



Jersey Care  
Commission

## **INSPECTION REPORT**

**Sandybrook Day Centre**

**Adult Day Care Service**

**La Rue du Craslin  
St Peter  
JE3 7ZZ**

**24 and 30 September 2024**

**Published:  
24 December 2024**

## 1. 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 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

## 2. ABOUT THE SERVICE

This is a report of the inspection of Sandybrook Day Centre. The Government of Jersey, Heath and Community Services (HCS) is the Provider and there is a Registered Manger in place.

Registration Details	Detail
Regulated Activity	Day Centre
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Categories of care	Adults 60+, dementia care.
Maximum number of care receivers	20
Maximum number in receipt of personal care/personal support	20
Age range of care receivers	60 years and above
Discretionary Conditions of Registration	
Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 31 December 2024.	

#### Additional information

Two regulation officers have met, with the Team Leader and Day Service Managers, at Sandybrook Day Centre to discuss the area for improvement from the previous inspection.

In July 2023 an absence of manager notification was submitted with a plan for how the service would be managed.

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

This inspection was announced and notice of the inspection visit was emailed to the Registered Manager five days before the visit. This was to ensure that the Registered Manager would be available during the visit. Two regulation officers were present for the first visit inspection day and one for the second day. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers'

Inspection information	Detail
Dates and times of this inspection	24 September 2024 11:10 - 15:30 30 September 2024 10:00 - 13:00
Number of areas for development from this inspection	Two
Number of care receivers accommodated on day of the inspection	14 care receivers on 24 September 9 care receivers on 30 September
Dates of previous inspection	12, 17 and 18 April 2023
Areas for development noted in 2023	One
Link to previous inspection report	<a href="#">IRSandybrook20230714</a>

### **3.2 Focus for this inspection**

This inspection included a focus on the area for development identified at the previous inspection in April 2023 as well as these specific new lines of enquiry:

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

## **4. SUMMARY OF INSPECTION FINDINGS**

### **4.1 Progress against areas for development identified at the last inspection**

At the last inspection, one of area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this would be addressed.

The improvement plan was discussed during the inspection, and it was positive to note that the improvement had been made. This means that there was evidence that risk assessments are clearly documented, the date commenced, updated and when the next review is required.

Areas for improvement will now be referred to as areas for development.

### **4.2 Observations and overall findings from this inspection**

Feedback regarding the staff and the service delivered was consistently positive. Care receivers described staff as caring and helpful. Care receiver representatives said the staff were kind and supportive and gave suggestions and recommendations that supported the care receiver at home. Professionals praised the staff's person-centred and respectful approach, stating the staff responded in a clear, balanced, and timely manner.

The referral process and the assessment were clear and thorough and demonstrated teamwork within day services and collaborative working with other professionals. The care records sampled were person-centred and demonstrated that the staff team understood the care receivers needs and how to support them.

A range of activities is available to promote mobility, coordination, memory, and confidence. Care receivers were smiling, laughing, and engaged. Staff were observed supporting the needs of individuals and the group. The atmosphere at Sandybrook Day Centre was both stimulating and calm.

The team actively sought feedback on service delivery. There was a system in place to review service delivery through the production of comprehensive monthly provider reports. There was evidence that staff have undertaken appropriate training.

A system is in place to assign training and track if it has been undertaken. Staff gave examples of how training had influenced their practice. The policies reviewed defined terms, clearly set out processes, signposted to staff support and related other relevant organisational information and local legislations.

The service leadership and management structure represented a clear line of governance and was described by the Registered Manager as 'a golden thread'. Staff at all levels spoke of positive teamwork and feeling supported. There is an established system of appraisal and supervision, team meetings, and twice-daily safety check-in meetings.

There are two areas for development which are detailed within the report.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

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

Prior to our inspection visit, all the information held by the Commission about this service was reviewed. This included the previous inspection report from April 2023. Also the Statement of Purpose, notification of incidents and all correspondence regarding the service.

The regulation officers gathered direct verbal feedback from six care receivers and three of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the day service.

