



**Jersey Care
Commission**

INSPECTION REPORT

Sandybrook Nursing Home

Care Home Service

**Les Gruipieaux
St Peter
JE3 7ZZ**

**23 December 2025, 9 and 14 January
2026**

**Date Published
18 March 2026**

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 nursing home. The care home service is operated by Health Care Jersey and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Nursing Care
Category of care	Adults 60+
Maximum number of care receivers	25
Maximum number in receipt of nursing care	25
Age range of care receivers	60 years and over
Maximum number of care receivers that can be accommodated in each room	Bedrooms 1 – 25, one person
Discretionary Conditions of Registration	
Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 20 September 2026.	
Additional information	
None	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration and additional discretionary conditions 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 eight days before the visit.

The first two days of the inspection were scheduled in advance and followed by a further unannounced visit to corroborate the lived experience of people using the service against the documentation in place.

Two regulation officers were present for the third visit and one for the first and second day. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers'

The Registered Manager was not present for the first or third day. A separate face to face meeting was held with the Registered Manager on the second day of inspection 9 January 2026.

Inspection information	Detail
Dates and times of this inspection	23 December 2025, 9 and 14 January 2026 10:00- 14:00, 09:00-14:30, 07:00-09:20
Number of areas for improvement from this inspection	Four
Number of care receivers accommodated on the day of the inspection	During the inspection period the number of care receivers fluctuated between twenty-two and twenty-four people
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	7,8,22 and 29 August 2024 4 IRSandybrookNursingHome2024.08.29Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 7,8,22 and 29 August 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 improvement identified at the last inspection

At the last inspection, four 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, and it was positive to note that two of the areas for improvement had been made. This means that there was evidence of monthly reports being undertaken, and also that newly appointed staff are undertaking structured inductions.

The improvement plan was also discussed for the remaining two areas for improvement, and it was concerning to note that insufficient progress had been made in these areas. This means that the Registered Provider has not met the Standards in relation to ensuring staff are given regular opportunities to discuss their role through formal supervision, and also for initial nursing assessments and subsequent care plans to support care receivers emotional and social needs. This will be discussed in more detail in this report.

4.2 Observations and overall findings from this inspection

The inspection took place during a time of significant winter pressures, when illness and increased care needs placed additional demands on staff. Despite this, the service worked hard to maintain safe staffing levels and continued to provide reliable day-to-day care.

Staff were able to provide safe support even under pressure. Important medical information was clearly displayed on the electronic care system, and staff handovers were organised and detailed. The provider took sensible steps to reduce risk, including temporarily reducing the number of available beds. While core safety practices were maintained, some organisational documents—such as recruitment materials and induction packs—need updating to reflect current Jersey Care Commission standards.

Care receivers received effective clinical care from a knowledgeable and well-trained team. External health professionals described strong working relationships with the service, meaning that changes in care receivers' health were acted on quickly. End of life care was a notable strength, with staff providing compassionate, personalised support to individuals and their families. However, some internal processes require improvement. Staff supervision and induction were not always completed consistently, and elements of the quality assurance framework need further embedding. Care receivers also shared feedback about the quality of meals, limited opportunities for outings due to a lack of transport, and environmental issues such as overheating caused by broken window fittings. Improvements to meals and activity provision are ongoing as the service responds to feedback.

Care receivers and relatives consistently described the staff as kind, gentle and respectful. Staff took time to understand the histories, preferences and communication needs of those they supported, and they demonstrated strong cultural and spiritual awareness. While the personal knowledge held by staff was evident, written care plans did not always fully capture care receivers emotional or social needs.

A recently introduced electronic auditing system is helping to strengthen governance, but several key areas still require attention. These include updating outdated policies, ensuring staff receive training in the Capacity and Self Determination Law, ensuring assessments and care plans include emotional and social care needs and fully embedding the supervision and appraisal framework.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home 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 one care receiver and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by one professional external to the service.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed the identified areas for improvement by email on the 21 January 2026.

This report sets out our findings and includes any 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 attached at the end of the report.

