Jersey Care Commission

INSPECTION REPORT

Sandybrook Day Centre

Day Care Service

La Rue du Craslin
St Peter
JE3 7ZZ

Inspection Date
21 October 2026

Date Published
24 November 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 Day Centre. The day care service is operated by The Office of the Minister of Health and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Day Care Service
Mandatory Conditions of Registration	
Category of care	Adult 60+
Maximum number of care receivers	20
Age range of care receivers	60 years and above
Discretionary Conditions of Registration	
None	
Additional information	
The Registered Manager has made contact with the Commission to discuss regulatory matters where required.	

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 prior to the inspection visit. This was to ensure that the Registered Manager would be available during the visit.

In line with the service's Statement of Purpose the people who use this service will be referred to in this report as individuals.

Inspection information	Detail
Dates and times of this inspection	22 October 2026 8.20am – 4.05pm
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	14
Date of previous inspection	3 December 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_SDBDC_Inspection_20251203.pdf

3.2 Focus for this inspection

This inspection included a focus on these specific 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, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

This day centre is well-established, and led by an experienced Registered Manager, supported by an acting Assistant Manager and a committed staff team who work across two sites. There is a clear management structure, with staff understanding reporting responsibilities and expressing confidence in raising concerns and safeguarding matters. Staff reported feeling valued, supported and well supervised. Supervision and appraisal arrangements exceed minimum requirements, and regular team meetings promote reflection, communication and accountability.

Safe recruitment practices were evidenced, including Disclosure and Barring Service (DBS) checks, references and management oversight of recruitment processes. New staff complete a structured induction programme, mandatory training and probationary reviews before working independently. Training compliance was found to be good, with staff completing specialist training in dementia, Parkinson's disease, brain injury and motor neurone disease to meet the diverse needs of individuals attending the service.

The service demonstrated effective governance arrangements through regular provider reports, operational meetings, daily staff hub meetings, audits and quality assurance processes. Policies had been reviewed and updated to reflect current legislation, and electronic record systems supported effective information management and data protection compliance.

The environment is accessible, welcoming and well maintained. The building is wheelchair accessible, secure and cleaned to a high standard. Comfortable communal areas, dining facilities, activity spaces and an outdoor patio garden support both social interaction and wellbeing.

Individuals benefit from person-centred care and support. Comprehensive assessments, support plans, risk assessments and “This Is Me” profiles ensure staff understand individual preferences, needs and life histories. Choice was consistently promoted through activity options, meal selections and communication methods tailored to individual needs. Activities observed included exercise, quizzes, singing, dancing and social opportunities that encouraged participation, inclusion and the development of meaningful relationships.

Overall, the service demonstrated strong leadership, effective governance, a skilled workforce and a positive, person-centred culture that promotes safety, wellbeing and community inclusion.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Day Care Services for Adults 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 reports, the Statement of Purpose, and notification of incidents

The Regulation Officer spoke with seven individuals and gathered feedback from four of their representatives. They also had discussions with the service's management, and eight staff completed an online feedback questionnaire. Additionally, feedback was provided by five professionals external to the service.

As part of the inspection process, documents including policies, support plans, duty roster, and training matrix were examined.

[1] All Care Standards can be accessed on the Commission’s website at https://carecommission.je/

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Assistant Manager and followed up by email on 2 November 2026.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced.

5.2 Sources of evidence.

Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Risk assessments Recruitment process and meeting with HR Health and safety checks Fire checks Staffing roster Training matrix Medication management Safeguarding policy and training Walk round of the environment
Is the service effective and responsive	Statement of Purpose Feedback process Different communication needs Activities Meetings and daily hub minutes
Is the service caring	Referral process Strengths and needs documents Personal files Information leaflet Signed agreements Support plans Key worker updates All About Me documents Communication Observations Provision of lunch
Is the service well-led	Organisational structure Monthly provider reports Supervisions and appraisals Feedback Policies Feedback

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

This day service has been operating for a number of years, benefiting from an experienced Registered Manager, who is currently supported by an acting Assistant Manager and an enthusiastic staff team. The staff work across two day centres on the island.

