall in the ground-floor lounge had been redecorated. There was also evidence that care receivers are provided with varied meals and changes had occurred to the budget allocated to support the programme of activities; these are detailed within the report. Five areas of improvement were achieved.

However, insufficient progress had been made to ensure all newly employed staff complete a structured induction programme. This remains an area for improvement. Progress to ensure that quality assurance processes are implemented, which includes monthly reporting and providing staff regular opportunities to discuss their role through formal supervision processes, had also yet to be achieved. As the requirement for these issues to be addressed has been highlighted in the previous two inspection reports of July 2023 and December 2022, the Commission has now written directly to the Registered Provider requesting a plan detailing how the issues will be addressed.

Is the Service Safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The Statement of Purpose was reviewed, and it was determined that minor changes were required to ensure that it mirrored service delivery. Changes were made, and the Statement of Purpose was resubmitted during the inspection process.

The Regulation Officer walked through the premises to assess the environment. The entrance hall, corridors, and stairwells were uncluttered and lighting in some areas to support independent mobility. The entrance hall had useful posters and information, with fire and insurance certificates on display and a sitting area.

There are lounges on both floors, and the dining area on the 1st floor is light and spacious. The ground-floor lounge leads onto a spacious, well-kept, lawned and gardened outside area. There is a kitchen for visitors to use to make teas and coffees. The home's central kitchen is discussed later in the report. The home is in a quiet residential area.

Five bedrooms have been redecorated with ensuite wet rooms. The colour palettes were neutral, and the Regulation Officer was informed there were plans to liaise with care receivers about curtain fabric colours.

There is lift access between floors. The Commission has previously required changes to the lift facility to meet Care Home Standards, and the Interim Manager provided evidence of some progress to address the issue.

The clinical storeroom was equipped with items appropriate for service delivery and organised, with all items clearly labelled.

It was positive to see the Skin Moisture Alert Report Tool (SMART) - a visual aid categorising and treating skin damage - was on display next to the dressings stock. The laundry room currently has a mixed function as the laundry service is outsourced.

There is an outside service entrance, clinical waste bins are stored there, the area was in good order. Staff changing rooms were well equipped, tidy, and clean, and there were restrooms for staff breaks. The Regulation Officer was informed that wooden storage frames in the storage rooms were to be replaced with metal framed storage to reduce the risk of infection. The team is also considering changing the use of some rooms to develop more spaces for creative activities.

The Regulation Officer was satisfied that the building's location, size, and design met the needs of care receivers and were in keeping with the services' Statement of Purpose. The accommodation is functional, homely, and well-maintained

Policies and procedures regarding raising a grievance, the disciplinary process and whistle blowing were evident, and had recently been updated. These are accessible to staff to staff via the HCS electronic system. Recruitment practices for permanent staff, bank staff and agency staff were reviewed. Actions undertaken prior to staff commencing work were found to be appropriate.

Staffing levels were discussed during the inspection, and staffing rotas were reviewed. The service aims to allocate three Registered General Nurses (RGN) during the day and two RGNs at night, with seven Health Care Assistants (HCA) during a morning shift, five HCAs on an evening shift and three at night. Staff have recently been recruited; four roles remain vacant.

Rotas are accessible to staff six weeks in advance. At times, rotas require a change to ensure staffing levels and managers schedule staff days off appropriately. It was highlighted to the Regulation Officer that rearranging the rota and finding staff can be time-consuming. The Regulation Officer acknowledged the challenges of this, recognised the adaptability of the staff, and was satisfied that staffing levels, skill mix and staff working hours met the requirements of the Care Home Standards.

Training was explored during the inspection. Feedback from staff was that training was enabled and encouraged, and it was a blend of face-to-face and online. Staff spoke encouragingly of the training they had undertaken to support care receivers diagnosed with dementia. Online training is accessed through the organisation's electronic system and highlights to staff when online courses are required.

The percentage of staff having undertaken mandatory training was appropriate. There was evidence safeguarding training at levels 1 and 2 had been undertaken by over 96% of staff.