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 improvement	
Focus	Evidence Reviewed
Monthly reports	Sample of three-monthly reports
Supervision	Supervision spreadsheet and sample of supervision notes
Induction	Induction template and sample of completed documentation
Care plans	All care plans reviewed
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Review of paper files and electronic clinical records</p> <p>Review of risk assessments</p> <p>Review of clinical alerts</p> <p>Review of decision specific records, including resuscitation decisions</p> <p>Observation of the environment, including an early morning walkaround</p> <p>Review of documents relating to restrictions on liberty</p> <p>Discussions with staff across roles to triangulate evidence with previously reviewed records</p>
Is the service effective and responsive	<p>Review of admission and assessment documents</p> <p>Review of personal profiles and daily notes</p> <p>Review of supervision and induction records</p> <p>Observation of handover processes</p> <p>Discussions with staff and a visiting healthcare professional</p> <p>Review of complaints information</p> <p>Review of daily notes and personal profiles</p> <p>Consideration of early morning routines to understand how individual needs are met</p>
Is the service caring	<p>Conversations with a person using the service and a relative</p> <p>Observation of staff interactions during the early morning routine</p>
Is the service well-led	<p>Review of quality assurance reports</p> <p>Review of complaints information and governance documents</p> <p>Review of supervision and induction records</p> <p>Meetings and conversations with staff to understand leadership culture</p> <p>Triangulation of evidence across multiple sources, roles, and visits</p>

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

During this inspection, the service demonstrated a mixed level of safety performance, influenced in part by significant seasonal pressures. At the time of the first visit, winter illnesses, rising clinical acuity and unexpected staff absences had placed considerable strain on the service. To maintain safe staffing levels, the provider temporarily closed several beds. A number of care receivers were experiencing flu like symptoms. These circumstances affected staff availability and the timeliness of recordkeeping and provided important context when reviewing safety during the inspection. Despite these pressures, the service-maintained core safety systems that supported staff to make appropriate clinical decisions.

The electronic care system prominently displayed alerts for allergies, infections, and other identified risks, and clinical decisions such as resuscitation status were clearly signposted. Nursing staff could describe how these alerts informed their day-to-day practice. A visiting professional reported that the recently introduced handover documentation was well designed and increased consistency across shifts. During the unannounced early morning visit, handover was observed to be thorough, structured and focused on risk. Staff allocated tasks and break times clearly, ensuring continuity of care. Regulation officers were informed that nine care receivers requiring continence care had been washed before breakfast. They remained comfortable in bed, dressed in nightwear, and these actions were judged to reflect individualised clinical need rather than an inflexible routine.

The Registered Manager had developed an information booklet providing essential safety related information to care receivers using the service and their families, including explanations of care routines, available services and how to raise concerns. Meetings for care receivers who use the service and their relatives had been introduced, although attendance was variable. The Registered Manager reported that families regularly sent monthly updates to support communication and maintain shared understanding of needs and risk.

Job descriptions for new staff included a requirement to work towards a vocational qualification to ensure ongoing compliance with the Standards. A review of three months of rotas confirmed that safe staffing levels were consistently achieved. Contingency arrangements were in place and included the use of bank staff; the manager had only needed to cover one shift personally in recent months. During the inspection, day shifts were supported by three nurses and between six and eight care staff, and night shifts by two nurses and three care staff.

Recruitment activity was ongoing, with three new staff progressing through the preemployment process. However, several recruitment policies were outdated and did not reflect current regulatory expectations or best practice standards. Although a more recent recruitment and selection guide existed, it also lacked reference to regulatory standards set out by the Commission.

The inspection found that staff understood safeguarding responsibilities and knew how to raise concerns. Care receivers appeared comfortable, and staff demonstrated an awareness of individual needs during periods of clinical deterioration. The electronic system's integration with the hospital system ensured that changes in health status, admissions and discharges were clearly communicated.

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.

Training provision was described by staff as robust, with good access to learning opportunities and ongoing links with the wider health system. An external visiting professional reinforced this assessment, describing reliable monitoring of weight, effective attention to tissue viability and hydration, and consistent personal hygiene care.

End of life care was repeatedly highlighted as an area of excellence. Staff demonstrated compassion, attention to detail and a holistic approach that extended to families as well as the person receiving care. Close working relationships with external clinicians contributed to timely and well-coordinated end of life support, improving clinical outcomes and individual experience. Regulation officers received examples of personalised end of life care, where staff ensured care receivers' wishes were understood and respected.

Monthly provider quality reports have been implemented. Recommendations were made to strengthen them, including improved tracking of actions, clear identification of feedback sources, more explicit evidence of supervision compliance, and documented sign off and circulation.

Responsiveness to individual needs was generally good. The electronic system's integration with the local hospital meant that admissions, discharges and changes in clinical risk were communicated quickly. During the inspection, the home admitted a new care receiver and documented appropriate follow-up and monitoring.

