



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Silver Springs**

**Care Home Service**

**La Route des Genets  
St Brelade  
JE3 8DB**

**4 and 5 September 2024**

**Published:  
3 December 2024**

## 1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, 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 Silver Springs Care Home and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal care and Nursing care
Categories of care	Adults 60+ Physical disability
Maximum number of care receivers	93
Maximum number in receipt of nursing care	50
Personal care	43
Age range of care receivers	60 years +

Maximum number of care receivers that can be accommodated in each room	1-12a; 14-62, suite 1-5 and Silver Lea 1-2 and 14-26- One person per room
Discretionary Conditions of Registration	
None	
Additional information:	
<p>On 25 March 2024, the Commission received an application to vary the conditions of registration for one care receiver under the age of 60 years to reside in the home for the duration of their placement. This application was approved on 27 March 2024.</p>	

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

This inspection was announced, and the Registered Manager was notified four days prior to ensure their availability. The Registered Manager was available to facilitate the first day; however, they were unavailable for the second day, which was facilitated by the two experienced deputy managers of the home.

Inspection information	Detail
Dates and times of this inspection	4 and 5 September 2024 09:00am-12:45pm and 09:00am-03.00pm
Number of areas for development from this inspection	Two
Number of care receivers accommodated on the day of the inspection	91
Date of previous inspection:	22 and 25 August 2023
Areas for development noted in 2023	One
Link to previous inspection report	<a href="#">IR-Silver-Springs-20220825-Final.pdf</a>

#### 3.2 Focused for the inspection

This inspection included a focus on the areas for development identified at the previous inspection on 22 and 25 August 2023, 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**

The improvement plan was discussed during this inspection, and some positive progress was made in the refurbishment of the home. However, due to the slow progress of the renovation to the individual bedrooms and the poor condition of the building's exterior elements, such as the drains, guttering and fascia's, this will continue to be an area of improvement.

Areas for Improvement will now be referred to as areas for development

### **4.2 Observations and overall findings from this inspection**

Retention of key members of the staff team has remained strong, providing stability and continuity of care. Alongside staff retention, several new recruits have been added to the care staff team. This balance between experienced staff and fresh team members has contributed positively to the operational running of the home and the quality of support provided.

Annual appraisals offer staff the opportunity to discuss their skills, training needs, and development plans. However, appraisals have yet to be conducted for the workforce, making this an area for development.

Positive improvements have been made in the Human Resource (HR) processes implemented by a small and well-organised HR team. Recruitment practices have been enhanced, with strengthened safe recruitment procedures, including regular Disclosure and Barring Service (DBS) updates for long-term staff members.

The activities team plans, organises, and delivers meaningful and engaging activities throughout the week. A timetable of events is available to help care receivers, and their families know what activities are scheduled. This team is well-resourced, with the recent addition of a third member.

Training compliance is maintained through internal monitoring processes that provide the Registered Manager with clear oversight of mandatory training uptake among staff.

While some communal areas of the home have undergone noticeable refurbishment and enhancement, the resident bedrooms and exterior features still require repair and redecoration. This remains an area for development.

Staff well-being is considered, with quarterly supervision sessions that provide staff with the opportunity to discuss workplace or individual issues. The organisation also offers further well-being support to enhance staff welfare.

A 'resident of the day' model is in place. This is a whole-team approach that focuses on one care receiver each day. Care plans are reviewed, and the activities team considers options for activities with the resident. Additionally, the care receiver's room is deep cleaned, and a maintenance check is performed.

## **5. INSPECTION PROCESS**

### **5.1 How the inspection was undertaken**

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from 22 and 25 August 2023, reviews of the Statement of Purpose, variation requests and notification of incidents.

Two regulation officers conducted the initial inspection visit on 4 September 2024, and a single regulation officer conducted the second visit. This report may refer to the Regulation Officer or regulation officers differently depending on who gathered the evidence and information during the inspection.

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<sup>1</sup> The Care Home Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

The Regulation Officer gathered feedback from seven care receivers and five of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

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

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and the two deputy managers.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for development have been identified, these are described in the report, and an improvement plan is attached at the end of the report.

## **5.2 Sources of evidence**

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

## 6. INSPECTION FINDINGS

### Is the service safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The quality assurance team from the main organisation conducts an internal audit of the kitchen and food preparation processes twice a year. The kitchen also received a five-star rating (the highest rating) during its evaluation by the 'Eat Safe' inspection team, reflecting exceptional standards of food safety and hygiene.

The management team promotes skills progression among care staff by offering opportunities to enrol in the Level 2 or 3 Regulated Qualifications Framework (RQF) program. The team has taken steps to maintain compliance by acknowledging the Care Home Standards requirement for an adequate skill mix, specifically that 50% of care staff on duty hold a minimum Level 2 RQF qualification or equivalent. Four staff members have committed to starting their Level 2 RQF, and three others are enrolled in a Level 3 qualification.

The service has an established induction program for new staff, which includes comprehensive checklists that must be completed and signed off to confirm initial competency in the tasks and skills required for their role. Additionally, the service offers a pre-employment training scheme for carers, allowing them to begin training before starting their role. To support this, up to 33 paid hours are provided.