The Regulation Officer was informed that the team had training with the Tissue Viability Nurse Specialist regarding preventing and managing pressure damage. The team demonstrate a proactive attitude to learning, recognising how learning and development can improve patient outcomes. The Regulation Officer was satisfied training was easy to access and encouraged within the home.

Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The service has an audit cycle. The service is transitioning to a different electronic system, and paper records were kept in some audit areas during the transition period, including hand hygiene audits. This was encouraging, and regulation officers saw positive audit reports, with either no or minor follow-up actions required. The service scored 100% in several areas.

The infection control audit undertaken in July 2024 identified concerns raised in two previous audit reports that still need to be addressed. The Regulation Officer was shown correspondence demonstrating that the auditor had raised the significance of the issues and set a plan to revisit the service two weeks later. The auditor was at the home during the inspection and assured the Regulation Officer that the concerns have mostly been met and that any outstanding actions are progressing.

The Regulation Officer contacted the staff they were informed had responsibility for medication audits/reviews for the service; to explore the process of the reviews, the findings, and any follow-up action. The staff did not respond to the Regulation Officer's request to be sent the report on the most recent medication review. As fundamental information was not provided, medication management was not explored during this inspection.

Regulation officers reviewed support and management for care receivers with Significant Restrictions on Liberty (SROL) authorisations. There was evidence that staff recognised when referrals to the Capacity and Liberty Team for assessment were required and had a system to highlight when reviews were needed. Care records and observations of care demonstrated that staff were aware of which care receivers had restrictions in place and worked within the care plan.

Feedback from a social care professional was that staff are working appropriately in this area of care. Regulation officers advised staff to consider centralising the storage of the authorisations and care plans. However, they were satisfied that Care Home Standards relating to this area of care were met.

During the inspection, there were examples of how the wider organisation's practices can present challenges in delivering a care home service. For example, the Regulation Officer was informed that staff have recently been required to monitor care receivers blood pressure daily. This may be an HCS requirement and appropriate for some HCS inpatient settings. However, it removes individuals' choice in their home setting. The Regulation Officer was informed that it contradicted medical and nursing assessments incorporating care receiver wishes which spoke of wanting to support care receivers "to thrive".

Conversely, as Sandybrook is an HCS service, staff can access care records, audits, specialist clinicians and Registered Manager support from HCS colleagues, and have HCS medical coverage each weekday. This can support an effective service. The service identity was noted to be a mix of hospital ward and a home, with staff stating it was “50/50.” The sign outside states ‘Sandybrook Hospital,’ and a care receiver representative said, *“It feels like a nursing home, I don’t think of it like a hospital”*.

Although the Regulation Officer was assured that the particular issue regarding blood pressure monitoring was actively being reviewed, the Regulation Officer reiterated the importance of care receivers wishes and preferences being central to all decision making in their home.

Feedback was received from professionals external to Sandybrook Nursing Home. The team was described as committed and welcoming, would ask for advice and be responsive to it. They explained that the team demonstrated a proactive attitude to learning, recognising how learning and development can improve patient outcomes. It was commented that the team has been resilient and work well together, particularly during challenging periods. One professional commented, *“They [the staff] will work in different ways to ensure the best outcomes for residents”*.

Is the Service Caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

The Regulation Officer gained feedback from care receivers and their representatives. All care receivers spoke positively about the team and the support they received. When asked the question, ‘Do you like living here?’, the responses included, *“Yes, it’s lovely.” “Staff are really nice.” “Yes, I’m really well cared for.”*

Most care receiver representatives commented they felt they were kept up to date and communication was good. Care receiver representatives stated:

“Xxx [staff member] went above and beyond to support.”

“Sandybrook Nursing Home is great; it is more like a big family. She [relative] is spoiled, and they [care staff] can’t do enough for her.”

“I know she [relative] is being well looked after.”

“We [family] are extremely delighted with the care that Xxx [relative] receives. Absolutely 10 out of 10 rating, the staff are great.”

Medical care records contained comprehensive physical, social and psychological assessments and plans. Nursing care initial assessments titled ‘holistic assessments’ were present in all care receivers records. Sections relating to physical assessments were complete, and care plans were evident, covering a range of bodily needs and care receivers spiritual requirements were documented. The holistic assessments of psychological and social care sections had minimal or no information and no appropriate care plans relating to these areas of care.