As part of the inspection process, records including policies, procedures and care records, were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to Registered Manager and Deputy Manager.

This report sets out the inspection findings. Where areas for development have been identified, these are described in the report and an improvement plan is attached at the end of the report.

### 5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

---

<sup>1</sup> The Day Care Standards and all other Care Standards can be accessed on the Commission's website at [Day Care Standards | Jersey Care Commission](#)

## 6. INSPECTION FINDINGS

### 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 organisation's whistleblowing, resolving grievance, and disciplinary policies were reviewed. The policies explained key terms, outlined processes with timeframes and roles and signposted to support resources for employees. Relevant Jersey legislation was highlighted, and the documents were recently produced and had appropriate review dates.

There were links to further relevant information, including the organisation's code of practice for performance and values and behaviours document.

A key issue raised by all staff was that as another HCS Day Service is closed, two services are being delivered from Sandybrook Day Centre. Three days a week, the service supports care receivers who would meet the inclusion criteria for the Sandybrook service, and three days a week, the service supports care receivers whose needs would previously have been met within the closed service. It was described as "*delivering two half services*". Staff feedback was that having two open services would enable more comprehensive support.

Managers described how they had followed internal processes to escalate their concerns. Regulation officers noted that the number of care receivers attending during each session, staffing levels and the types of activities delivered are adjusted to meet the needs of all those attending. Regulation officers were satisfied the service provided is within the mandatory conditions of Sandybrook Day Centre registration. Regulation officers acknowledge that staff at all levels were working to manage this challenge and provide a supportive, individualised service.

A door leads from Sandybrook Day Centre to a corridor which links to the neighbouring registered service. During the inspection, the door was locked and could be unlocked by pressing the switch next to the door. When the door is open, there is no mechanism to alert staff to it being open. Regulation officers discussed this with service managers. It was acknowledged that people could exit or enter the Day Centre via the door without staff knowing. It was encouraging to hear staff describe practices that avoid harm and promote safety. However, for the door to have a mechanism in place to alert staff when it is being opened is an area for development. Regulation officers also advised managers to ensure the risk of harm related to this issue was formally assessed and recorded.

Types of training and staff adherence to it were reviewed. The training was delivered both online and face-to-face. Training topics met Day Service Standards, and the team was 100% current with training during the inspection. Safeguarding training at levels 1, 2, and 3 has been undertaken or scheduled, and staff are allocated the level of training that aligns with their role and responsibilities.

There was a clear system to track what training was required, assigned and undertaken, that was reviewed by the Registered and Deputy Manager. Staff gave examples of how training had influenced their practice.

Evidence showed that the team submitted safeguarding referrals and engaged with the safeguarding process to support care receivers. Meeting notes demonstrated a person-centred approach and aim to maintain safety and avoid harm. There was clear documentation and recording of events.

Feedback from a professional:

*“The Sandybrook team enthusiasm for personalised support and care for the individuals that access the Day Services is amazing to witness.”*



## Is the service effective and responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.

The referral process was explored. Referrals come through the HCS Single Point of Referral (SPOR) system or via the Day Services email and can be from potential care receivers, their representatives or professionals. Day service managers triage the referral following a strength and needs assessment by a social worker.

Since the last inspection, the team have revised the referral process, developed a flow chart to illustrate the process and shared the information with other professionals and organisations. The document described the steps from referral to commencing day services or the referral being declined. The service leaflet describes the inclusion and exclusion criteria; the leaflet was being revised at the time of the inspection.

It was described that the joint day service working helps assess which service best meets the care receiver's needs.

Also, the location of the initial assessment is determined by the care receivers, preferences and needs. There was evidence of the referral process and assessment within care records and from feedback.

The referral process and the assessment were clear and thorough and demonstrated teamwork within day services, collaborative working with other professionals and was person-centred. However, it was noted that there was no written agreement between the service and the care receiver that stated how the service would be provided. A written agreement is a requirement of the Standards and is, therefore, an area for development.

Feedback from professionals was positive. It was stated that staff *“demonstrated an excellent level of collaboration every time when we were working together to support clients from our local community”*, and that the team *“showed a flexible approach, were open to joint working and open to discussions to ensure best outcomes for this individual”*.

