



Jersey Care
Commission

INSPECTION REPORT

Sandybrook Day Centre

Adult Day Care Service

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

**Inspection Date
3 December 2025**

**Date Published
16 December 2025**

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), 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 day care is operated by Government of Jersey, Health and Care Jersey (HCJ) and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Day Centre Service
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	
None	
Additional information	
Since the previous inspection, the Commission has received an application for a new Registered Manager, and a new Statement of Purpose.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager six days before the inspection. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	3 December 2025 09:00 - 12:45
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	Nine
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	24 and 30 September 2024 Two IRSandyBrookDayCare20240930Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 24 and 30 September 2024, 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, two of areas for development were identified, and a development plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

During this inspection, the development plan was reviewed, and it was positive to note that progress had been made.

In relation to the first area for improvement, a controlled system has been implemented to secure the back door of the home. Designated key holders have been issued keys, and a key safe has been positioned next to the door to allow all staff easy access if required.

The second area for improvement concerned written agreements. The service has implemented written agreements as part of their Standard Operating Procedures. These agreements outline the terms and conditions, any small charges that may be incurred (such as for lunches), and the procedure for situations requiring a notice period. This process is now embedded in practice and will be issued at the end of each new client's introductory period.

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

4.2 Observations and overall findings from this inspection

During this inspection, the Regulation Officer focused on key areas including recruitment, induction, staffing, training, wellbeing, care planning, safeguarding, governance, and management oversight. The service demonstrated robust recruitment processes, with all staff undergoing Disclosure and Barring Service checks, verification of references, and structured interviews. Inductions were comprehensive, including both government-mandated and bespoke day service inductions, ensuring staff were fully prepared to deliver safe, person-centred care.

Staff reported a positive working environment, feeling supported and confident in raising safeguarding concerns. Rotas were prepared six weeks in advance and made accessible digitally, ensuring safe staffing levels. Care receivers and their families confirmed that they feel safe, treated with dignity, and included in decisions about their care. External professionals highlighted that the service responds appropriately to risks and safeguarding concerns and maintains effective collaboration across agencies.

Training is closely monitored through a colour-coded matrix, combining face-to-face and e-learning, ensuring staff competence. Care plans were found to be robust, regularly reviewed, and reflective of care receivers' needs, with evidence that written agreements are now embedded in practice. Audits, including health and safety, first aid, fire logs, and care plans, were regularly completed with follow-up action where required. Policies, including complaints and safeguarding, were current, relevant, and accessible.

Wellbeing is embedded across the service, with staff debriefs, celebration of events, government-supported wellbeing initiatives, and biannual team away days fostering a positive culture. Accidents and incidents are recorded and investigated using a digital system, ensuring lessons are learned. Staff supervisions and appraisals exceed minimum standards and are reinforced through group discussions and meetings.

Overall, the service is well-led, responsive, and organised. Staff are supported, care receivers and families report positive experiences, and robust systems ensure safe, effective, and person-centred care.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Day Care Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, and notification of incidents.

The Regulation Officer gathered feedback from three of the care receivers' representatives. Due to the needs of the care receivers, who were living with dementia and were taking part in activities with staff during the inspection, the Regulation Officer did not take verbal feedback from them. However, the Regulation Officer observed activities and interactions and noted that they appeared comfortable and content. They also had discussions with the service's management and other staff. Additionally, feedback was provided from three professionals external to the service.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager, and followed up by email, the day after the inspection.

This report sets out our findings and includes any areas of good practice identified during the inspection.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

5.2 Sources of evidence.

Follow up on previous areas for development	
Focus	Evidence Reviewed
Door between services must alert staff when opened.	Key lock fitted. Key safe positioned next to door for staff access.
Written agreements	Agreements as part of their Standard Operating Procedures. Issued at the end of each client's introductory period.
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Staff recruitment Induction Recruitment policy Staff feedback Care receivers & families feedback External professionals feedback Rotas Training matrix Safeguarding policy Risk assessments
Is the service effective and responsive	Statement of purpose Team meetings Staff feedback Written agreements Care receivers & families feedback Audits Complaints policy Business continuity plan External professionals feedback
Is the service caring	Wellbeing Care plans Training Care receivers & families feedback Staff feedback External professionals feedback
Is the service well-led	Accidents and incidents log Supervisions and appraisals Care receivers & families feedback Staff feedback External professionals feedback

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The service demonstrated a robust recruitment process. All staff had undergone Disclosure and Barring Service checks prior to commencing employment, and at least two references had been obtained and verified for each candidate. The interview process was structured, ensuring that staff suitability for working with vulnerable adults was appropriately assessed. All recruitment records were securely maintained on a digital platform, allowing for clear oversight and accessibility for both management and regulatory review. The service's recruitment policy was current, relevant, and easily accessible, providing clear guidance on recruitment processes, induction, and ongoing staff management.