The Regulation Officer attended two nursing handovers. The staff spoke professionally, with knowledge and compassion. The focus of the handover was on the care receives physical needs. There were some discussions regarding psychological needs and none regarding social care needs, and neither was documented on the handover sheet.

It is acknowledged that there is evidence of psychological and social care and assessment, and that the introduction of a second Activity Co-Ordinator (ACC) was already having a positive impact. However, there was insufficient evidence of nursing assessment and care planning in these areas. Therefore, this is an area for improvement.

During the inspection period, a second ACC commenced their role. The Regulation Officer was informed there were 1-2-1 and group games, singing, crafts and visiting community groups a spiritual support for care receivers to engage with if they wished and were able to. Staff acknowledged it had been difficult to deliver the breadth of activities they would aim to. There were signs of change, with photos evidencing trips out and care receivers engaging in a mix of activities in the short period since the second ACC role. A staff member described this as “*a turning point*” regarding being able to deliver a stimulating calendar of activities.

Contrary to this when supporting palliative and end of life care needs there was evidence of fully holistic care.

Staff at different levels described the work the team undertakes to understand care receivers wishes and preferences for treatment. There was evidence of discussions with care receivers and their representatives.

The discussions were documented and informed treatment escalation and advance care plans. Care records were clear, illustrated sensitive discussions, and there was a system for review. This demonstrated skilled communication and staff commitment to knowing care receivers wishes to enable them to advocate appropriately.

In addition, the team used the Personalised Care Record (PCR) and Symptom and Care Chart. The documents detail the assessment, care planning, and delivery of care and support for a care receiver when they are near the end of their life. The use of the document demonstrates that the team are aligning with national guidance and the island-wide strategy. The PCR samples detailed that the team recognised deterioration in the care receiver’s condition, sensitively communicating this to the care receiver and their representatives and also involving them in decisions about treatment and care in a supportive, compassionate manner. There was evidence that eating and drinking in the last days of life had been discussed. Emotional support for the care receivers and their representatives was evident in all records. The records illustrated the staff’s skill and knowledge in delivering holistic, person-centred end of life care.

There was also evidence that care receivers are provided with varied meals based on their preferences and requirements, including therapeutic dietary options. Food pre-ordered by care receivers arrives to the home cooked and chilled. Staff can make sandwiches and other snacks on request in the central kitchen. Staff have produced a file with text and pictorial information, including food likes and dislikes and oral hygiene needs. The folder provides a quick reference for staff new to the service, and the Regulation Officer was informed that it was updated regularly.

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.
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The organisation's structure was reviewed to assess the effectiveness of service leadership and management. The structure includes a Register Provider, senior leadership and management, a home manager, and a deputy manager. This is a clear structure; however, it has been unstable.

The Commission received an absence of manager notification in June 2024, including arrangements to ensure a suitable interim management plan. During the inspection, the Regulation Officer noted that, in practice, the Interim Manager was required to continue other HCS responsibilities alongside the Interim Manager role. Feedback from staff at all levels highlighted the changes had been unsettling, and feedback from one care receiver's representative also echoed this.

However, it was positive that staff had been recruited into the home and deputy manager roles and a Lead Community Nurse (LCN) role had been introduced. Feedback from the team was that the LCN and deputy manager roles were already enabling stability. Furthermore, the Interim Manager would remain a senior service manager when the home manager began their role. This would enable them to share the direct knowledge of Sandybrook Nursing Home they developed as Interim Manager.

Therefore, the Regulation Officer concluded that absences and staff fulfilling several roles had unsettled the organisational structure, challenging the effectiveness of the service's leadership and management. Though recent changes have begun to stabilise the structure, enabling the service to meet the requirements.

Management of the budget for the home was explored with particular focus on the area for improvement from the 2023 report, which required a review of the budget allocated to the programme of activities. The direct budget for the activities had not increased. The budget rests within the occupational therapy department, and the budget holder did not respond to the Regulation Officer's requests to discuss the topic. Through a discussion with the Interim Manager and a review of documentation pertaining to the budget, there was evidence the funds for the activities had increased and were of sound account.