It was also commented that the team *“took into consideration the wider picture”* when considering the impact on the care receiver’s family. The consideration staff have for family was also voiced in feedback given by a care receiver’s representative who said, *“The staff check in with me; they are just so caring. I could offload if I wanted. They are extremely friendly; 100%”*.

One professional informed the Regulation Officer that the staff’s responses were respectful, clear, balanced, and timely. Also, when the professional was undertaking reviews of the care receivers who attend Sandybrook Day Centre, *“feedback was always very positive”*.

Feedback from a professional

*“The staff team treat people with respect and dignity and as individuals.”*

Monthly Provider Reports for June, July and August 2024 were reviewed. An appropriate author produced the reports that detailed the number of care receivers attending and whether any referrals to the service had been received.

Staffing levels, any recruitment issues, what training has been undertaken, if referral to safeguarding has been made or complaints received are stated.

Feedback for care receivers and their representatives is documented in the reports, with photos of events and activities. Also, feedback from staff and professionals external to the service was included. The author reviews the environment, health and safety, and quality assurance issues and relates reporting and practice to the Day Care Standards. The reports are comprehensive and demonstrate monitoring and reporting on the delivery of the service’s functions, in line with legislative requirements, Standards and guidance. The reports showed how the team proactively gained and responded to feedback.

## Is the service caring?

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

Throughout the inspection the atmosphere at Sandybrook Day Centre struck a balance between lively engagement and peaceful calm; all staff were welcoming. Regulations officers took part in a quiz which a visiting religious minister was hosting for care receivers. All present appeared fully involved, concentrating on the question and discussing possible answers. The activity appeared both relaxing and stimulating.

On the second inspection day, the Regulation Officer joined a group of nine care receivers singing and playing a game. Care receivers were smiling, laughing and engaged. Staff explained the game and music are enjoyable ways to promote mobility, coordination, memory, and confidence. Staff were observed to be supporting the needs of individuals and the group.

The wide range of activities offered also included knitting, gardening, and baking; care receivers take home what they produce. There were photos of an outing to a water activity and feedback that there had been trips to the Steam Museum and garden centres. Care receivers were given menus to make choices for lunch. The menus were also in Portuguese and pictorial form.

Throughout the inspection, staff were heard speaking with care receivers and each other in a supportive, kind, and respectful manner. Care receivers said staff were, caring and helpful and that they “loved it [the day centre] the minute they walked in”.

Feedback from care receivers:

*“It is lovely here.”*

*“Staff are lovely.”*

*“The best thing is the people.”*

*“Staff are really helpful.”*

The care records sampled contained assessments, care plans and evaluations. Information was recorded factually. Records were person-centred and demonstrated that the staff team understood the care receivers needs and how to support them.

Each care receiver is assigned a keyworker who facilitates a review six weeks after they begin attending the centre. At this juncture, a further day of attendance may be offered. The keyworker also supports a monthly review of care and care notes. The team uses the 'This is Me' document to understand better the care receiver, their likes and dislikes, and what is important to them. The times and documentation used in the reviews meet standards and best practice guidelines.

Communication with care receivers' representatives was reviewed through feedback and care records. Feedback stated that staff were approachable and kind and made suggestions and recommendations that supported the care receiver at home. It said, *"I could not speak highly enough of all the staff"* and *"They are amazing, flexible, and supportive; they are really helpful"*.

Those who gave feedback explained that if they had concerns, they could raise them with the Deputy Manager. Supportive communication with representatives was also evidenced in care records.

Examples of completed 'Monthly Questions' document further evidence that the team was gaining opinions on which outgoing activities could be offered and whether they enjoyed coming to the day centre. During the inspection, a survey was being launched to gain views on service delivery. It asks care receivers if they feel respected, safe and involved.

The survey asks care receiver representatives if they feel they are kept up to date and if the activities offered at the centre promote social, physical and psychological well-being of those attending. The approach met the Standards by which it was inspected.