Induction procedures were comprehensive, all new staff completed the government-mandated induction programme, as well as bespoke inductions specific to the day service. This bespoke induction ensured staff were familiar with the service environment, policies, procedures, and the specific needs of care receivers.

Staff feedback confirmed a positive and safe working environment. Staff reported feeling confident that the service provides safe care and that staffing levels are sufficient to meet the needs of care receivers safely. Staff also expressed confidence in raising safeguarding concerns, demonstrating a culture of openness and accountability. Rotas were prepared six weeks in advance and made accessible digitally to all staff. This supports effective planning and ensures safe staffing levels.

Feedback from care receivers and their families indicated that they feel safe within the service. Care receivers were aware of whom to approach if they had concerns, and families confirmed that staff responded promptly and effectively to any issues raised.

External professionals reported that the service responds appropriately to risks and safeguarding concerns, demonstrating effective collaboration between the service and other agencies.

The service maintains a training matrix that uses colour coding to show the priority of each training requirement. The colours indicate when training is due, such as training that is overdue, due soon, or recently completed. This matrix is closely monitored by the Registered Manager to ensure all staff remain up to date with mandatory and role-specific training. Staff training records provide evidence that the service invests in staff development and maintains competence across all areas of practice.

A sample of policies and procedures were reviewed and found to be relevant, up to date, and embedded in practice. The safeguarding policy had been updated and was accessible to all staff. Risk assessments for care receivers were observed during the inspection and were found to be robust, individualised, and regularly reviewed. Each risk assessment outlined potential risks and the measures in place to mitigate them.

Overall, the inspection confirmed that Sandybrook Day Centre follows the standards in recruitment, induction, staffing, training, and safeguarding. Staff and management work collaboratively to ensure care is delivered safely. Care receivers and their families feel secure and supported, and systems are in place to ensure compliance with the relevant standards.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

The service's Statement of Purpose was reviewed and found to be updated and accurate. It sets out the aims and objectives of the service and the care provided. The document reflects the current operation of the service.

During the inspection, a morning hub meeting huddle was observed, providing evidence of regular communication and staff engagement. Additional team meetings were also reviewed, and records demonstrated that action plans were identified and followed up consistently.

Staff feedback indicated that they receive sufficient training to perform their roles safely and confidently. Staff reported that they feel that care receivers receive the right support for their health and care needs in a timely manner. They also confirmed that care plans and records are maintained accurately and updated to reflect care receivers' needs. Staff expressed that care receivers are treated with dignity and respect.

An area for improvement identified previously was the implementation of written agreements with care receivers. During this inspection, the Regulation Officer found evidence that written agreements are now in place and embedded in daily practice. Care receivers' digital folders contained the agreements, confirming that contractual arrangements, review periods, and procedures for notice or changes to care are effectively applied.

Feedback from care receivers and their families was very positive. Care receivers and families stated that the care provided meets the individual's needs, staff are kind, respectful, and supportive, and that they feel involved in decisions regarding care.

Robust audit processes were in place to ensure ongoing quality and compliance. Examples discussed during the inspection included audits of health and safety, care plans, first aid boxes, and the fire logbook. These audits were completed regularly, with evidence of follow-up action where required.

Complaints policy was reviewed and found to be current, relevant, and accessible. Staff were aware of the procedures and demonstrated understanding of how to apply them in practice. The service has a business continuity plan to ensure that care can continue in the event of unforeseen circumstances, this is currently being reviewed into a bigger piece of work for the all of the Government of Jersey day services and will be shared at the end of December.

External professionals provided feedback indicating that the service communicates effectively, responds appropriately to risks, and meets the needs of care receivers.

Overall, the inspection confirmed that the service is organised and responsive. The Statement of Purpose reflects current practice, staff are supported through training and clear communication, and care receivers and families report positive experiences. Robust audits, policies, and procedures are in place, and written agreements are now embedded in daily practice.