During the unannounced visit, the service was calm and organised. Staff used handover effectively to prioritise tasks, including arranging prompt GP review when a care receiver became unwell prior to the shift change.

Activity provision was limited by the lack of transport, reducing opportunities for outings or community participation. The activity team has produced a brochure of in-house activities. Feedback regarding meal quality was consistent; a visiting professional had described it as poor on several occasions, and one care receiver said meals could be dry and lacking flavour. These concerns were echoed by staff, and the manager confirmed that catering improvements were underway following an increased meal budget.

Environmental concerns were also raised by relatives. Broken window fittings had resulted in excessive heat within communal areas during warmer months, highlighting the need for refurbishment.

The service demonstrated a clear commitment to ensuring that care receivers understood their rights. The manager demonstrated understanding of restrictions on liberty and provided examples of where independent advocacy had been accessed to support individuals. They described attending tribunal hearings where needed to ensure that care receivers' views and best interests were represented.

Interim written agreements were being used pending updated documentation from an external organisation. These reflected regulatory standards and clearly set out service terms, charges, and ways to make changes or end agreements. The manager ensured that agreements were signed by either the care receiver, an attorney for property and financial affairs, or the appropriate judicial authority where required.

Is the service caring?

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

The service demonstrated a caring and compassionate culture, consistently reflected in feedback from a care receiver using the service, their relatives, staff and external professionals. Feedback from a care receiver described staff as kind, gentle and respectful.

A care receiver who had recently moved into the home said the admission had been well supported, with staff welcoming and responsive to call bells. Although response times varied when staff were assisting others, the individual felt staff worked hard to meet their needs. A relative described the care as excellent and highlighted that their family member received a diet that was well tailored to their clinical needs.

Staff spoke confidently about advocating for care receivers, understanding their histories, and providing support that reflected their preferences and identities. They described working cohesively as a team and supporting one another to ensure continuity of compassionate care. A visiting healthcare professional also provided strongly positive feedback about staff responsiveness, communication and team cohesion. They expressed high confidence in the competence and commitment of the staff they interacted with.

Against this positive backdrop, some areas required improvement to strengthen the consistency of person-centred care documentation. Care plans intended to capture emotional and social needs were often incomplete, generic or copied forward. The “About Me” personal profile was detailed in some cases but missing in others, limiting the team’s ability to fully understand what mattered most to individuals. In some files, relevant information had been placed under unrelated headings, while several care plans lacked emotional wellbeing assessments altogether. This continues to be an area for improvement.

Despite gaps in documentation, staff were able to articulate care receivers’ preferences and routines clearly, suggesting that relational knowledge remained strong. Several examples illustrated how staff supported meaningful wellbeing. For one care receiver who placed great importance on appearance and personal grooming, staff consistently maintained their hair and nail care and provided a lighted mirror to enable them to continue their routines independently. Another example highlighted the thoughtful and respectful way staff supported a care receiver approaching the end of their life. Staff worked closely with external professionals to ensure the care receiver’s preferences were met, enabling them to receive dignified, personalised care.

Cultural, religious and communication needs were recognised and responded to sensitively. Spiritual support was available for those who wished to receive it, including weekly visits from a priest from a care receiver's own parish and regular church services within the home. Staff demonstrated awareness of linguistic needs and had developed picture-based communication aids in an individual's own language to reduce anxiety and support meaningful interaction.

The environment, while ageing, was being improved gradually. Small enhancements, such as new curtains and blankets, helped care receivers personalise their spaces. Major building work was underway to create an accessible ramp from the first floor, addressing previous concerns regarding limited outdoor access due to the lift's inability to accommodate a stretcher. Additional spaces for visitors, including a quiet area for those supporting relatives receiving end of life care, had been created.

Feedback from a relative highlighted that their relative is safe, well cared for and benefits from the strong medical support available at Sandybrook, including quick responses to illness and proactive communication. The relative described staff as caring and flexible, with generally good dementia-care approaches, though noted that additional specialist dementia training could further strengthen practice. The main concerns related to limited social stimulation and isolation, particularly during winter months, due to the home's nursing-focused population, lack of transport for outings, and the more clinical, hospital-like environment. While activities involving external entertainers were valued, opportunities for meaningful engagement were sometimes limited. Early challenges around equipment sizing and the care receiver's adjustment period were acknowledged, but these have since improved. Overall, the relative expressed satisfaction with the safety and quality of care, emphasising that suggested improvements relate to enhancing the care receiver's experience rather than concerns about the standard of care.