Access to the building is through an automatic door into a reception area between 9.30am and 3.30pm. Patient Transport Services drop off some individuals, whilst relatives or carers drop off others. They are all met by a member of staff at the entrance. There is a designated drop of/collection zone, and the building is wheelchair accessible. All visitors sign in at the front entrance and ring a bell to alert staff to their presence, preventing unauthorised access.

Risk assessments are in place and are regularly reviewed and updated, where required, by individuals' allocated key workers. These cover falls, personal emergency evacuation plans, outings, and other identified risks.

Safeguarding individuals is paramount to the staff team, who evidenced up-to-date training and knowledge of the safeguarding policy through the organisation's online systems.

Staff are recruited thoughtfully to ensure they are a good fit for both the individuals attending the day centre and the existing staff team. The Regulation Officer was shown the entire recruitment process and, although no new staff have been recruited recently, the Registered Manager demonstrated safe recruitment practices. These included obtaining references, Disclosure and Barring Service (DBS) checks, and maintaining full oversight of the Human Resources (HR) portal. Good communication and transparency were demonstrated between managers and the HR department during the inspection.

All newly recruited staff complete a structured induction during their probationary period and work across both day centre sites. All mandatory and statutory training is completed within the induction period along with regular supervisions to check progress.

Staff training was found to be up to date, with the exception of moving and handling training. However, the in-house trainers confirmed that this would be completed as soon as possible. Due to the varying cognitive abilities of individuals attending the centre, staff have completed a full day of dementia awareness training this year, alongside online training in Parkinson's disease, brain injury, and motor neurone disease. The Registered Manager is keen for all staff to complete SPELL training to increase awareness of autism and the similarities some dementia symptoms may present.

Staffing levels each day meet the required standards, with one senior healthcare assistant and three healthcare assistants on duty supported by a manager. Staff are informed of their shifts up to six weeks in advance through an electronic rostering system. A member of the housekeeping team is present each day to clean the centre, along with preparing and serving the cooked lunch. The Regulation Officer viewed the electronic roster with the Assistant Manager and found the centre to be staffed appropriately. On the day of inspection, a staff member from another day centre was moved to cover sickness. The staff member received an induction to the day centre by the Assistant Manager.

All staff have completed the fire warden training, and one member of staff is allocated to complete fire audits every month. Additionally, health and safety checks are completed by a range of internal and external contractors. Requests for maintenance issues and routine checks are submitted through an electronic portal.

Medicines are managed by staff who have completed the appropriate Regulated Qualifications Framework (RQF) Level 3 module and whose competencies are assessed annually by a qualified nurse. Medicines required during attendance at the day centre are brought in daily by the individual or their representative, together with a Medication Administration Record (MAR) chart. The Regulation Officer observed a

staff member washing their hands, removing the medication from a locked cupboard, and checking the medicine against the MAR chart.

This included checking the individual's name, administration time, dosage, and expiry date. The medicine was then administered to the individual in a medicine pot, and the staff member subsequently signed the MAR chart. Medicines are returned to individuals when they leave the centre to return home.

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 Statement of Purpose clearly outlines the aims and objectives of the service, including the eligibility criteria, the care and support provided, and the rights and responsibilities of individuals attending the service. It states that all individuals have the right to remain safe, enjoy and achieve, make a positive contribution, and maintain their physical, mental, and social wellbeing. Evidence gathered during the inspection confirmed that the service operates in accordance with its Statement of Purpose.

The service is supported by an Adult Day Services Standard Operating Policy, which aligns with both the Statement of Purpose and the information leaflet produced by the management team. This documentation clearly sets out the referral process, including the requirement for a strengths and needs assessment prior to admission. It also outlines the requirement for a risk assessment where an individual requires support from the Patient Transport Service.

During the inspection, the Regulation Officer observed a weekly operational meeting attended by the Day Services and Respite Manager, Registered Manager and Assistant Managers. The meeting was structured around an action log and covered a range of operational matters. Discussions were open, professional and constructive, demonstrating effective oversight and clear communication within the management team.