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

The service demonstrates a commitment to staff wellbeing, with practices embedded into everyday operations. Staff debriefs are conducted when required, and the service celebrates events such as Christmas, Halloween, and special birthdays, fostering a positive and inclusive culture.

Additional wellbeing support and events are provided through government initiatives. Staff also participate in away days twice a year, designed to support team building and strengthen collaboration across the workforce.

Care plans were observed to be robust and up to date. They are reviewed monthly with the involvement of care receivers, ensuring that care remains personalised, responsive, and reflective of the individual's needs. Staff training is closely monitored and robust, combining face-to-face sessions with e-learning in line with relevant standards.

Care receivers and their families reported positive experiences regarding wellbeing and support. They stated that staff have sufficient time to provide appropriate care, keep them informed about any changes in care, health, or wellbeing, and treat them with dignity. Care receivers and families also expressed that they feel listened to, valued, and included in decisions about their care.

Staff reported feeling supported by the management team and confident that they can raise concerns if something is not right, without fear of negative consequences.

External professionals confirmed that staff are responsive, approachable, and cooperative. They highlighted that communication from the service is timely and effective, which supports collaborative working and ensures the needs of care receivers are met consistently.

During the visit, staff were observed speaking to care receivers in a calm and respectful way. Interactions were unhurried, and care receivers appeared relaxed and comfortable throughout the visit. Staff were seen offering choice, such as asking individuals how they wished their support to be delivered. There was also some participation of some students on the day of the inspection visit, where they were observed to be singing together, playing bingo, arts and crafts, the engagement was warm and joyful.

Positive relationships between staff and the care receivers they support were evident. Staff used gentle reassurance and maintained dignity during routine tasks. The atmosphere in the service felt warm and welcoming, and staff demonstrated good knowledge of people's needs.

Overall, wellbeing is a clearly embedded aspect of the service. Both staff and care receivers benefit from structured support, opportunities for engagement, and positive interpersonal relationships. Care planning, training, and management practices collectively contribute to a safe, supportive, and person-centred environment, demonstrating the service's commitment to wellbeing.

Is the service well led?

<p>The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.</p>
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The service maintains an accidents and incidents log using a digital system. All accidents and incidents are formally recorded and investigated, with robust processes in place to ensure lessons are learned and shared with the team.

Notifications received during the inspection were reviewed and found to meet current thresholds, demonstrating that the service responds appropriately and in line with regulatory requirements.

Staff supervisions and appraisals were found to be above the minimum standards required. The service takes opportunities to provide supervision on multiple occasions, including during group discussions and team meetings.

Staff confirmed that they receive regular supervisions and appraisals. Feedback received from staff indicated that the service is person-centred, with staff emphasising that it is “*not a clinical service*,” highlighting the focus on individual needs and wellbeing. Staff expressed confidence in management and the support available to them.

Care receivers and families described the management team as approachable and helpful. They felt comfortable raising concerns or complaints and were confident that any issues would be addressed appropriately.

External professionals noted that the management team is visible, engaged, and responsive. They reported no concerns regarding management oversight, decision-making, or the operational running of the service.

The service has established systems to manage accidents, incidents, and staff performance. Regular supervision and appraisal help ensure that learning is captured and that staff feel supported in their roles. Feedback from care receivers, families, staff and external professionals indicates that the service is well managed and promotes an open and accountable culture.

What staff said:

Very person centred it is not a clinical service that focuses on tasks the emphasis is on ensuring quality support and meaningful interactions with the individuals we support.

Everyone who works here has a passion for providing a high level of care and entertainment to all of our clients. We think outside the box when it comes to activities and tailor each day to the needs of the clients. We have a very good working relationship with all clients, other professionals and their families/carers. We all love what we do!

The service offers good quality of care to all clients whilst respecting their independence and dignity. Clients appear to be happy and enjoy their time spent at the centre. Management are always approachable and helpful.

When asked about communication within the service relatives said:

They understand when you have a problem.

On those occasions I have attended the day centre or received a communication I have always found the personnel to be polite, understanding caring and efficient in the execution of their duties.

A professional's view:

The service is caring and supports the service users' needs.

Friendly and welcoming environment.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an improvement plan is not required.

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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