



**Jersey Care
Commission**

Summary Report

Sandybrook Nursing Home

Care Home Service

**Les Gruipieaux
St Peter
JE3 7ZZ**

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

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.

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.

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> <hr/> <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>There will be policies and procedures based on current best practice, reflect relevant legislation and evidence regular review.</p>
<p>Regulation 5</p> <p>To be completed: by 14 June 2027</p>	<p>Response by the Registered Provider: 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>

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