Support staff participate in daily hub meetings both before individuals arrive and after they leave the service. These meetings follow a structured template and are fully documented. Staff are allocated specific responsibilities for the day, including medication management, lunch registers, food diaries, petty cash and administrative tasks. Discussions include attendance, individuals who may require support with personal care, and any Patient Transport Service considerations. The afternoon hub meeting provides an opportunity for staff to reflect on what went well, what didn't go as planned, share lessons learned and agree any required actions. Staff members also confirm completion of their allocated duties.

Individuals attending the service are offered a choice of activities each day. On the day of inspection, individuals participated in seated exercise sessions, dominoes, singing, dancing and an interactive quiz, in addition to receiving a hot lunch and socialising. Activities observed were inclusive, engaging and tailored to promote participation and social interaction.

The service seeks feedback from individuals on a monthly basis. In recognition of the cognitive impairments experienced by many attendees, feedback is gathered through two simple and accessible questions, enabling individuals to share their views in a meaningful way.

Feedback obtained from families and representatives during the inspection highlighted that many individuals were unaware of the service until it had been recommended by a social worker or healthcare professional. This suggests there is an opportunity to further raise awareness of the day centre within the community. The service is a valuable resource that delivers significant benefits to those who attend. In particular, it helps reduce social isolation, promotes inclusion and provides opportunities for individuals to develop meaningful relationships, engage in enjoyable activities and develop a greater sense of belonging. These outcomes make an important contribution to individuals' overall health, wellbeing and quality of life.

One family member said; "*It's been a real blessing knowing that Xxx is well looked after by caring staff when he's not with me."*

Another said; "*The staff are wonderful. This gets Xxx out and gets him amongst other people."*

Professionals external to the service said:



Is the service caring?

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

The day centre has a large, sunny lounge with numerous windows and a door leading to a patio garden with planters for growing flowers and garden furniture. There is a large dining room, a functional kitchen, and a smaller kitchen area where individuals can bake. There are toilets to meet individual needs, storage cupboards, and staff areas. The day centre is cleaned to a high standard, with good use of storage cupboards, and the environment is well maintained. The furniture is comfortable, cleanable and in good condition.

The Statement of Purpose sets out a clear referral process into the service, supported by strengths and needs assessment documentation. Following a successful home or day centre visit, individuals who meet the criteria are offered a place for a maximum of three days per week as identified in the assessment. The day centre provides a helpful information leaflet containing details about the service.

The Regulation Officer viewed several completed "This Is Me" booklets, completed by individuals and, in some cases, with the assistance of their representatives. These booklets detail what matters to the individual, their dislikes, career history, hobbies, family, pets, and personal health information. They are complemented by support plans and risk assessments, creating a comprehensive personal file for each individual.

All individuals attending the day centre sign a written agreement outlining the centre's terms and conditions, the invoicing system for hot lunches, and key information following the six-week review period. A sample of written agreements was viewed during the inspection.

Every individual has an allocated key worker who is responsible for reviewing and updating support plans, risk assessments, and Personal Emergency Evacuation Plans (PEEPs) every two months. A sample of files was viewed during the inspection and was found to have been reviewed as required and updated where changes had been identified. These records are signed and dated each month.

The staff team was observed offering choices to individuals throughout the day and using a variety of communication methods, including picture menus, written prompts, and closed questions.

A hot lunch consisting of soup as a starter, a choice of two main courses, and a choice of dessert was offered, taking into account any dietary requirements.

Interactions between staff and individuals were observed to be friendly yet professional, humorous where appropriate, and respectful of the needs of everyone attending. Staff were caring, attentive, and responsive to the needs of all individuals using the service.

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.

There is a clear organisational structure with defined lines of responsibility, and staff feedback confirmed that they know where to escalate matters.

The Regulation Officer viewed three consecutive monthly provider reports and found them to be insightful and informative regarding staffing, training, feedback, the environment, health and safety, quality assurance, and one standard reviewed each month. The reports also included photographs of recent activities. Each report contained a conclusion and evidence of any actions required.