### **Is the service well led?**

Evaluating the effectiveness of the service leadership and management.
--

The regulation officers explored the leadership and management of the service through discussions with staff from a variety of levels. The leadership and management teamwork within the Adult Day Services, which connects Sandybrook Day Centre with two other registered day services.

The organisations' structure consists of the Registered Provider, the Head of HCS Adult Social Care, the Day Service Team Leader, the Registered Manager and the Deputy Manager. The service has two senior health care assistants (SHCA) and four full-time equivalent health care assistants (HCA). If supply staff are needed, managers promote consistency by contacting supply staff who have worked in the service previously.

The structure represents a clear line of governance. The managers described this as 'A golden thread', and there was evidence of monthly meetings with managers of other day services. The Deputy Manager role is new. The role is day centre based, which was described as consistently supporting day-to-day service delivery and enabling the Registered Manager to fulfil broader elements of their role.

There are team meetings, an established system of appraisal and supervision, and twice-daily check-in meetings called 'Hub' meetings. Feedback from SHCA and HCA staff was that there was positive teamwork, and they felt supported. Staff gave the regulation officers examples of how they had been supported in developing their roles and described how they felt valued and empowered by this.

The Regulation Officer was informed the staff rota is completed six weeks in advance. The team use an application which enables staff to view their annual leave entitlement, to make duty and annual leave requests and see their rota. Staff feedback that the process is easy, and the flexible rostering supports a work-life balance.

Feedback from staff:

*"It is a great team, and we work well together to help people do the things they want to do in life."*

*"The team working is amazing."*

## DEVELOPMENT PLAN

There were two areas for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p><b>Area for Development 1</b></p> <p><b>Ref:</b> Regulation 18 (1) (b), Standard 7.3</p> <p><b>To be completed:</b> by 01/01/2025</p>	<p>The Registered Provider must ensure the door that enables access to the corridor between Sandybrook Day Centre and the neighbouring registered service have an alarm mechanism to alert staff when it is being opened.</p>
	<p><b>Response by registered provider:</b></p> <p>Following consultation with the fire safety officer for HCS, it has been identified that the best option to meet existing fire regulations (and this development plan) is to have the access control system disabled and a key lock fitted. This means that clients using the day centre cannot go through the door to the care home. Designated key holders have been issued keys and a key safe will be situated next to the door, so all staff can easily access if required.</p>

<p><b>Area for Development 2</b></p> <p><b>Ref:</b> Standard 1.5</p> <p><b>To be completed:</b> by 01/01/2025</p>	<p>The Registered Provider must ensure that there is a written agreement which states how the service will be provided to meet the needs of the person receiving care. It will set out terms and conditions, payment arrangements (if appropriate) and arrangements for changing or ending the agreement.</p> <p><b>Response by registered provider:</b></p> <p>Written agreements have been drafted and minor amendments have been made to the Standard Operating Procedures, setting out relevant review periods and contractual agreement between service users and the service. This reflects the small charges that may be accrued for lunches. This also sets out the procedure for a situation that may arise requiring a notice period to be given. These will be finalised in Centre Leads Meeting and once authorised will be issued at the end of every users' introductory period.</p>
---	--

## **Appendix 1 – Sources of Evidence**

<b>Follow up on previous areas for development</b>	
<b>Focus</b>	<b>Evidence Reviewed</b>
<b>Risk assessments</b>	Risk assessments and care records
<b>New key lines of enquiry</b>	
<b>Focus</b>	<b>Evidence Reviewed</b>
<b>Is the service safe</b>	Policies Discussion with the staff team The service Statement of Purpose Review of the environment Records of attendance Training records Safeguarding referrals Care records Minutes of professional meetings
<b>Is the service effective and responsive</b>	The service Standards Operational Policy The service information leaflet Care records Feedback from care receiver representees Feedback from professionals external to the service
<b>Is the service caring</b>	Observation Participation in activities with care receivers Feedback from care receivers and their representatives Care records
<b>Is the service well-led</b>	Discussion with staff at a variety of levels. Minutes of staff meetings Rota application Staff rotas



It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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.



Jersey Care Commission  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)