



**Jersey Care
Commission**

SUMMARY REPORT

Silver Springs

Care Home Service

La Route des Genets

St Brelade

JE3 8DB

9 and 14 September 2022

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what was found during this inspection. Further information is contained in the main body of this report. Overall, the findings from this inspection were positive, with evidence of care receivers benefiting from a service that is well organised and safe. Staffing levels were reviewed at the outset of the unannounced inspection to establish adequate care and nursing staff were on duty to support all care receivers.

The inspection was undertaken at a time of reduced rates for Covid-19 although ongoing infection control measures were still being followed. For example, face masks were worn by staff when in direct contact with care receivers. The Regulation Officer was pleased to note a relaxed approach to visiting times but with suitable monitoring of this activity nonetheless still in place.

The home supports a large number of care receivers across four identifiable areas of the home and is organised accordingly to ensure that safe practice is promoted by the effective allocation and delegation of roles throughout the large footprint of the home. This approach is underpinned by daily briefings (“flash meetings”) held to enable department heads/shift leaders to review any operational requirements or issues of concern arising in any of these areas.

A review of Human Resources (HR) folders demonstrated that safe recruitment practices were in place and followed.

Positive approaches to the care provided were established from observations made by the Regulation Officer who spent the first morning of the inspection circulating around all care areas. This included dining rooms and other communal facilities alongside engaging directly with several care receivers residing in their own rooms. The positive observations were further augmented by some of the feedback received from relatives during and after the visit.

Constructive observations and issues of concern as fielded by the Regulation Officer from some visiting relatives were conveyed to the Registered Manager for their consideration. It was noted from these discussions, that there were comments about the hard-working staff, alongside themes about the staffing levels. However, with reference to minimum staffing levels and observations made throughout the inspection by the Regulation Officer, this was not of concern. The home was noted to be operating regularly above the minimum staffing levels to promote best practice. However, it is acknowledged that there are ongoing challenges in supporting a large number of highly dependent care receivers, some of whom have diagnoses of dementia. This was recognised as an important feature of the ongoing review of all care needs which takes place as confirmed by the Registered Manager and Deputy. Staff training and development was seen to be adequately provided from a review of the staff-training log and this was confirmed by staff who were spoken with during the inspection. It was also noted that there had recently been some enhancement to the mandatory training topics which are now covered to include dementia care.

The care home environment was not found to be in the order as might have been expected. This is with reference to the works to be scheduled as part of a planned refurbishment which was recorded at the last inspection. Some replacement of boilers was noted as an investment recently undertaken and work was taking place on the very large dining/communal room at time of inspection. However, the protracted timeline for other work to commence is of concern. It remains the case that refurbishment to both the interior and exterior of the building is required. This is an area for improvement.

The organisational arrangements and staff development were discussed with a number of senior staff including the Registered Manager. It was evident that robust systems of governance were in place including that nominated deputies are always available to cover for any Registered Manager absence. It was apparent that the staff team was well-organised, carrying out their duties confidently and competently.

IMPROVEMENT PLAN

There was one area 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 7</p> <p>To be completed by: within three months of the inspection date (14 December 2022)</p>	<p>A project refurbishment plan must be identified and submitted to the Commission to address the outstanding refurbishment requirements.</p> <p>Specific reference should be made to</p> <ul style="list-style-type: none"> • New flooring for main kitchen • Assessment/review of need for any permanent remedy to areas prevalent with potholes • Replacement of any carpets in communal and private rooms as may be indicated from audit • Redecoration schedule for all areas • Replacement of guttering, fascia and soffits where degraded and as recorded in maintenance log
	<p>Response by registered provider:</p> <p>With reference to the 5 areas of improvement required, The Company has supplied a full refurbishment plan for the home and time frames identified to the Commission. The Company will continue to audit monthly and review this process and plan, priority areas works to commence in the last 2 months of 2022</p>

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