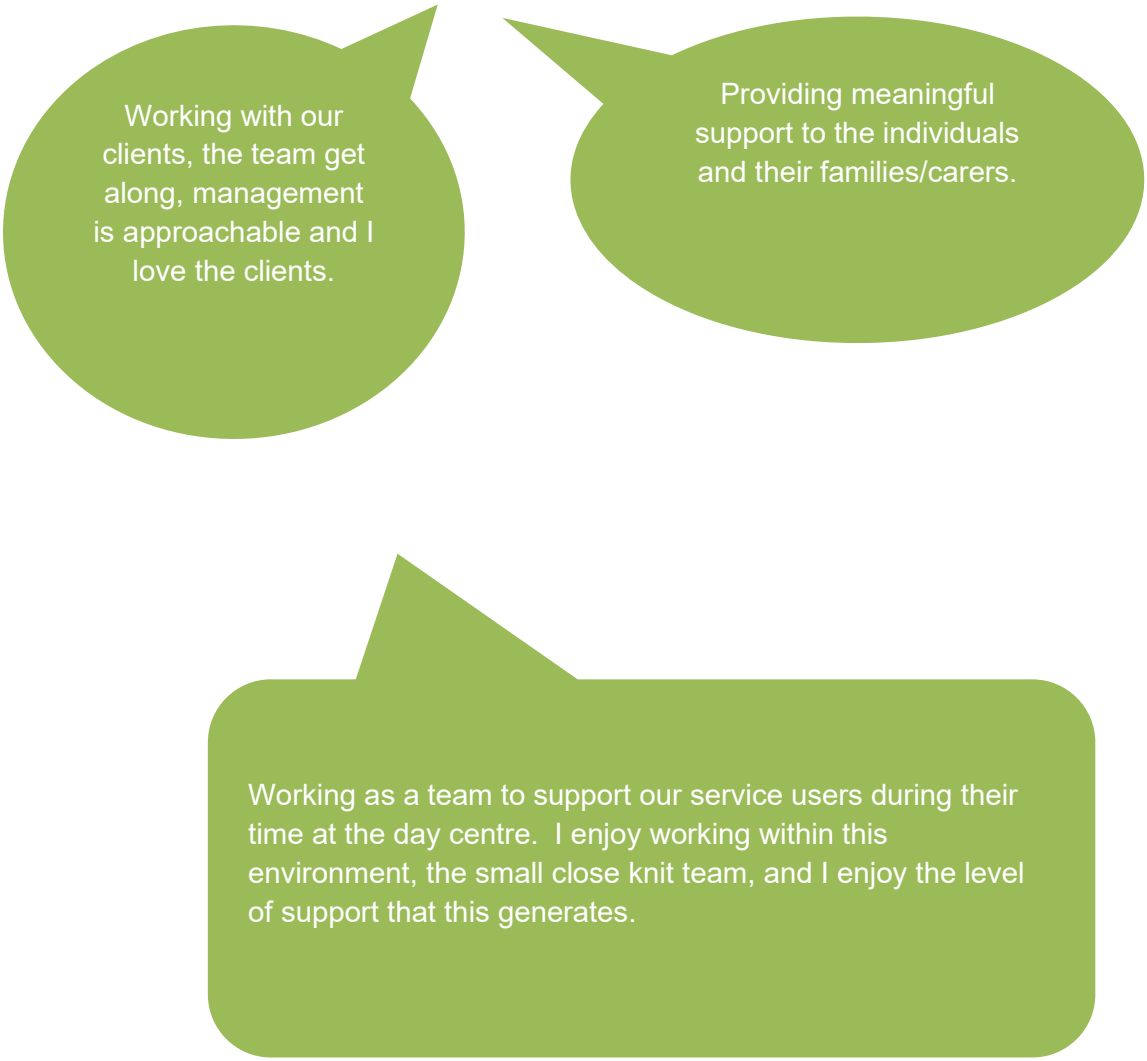
Staff feedback confirmed that both one-to-one and group supervision sessions take place every two months, which exceeds the requirements set out in the Standards. Appraisals are completed in line with the organisation's online appraisal system.