The review of personal files for ten staff members demonstrated effective, safe recruitment practices. The files were well-organised and included a checklist of contents that provided clear evidence of compliance with safe recruitment processes. It was encouraging to find that the files also contained job descriptions, employment contracts, supervision records, and training certificates, all of which further support the commitment to maintaining a safe and competent workforce.

The regulation officers examined the medication practices within the home and found comprehensive record-keeping and evidence of safe medication management.



Several Medication Administration Record (MAR) sheets were reviewed, demonstrating that appropriate prescribing and safe administration processes were consistently followed. In addition, a medicines management policy is in place to support safe practice, and medication audits are conducted as part of the home's monthly audit cycle.

Feedback from some care receivers:

*"I am well looked after and have a lovely room. The food is good."*

*"Love it here, the staff are fantastic, and they look after us well. I enjoy the activities on offer."*

### **Is the service effective and responsive?**

Assessing the organisation of the service so that care receiver's needs are respected and met.

The home provides a varied program of activities for care receivers, prioritised by a well-resourced activities team, now with a recent addition of a third member. The team plans, organises, and delivers meaningful and engaging activities throughout the week. A timetable of events is available to help care receivers, and their families know what activities are scheduled. The activities include games, quizzes, arts and crafts, community outings, and visiting musical performers. These activities are thoughtfully designed to support cognitive function and encourage physical fitness through active mobility.

Several care receivers in the home require a Significant Restriction of Liberty (SRoL) authorisation due to their lack of capacity to make independent decisions. The Registered Manager noted that collaboration with the Capacity and Liberty team has

become more effective, leading to improved assessment timescales when requesting SROl reviews.

A daily flash meeting enhances communication among department leads, allowing them to share important updates and information. During their observation of one such meeting, the regulation officers noted discussions covering various topics, including the current bed status, staffing updates such as new starters and induction programmes, maintenance issues, professional contacts with care receivers (e.g., GP and FNHC), and the activities scheduled for the day. This collaborative approach promotes a coordinated effort to provide quality care.

The service has an established supervision process for all care staff, with evidence showing that supervision sessions occur quarterly. An electronic system is in place to record compliance with supervision sessions and notify managers when upcoming sessions are due. The service demonstrated compliance with supervision requirements for all relevant staff members.

Additional care files are in the care receivers' rooms. They contain a summary profile that serves as a quick reference for staff regarding the care receivers' needs. Other documents included in these files are a Personal Emergency Evacuation Plan (PEEP), oral hygiene chart, moving and handling profile, food and fluid intake chart, and stool chart. The files reviewed were complete and maintained to a high standard.

Feedback from family members:

*“Some of the carers are incredibly patient and caring.”*

*“Communication with the management team is very good; it is very easy to raise any issues; I know who to go to if I need to discuss aspects of my Xxx care.”*

*“My Xxx has been very happy there. Xxx is encouraged to join in with the activities.”*

The service actively seeks feedback from care receivers, their family members, and staff to continuously enhance care delivery. Feedback is collected through various methods, including quarterly surveys for care receivers and their families, team meetings held every 6 to 8 weeks for staff, monthly unannounced audits of night shift work conducted by management, and seasonal menu reviews to ensure a variety of choices.

## **Is the service caring?**

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.
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Care delivery is tailored to the individual needs of each care receiver. Before admission, a member of the management team conducts an initial assessment to determine whether the home can meet the person's needs. After the admission assessment is completed, individualised care plans are developed in collaboration with the care receiver or a representative who knows them well.

All care plans are reviewed monthly to ensure they continue to meet the individual's evolving needs, with a comprehensive review conducted every six months.

Additionally, the home follows a 'Resident of the Day' approach from Monday to Friday, where an in-depth review of the care plans is completed for the designated care receiver each day. This initiative ensures that everyone's needs are closely monitored, and adjustments are made promptly to reflect any changes in their care requirements.

The regulation officers reviewed multiple care records and found that each care receiver had numerous care plans tailored to their needs. Notably, there was an emphasis on oral hygiene and dental care, with documentation of oral health assessments, support for dental reviews, and encouragement of oral hygiene practices as needed.

Although recruiting new care staff remains challenging, the home benefits from a consistent core team of staff members familiar with the home and its residents. This stability provides continuity and a sense of security for the care receivers.

The service demonstrates strong compliance with its mandatory training program, achieving approximately 99% compliance. The training oversight system is fully electronic, allowing for adjustments such as temporarily removing staff on maternity leave or long-term sick leave and incorporating face-to-face training as needed. Automated electronic reminders are sent to staff for renewals, providing managers with robust compliance oversight.

Staff well-being is considered, with quarterly supervision sessions allowing staff to discuss concerns or share examples of good practice. The service also provides debriefs following significant incidents or the loss of care receivers. To further support well-being, the organisation offers 'Wellbeing Wednesday', an online program providing health and wellness resources as needed. Daily meals and refreshments are also available to staff, aiding in personal financial savings.