The Regulation Officer was informed that the Interim Manager had written six Monthly Provider Reports retrospectively when they came into the role to develop their understanding of the service. The Regulation Officer sampled three of the retrospective reports and recognised that they would enable an understanding of the service. However, there was no evidence of reports prior to this time and a representative has yet to be identified to report monthly on the quality of the care. The Regulation Officer explored if staff had been provided regular opportunities to discuss their role through formal supervision processes. All staff feedback that they had not received supervision and there was no evidence provided to the contrary.

Therefore, both issues remain areas for improvement, and the Commission has written directly to the Registered Provider requesting a plan detailing how the issues will be addressed.

Progress to ensure that quality assurance processes are implemented, which includes monthly reporting and providing staff regular opportunities to discuss their role through formal supervision processes, had also yet to be achieved.

As the requirement for these issues to be addressed has been highlighted in the previous two inspection reports of July 2023 and December 2022, the Commission has now written directly to the Registered Provider requesting a plan detailing how the issues will be addressed.

The team meetings are held monthly, and an agenda and minutes are circulated to staff. Minutes from the July 2024 meeting encouraged staff to move forward with developing a staff charter aligning behaviours with organisational values.

Feedback was received describing less harmonious working. However, staff explained that they had ways of responding that ensure they still worked well with colleagues and knew how to raise concerns regarding the issues if they wished to.

Feedback to the Regulation Officer and an event observed during the inspection highlighted an area of potential concern regarding staff well-being. There was evidence staff were responding in a professional and supportive manner. Regulation officers reviewed the managerial and leadership responses to the issue, including minutes of meetings, letters, and discussions. Regulation officers acknowledge that although the issue is unresolved, actions have been taken to support staff well-being. To ensure confidentiality, the issue and event are not detailed in the report.

IMPROVEMENT PLAN

There were four 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 Registered 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>Response of Registered Provider:</p> <p>In order to comply with this regulation, the Lead Nurse, of whom does not have day to day management of the service, will conduct the monthly report. This will be scheduled into her work diary, and should she be absent for any reason, then a representative will be provided. This monthly report will then be discussed with the Home's management team and the care groups GM (General Manager) as part of their governance meetings. 'Sign off' of the report will occur at this meeting, ensuring that governance is applied, and all parties are happy with the content and actions.</p> <p>This ensures that there is a global view of the monthly report, findings and actions and that momentum is maintained to ensure actions are followed up and concluded.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 3.14</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must ensure that staff are provided with regular opportunities to discuss their role through formal supervision processes.</p> <hr/> <p>Response of Registered Provider:</p> <p>Both managers at Sandybrook, have experience with supervision and the Home Manager is fully aware of the standard to meet with staff at least quarterly. A database is currently being set up to catalogue dates of meetings, appropriate documentation being formalised to annotate these one-to-one sessions and a diarised approach to date setting is being conducted. The timeframe for these actions to be completed is the 11 November 2024. By which time, there will be clear evidence that staff are being invited to quarterly supervision sessions and this improvement is actioned. These sessions will be in addition to any appraisal meetings, to ensure that the staff feel supported and there is open communication between managers and staff members.</p>
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<p>Area for Improvement 3</p> <p>Ref: Standard 3.10 Appendix 6</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must ensure that all newly employed staff complete a structured induction programme which will assess their competence.</p> <hr/> <p>Response of Registered Provider:</p> <p>All staff follow the States of Jersey induction programme and Sandybrook are in the process of implementing a local induction to be completed by the end of November.</p>
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<p>Area for Improvement 4</p> <p>Ref: Standard 2.1</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must ensure initial nursing assessments and subsequent care plans, assess and support care receivers emotional and social needs.</p>
	<p>Response of Registered Provider:</p> <p>Care plans are being reviewed and new care plans are being implemented including a 'This is me' document to enable staff to understand the care receivers needs and wants better. Activity co-ordinators are also providing a more comprehensive social activity programme.</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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