Since the last inspection, a Government of Jersey team has reviewed and updated policies. The Regulation Officer viewed a selection of policies relevant to this service and found them to be aligned with current legislation.

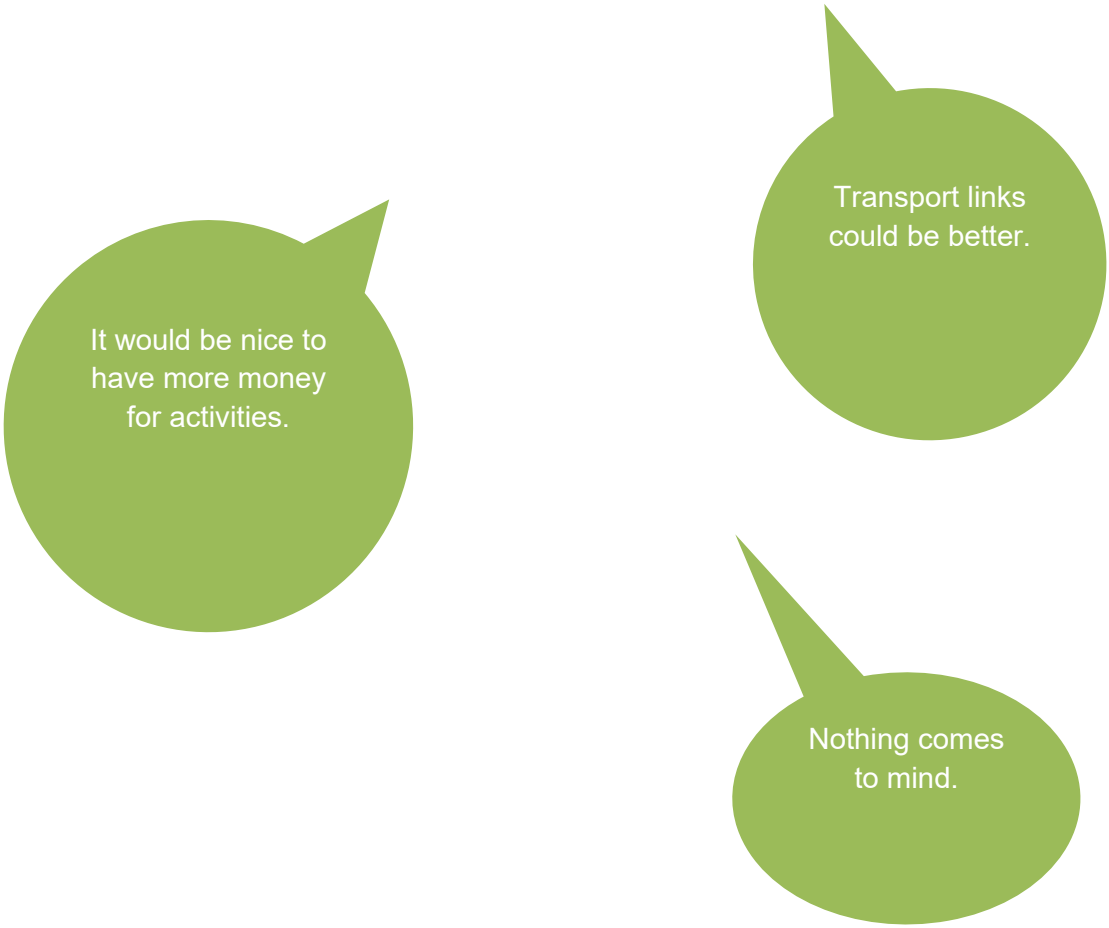
All records relating to staff and individuals attending the centre are held electronically and meet data protection requirements.

Overall, staff feedback suggests that employees enjoy working with the individuals who attend the centre. They reported feeling supported by the management team, valued in their roles, and confident that they could raise a safeguarding concern appropriately if required.

The staff responses when asked what they enjoy about their job:



When staff were asked if they could think of any improvements they said:



IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore; 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.

Jersey Care Commission

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