



**Jersey Care
Commission**

Summary Report

Sandybrook Nursing Home

Care Home Service

**Les Gruipieaux
St Peter
JE3 7ZZ**

7,8,22 and 29 August 2024

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.

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>

Area for Improvement 2	The Registered Provider must ensure that staff are provided with regular opportunities to discuss their role through formal supervision processes.
Ref: Standard 3.14	<p data-bbox="608 365 1401 398">Response of Registered Provider:</p> <p data-bbox="608 418 1401 741">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.</p> <p data-bbox="608 779 1401 887">By which time, there will be clear evidence that staff are being invited to quarterly supervision sessions and this improvement is actioned.</p> <p data-bbox="608 925 1401 1066">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>
To be completed by: with immediate effect	

Area for Improvement 3	The Registered Provider must ensure that all newly employed staff complete a structured induction programme which will assess their competence.
Ref: Standard 3.10 Appendix 6	<p data-bbox="608 1460 1401 1494">Response of Registered Provider:</p> <p data-bbox="608 1514 1401 1639">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>
To be completed by: with immediate effect	

<p>Area for Improvement 4</p> <p>Ref: Standard 2.1</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>To be completed by: with immediate effect</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>

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