Is the service well led?

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.

The Registered Manager demonstrated knowledge of the service they discussed learning from incidents and complaints and acknowledged areas where further development was required.

A significant development within the governance structure was the introduction of a new electronic auditing system approximately six months prior to the inspection. The manager described the system as effective and user-friendly, supporting a wide range of clinical and operational audits. Evidence reviewed showed that audits were taking place in key areas including:

- controlled drugs
- falls
- pressure ulcers
- mattress checks
- medicines storage
- hydration
- nursing documentation
- catheter care
- hand hygiene
- Personal Protective Equipment
- Infection screening
- infection prevention and control
- dementia friendly environment
- daily patient safety checks
- patient experience.

This breadth of audit activity demonstrated an increasingly structured approach to assurance. The manager reported that a replacement system was planned by the provider but had not yet been implemented.

Mandatory training was mostly up to date; however, a significant gap was identified in relation to the Capacity and Self Determination Law (Jersey) 2016. This was of particular concern given the service was supporting a substantial cohort of individuals subject to Significant Restrictions on Liberty (17 at the time of inspection, with an eighteenth pending). Insufficient staff training in this area posed a risk to lawful, informed and rights-based practice. As such, this was identified as an area for improvement.

Policies and procedures formed another part of the governance framework requiring attention. A sample of policies examined including safeguarding, recruitment, complaints, disciplinary and grievance procedures were found to be significantly out of date. They did not reflect current legislation, best practice guidance or expected standards for care governance. Notably, none of the policies reviewed referenced the role of the Jersey Care Commission, either in relation to expected care standards or as a route for escalating concerns. This omission limited the usefulness of these documents in guiding staff and ensuring compliance. This is an area for improvement.

Supervision and appraisal arrangements were also assessed. The Registered Manager had recently launched a new framework requiring all staff to receive four supervisions per year and an annual appraisal. This was a positive development and demonstrated commitment to structured staff support. However, at the time of inspection, the framework had not yet been fully embedded, and most staff had received only two supervisions in the preceding year. While staff described supervision sessions as supportive when they occurred, full implementation will be necessary to ensure that reflective practice, clinical oversight and professional development are well governed. This continues to be an area for improvement.

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: Standard 3.14</p> <p>Regulation 17</p> <p>To be completed: by 14 June 2026</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 by the Registered Provider:</p> <p>A new framework requiring all staff to receive four supervisions per year and an annual appraisal has been implemented. Supervision sessions are fully implemented to ensure that reflective practice, clinical oversight and professional development are well governed, alongside the new Connect performance appraisal system.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 2.1</p> <p>Regulation 9</p> <p>To be completed: by 14 March 2026</p>	<p>The Registered Provider must ensure initial nursing assessments and subsequent care plans, assess and support care receivers emotional and social needs.</p> <hr/> <p>Response by the Registered Provider:</p> <p>All assessments and care plans have now been updated to ensure they meet the required standards.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 6.2</p> <p>Regulation 17</p> <p>To be completed: by 14 June 2026</p>	<p>Care/support workers will be appropriately trained in Capacity and Self-determination Law (Jersey) 2016.</p>
	<p>Response by the Registered Provider:</p> <p>All staff are assigned 'Assessing Mental Capacity' Connect online training. This Assessing Mental Capacity training course guides them through the process of assessing a person's mental capacity to make decisions for themselves. It looks at the Capacity and Self Determination Law (Jersey) 2016 and the 5 key principles involved in assessing mental capacity. It also looks at capacity assessment examples and how to deal with disagreements and complaints.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 1.6</p> <p>Regulation 5</p> <p>To be completed: by 14 June 2027</p>	<p>There will be policies and procedures based on current best practice, reflect relevant legislation and evidence regular review.</p>
	<p>Response by the Registered Provider:</p> <p>The Quality and Safety Team have recently recruited a Policy Manager within HCJ who will lead on work to identify corporate policies in need of review or removal to improve accessibility to the relevant GOJ documents required by the service/care receivers. Any Adult Social Care specific policies relating to Sandybrook Nursing Home will be updated and ratified as routine within the Adult Social Care Group and then approved through the usual HCJ process as required. The registered manager will continue to monitor and review procedures to ensure appropriate access to policies for all staff.</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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