Feedback from staff members:

*"The management team are approachable and supportive, and the manager acts on any concerns immediately."*

*"Silver Springs is a nice thing to be a part of."*

*"The management team is flexible with requests for time off. This supports staff's work-life balance."*

### **Is the service well-led?**

Evaluating the effectiveness of the service leadership and management.

A clear management structure remains in place, supported by appropriate governance arrangements. The service's Statement of Purpose (SOP) clearly outlines the organisational structure and defines the responsibilities associated with each role. The inspection confirmed that each area of the home is overseen by either a team lead, a deputy manager, or the Registered Manager. This demonstrates clear lines of responsibility, which support the smooth operation of all areas within the home.

The refurbishment plans for the home are ongoing; so far, this has included new carpeting and wallpaper in some communal corridors, repainting and redecorating of the residential suites, and enhancements to the central kitchen. During the walk-through of the home, it was noted that the resident bedrooms still appear dated and need decorating and updating.

Additionally, the essential exterior features of the building, including drains, gutters, and fascia, are in poor condition and require repair and redecorating. The Registered Manager confirmed that these updates are included in the refurbishment plan. This continues to be an area of development.

During the review of Human Resource (HR) files, it was noted that there needed to be evidence of annual appraisals being conducted for staff members. The HR lead and Registered Manager confirmed that appraisals still needed to be completed. According to the Care Home Standards, appraisals provide an opportunity for staff to discuss their skills, training needs, and development plans in alignment with business requirements and should be conducted and documented at least once a year; therefore, this is an area for development.

Feedback from a professional who visits the home routinely:

*"The staff and management team are accessible."*

Fire procedures for the home were reviewed during the inspection, and a valid fire certificate was in place. A recent survey conducted by the fire service made recommendations, all of which were addressed. Furthermore, all fire safety equipment and testing were up to date, and maintenance procedures were compliant with the guidelines set by the Jersey Fire Service.

## DEVELOPMENT PLAN

There were two areas for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p><b>Area for Development 1</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed:</b> 5 January 2025</p>	<p>There needed to be evidence of annual appraisals being conducted for staff members.</p> <p>The service must conduct and document appraisals for staff members at least once a year.</p>
	<p><b>Response by registered provider:</b></p> <p>Review of supervisions and Appraisal process and completion of Annual Appraisals for all staff employed in the home.</p> <p>Supervisions and Appraisal matrix in place and all departments adhering to this moving forward.</p>

<p><b>Area for Development 2</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>To be completed:</b> 5 December 2024</p>	<p>A refurbishment plan is underway; however, resident bedrooms remain outdated and need decoration and upgrades. Additionally, essential exterior features of the building, such as drains, gutters, and fascia, are in poor condition and require repair and redecoration.</p> <p>A refurbishment project plan, including timelines for the proposed completion of these essential works, is required to be submitted to the Commission.</p>
	<p><b>Response by registered provider:</b></p> <p>Since the inspection 5 further bedrooms have been completed and refurbished. Improvement plan for bedrooms will continue.</p>

	<p>Review underway of improvement plan with the Registered Home Manager and Estates Director for the Company and will be submitted to the JCC, this will address the external works required.</p>
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## **Appendix 1 – Sources of Evidence**

<b>Follow up on previous areas for development</b>	
<b>Focus</b>	<b>Evidence Reviewed</b>
<b>Refurbishment of the home</b>	Tour of the home, observations of the physical environment
<b>New key lines of enquiry</b>	
<b>Focus</b>	<b>Evidence Reviewed</b>
<b>Is the service safe</b>	<ul style="list-style-type: none"> <li>• Fire safety procedures, documented evidence</li> <li>• Risk assessments</li> <li>• Medicines management, MAR sheets, Procedures</li> <li>• Staff Rotas</li> <li>• Conversations with the Registered Manager, Deputy Manager, Staff team, and outside professionals</li> <li>• Training matrix (electronic)</li> <li>• Human Resource files</li> <li>• Monthly Quality Assurance reports</li> <li>• Monthly Audits</li> <li>• Maintenance and service files</li> </ul>
<b>Is the service effective and responsive</b>	<ul style="list-style-type: none"> <li>• Risk Assessments</li> <li>• Conversations with the Registered Manager and Staff team</li> <li>• Policies</li> <li>• Notification</li> </ul>



	<ul style="list-style-type: none"> <li>• Monthly quality assurance reports</li> <li>• Feedback from care receivers and families</li> <li>• Staff rotas</li> </ul>
<b>Is the service caring</b>	<ul style="list-style-type: none"> <li>• Health care plans</li> <li>• Risk assessments</li> <li>• Observations of care delivery</li> <li>• Feedback from staff team, care receivers and families</li> <li>• Care plan audits</li> </ul>
<b>Is the service well-led</b>	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Feedback from the staff team, families</li> <li>• Supervision Template</li> <li>• Appraisal Guidance</li> <li>• Notifications</li> <li>• Discussions with the Registered Manager and deputy managers</li> <li>• Environmental checks</li> </ul>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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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