



**Jersey Care  
Commission**

**FOCUSED INSPECTION  
REPORT**

**Silver Springs**

**Care Home Service**

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

**Inspection Date  
12 January 2026**

**Date Published  
9 March 2026**

## 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 (as amended) 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. The Care Home is operated by LV Care Group and there is an interim manager in place.

Registration Details	Detail
Regulated Activity	Adult Care Home
Mandatory Conditions of Registration	
Type of care	Personal care and Nursing care
Categories of care	Adults 60+ Physical disability and/or sensory impairment
Maximum number of care receivers	93
Maximum number in receipt of nursing care and Maximum number in receipt of personal care/personal support	50 43
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	1-12a; 14-62, suite 1-5 and Silver Lea 1-12 and 14-26- One person per room
Discretionary Conditions of Registration	
None	
Additional information:	
An absence of manager notification was provided to the Commission on 5 October 2025. This notified the Commission that the Registered Manager was no longer in post and the Clinical Director for LV Group would be acting as the Interim Manager. The Statement of Purpose has been updated to reflect this change.	

The home has one variation to its mandatory conditions, which allows for one resident under the age of 60 to reside in the home, either for the duration of their placement or until they reach their 60<sup>th</sup> birthday.

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Interim Manager three days before the visit. This was to ensure that the Interim Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	12 January 2026 09:00 – 16:20
Number of areas for improvement from this inspection	Four
Number of care receivers accommodated on day of the inspection	66
Date of previous inspection: Areas for improvement noted in 2025 Link to previous inspection report	21, 24, 26, 31 July, and 18 August 2025 Nine <a href="#">RPT_SS-Inspection_20250818.pdf</a>

#### 3.2 Focus for this inspection

This inspection was a focused inspection on the areas for improvement, identified at the previous inspection on 21, 24, 26, 31 July, and 18 August 2025.

- insufficient staffing levels
- non-compliance with training, and non-compliance of staff holding an RQF Level 2 or higher
- non-compliance of supervision and appraisals
- timescales for the refurbishment of the home
- improvements in the provision of meaningful activities
- transparency of fees
- improvements in medication management
- the Registered Manager receives structured support to develop leadership and management skills

- policies to be current and reference local legislation.

## 4. SUMMARY OF INSPECTION FINDINGS

### 4.1 Observations and overall findings from this inspection

Staffing levels have improved, and the home is currently meeting minimum staffing requirements, though challenges remain. Staff recruitment is ongoing, with several roles already filled and additional candidates progressing through the hiring process.

Admissions to the home are being increased gradually in line with available staffing and the Interim Manager has adjusted bed capacity to ensure residents' needs can be met safely and effectively.

Staff training compliance has improved significantly. Many care staff are progressing through Regulated Qualifications Framework (RQF) qualifications at Levels 2, 3, and 5, helping the service move closer to meeting the requirement for at least half of staff on each shift to hold a Level 2 qualification.

To support unqualified but experienced carers, the Training and Development Officer has introduced a 'Standard of Care Assessment', working alongside staff to observe practice, model correct techniques and provide targeted skills coaching to ensure care delivery aligns with best practice. This is an area of good practice.

While senior staff have received quarterly supervision, wider staff compliance has been limited. The manager's focus on updating supervisions also meant that 2026 appraisals were not completed at the time of inspection. As these issues were previously non-compliant, both supervision and appraisal processes remain areas for improvement.

Refurbishment work is ongoing, with progress evident in the redecorated and recarpeted bedrooms; however, significant work remains both inside the home and to the exterior, including essential repairs. Although a refurbishment plan was not available at the time of inspection, it was submitted shortly afterwards, and refurbishment remains an area for improvement.

The home is not yet listed on the LV Care Group website, which is under development. Therefore, fee information is not widely publicised, this remains an area of improvement.

The service is making progress in strengthening medication management, including purchasing new medical devices, reviewing medication policies to align with best practice and legislation, and introducing annual competency assessments. However, these improvements are not yet fully in place and further evidence is needed to demonstrate that changes are embedded in practice.

## **5. INSPECTION PROCESS**

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

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

Prior to the inspection, all the information held by the Commission about the service was reviewed, including the previous inspection report, Statement of Purpose, monthly quality assurance reports and notification of incidents.

The Regulation Officer gathered feedback from two care receivers. They also had discussions with the Interim Manager and other staff.

As part of the inspection process, records including policies, written agreements and care records were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Interim Manager and followed up on the identified areas for improvement by email on 16 January 2026.

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<sup>1</sup> All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

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. An improvement plan is attached at the end of the report.

## 5.2 Sources of evidence.

Focus	Evidence Reviewed
<b>Improvement 1</b> Insufficient staffing levels	Duty rotas Staff feedback Care receiver feedback Discussion with Interim Manager Number of care receivers living in the home at the time of the inspection Provider monthly quality assurance reports
<b>Improvement 2</b> Training compliance including Level 2 RQF qualifications for 50% of staff on duty	Training matrix Discussion with Interim Manager Discussion with staff Provider monthly quality assurance reports
<b>Improvement 3</b> Supervisions and appraisals	Discussion with the Interim Manager Supervision matrix Provider monthly quality assurance reports
<b>Improvement 4</b> Refurbishment programme	Environmental tour Refurbishment plan Discussion with Interim Manager
<b>Improvement 5</b> Meaningful activities	Discussion with Interim Manager List of available transport
<b>Improvement 6</b> Transparency of fees	Written agreements LV Care Group website Discussion with Interim Manager
<b>Improvement 7</b> Medication management	Review of policies Discussion with Interim Manager Provider monthly quality assurance reports
<b>Improvement 8</b> Management and leadership support to Registered Manager	Discussion with Interim Manager Staff feedback
<b>Improvement 9</b> Policies	Review of policies Discussion with Interim Manager

## 6. INSPECTION FINDINGS

At the last inspection, nine 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. This report focuses on the progress made.

### Area for Improvement 1:

Staffing levels have been insufficient to meet the needs of some care receivers, particularly those with more complex needs. The service must improve staffing levels to ensure that it is staffed at all times at or above the minimum staffing levels and ensure that care receiver dependencies are fully considered when planning rotas.

Staffing levels have improved since the annual inspection in July and August 2025; however, they continue to present ongoing challenges.

The improvement in staffing levels is partly due to some staff returning to work at the home and an active recruitment campaign. Resident numbers remain below the home's full capacity, to ensure that staffing levels can safely meet the individual needs of each resident while recruitment efforts continue. The Interim Manager has ensured incremental admissions based on the staffing levels.

A care receiver fed back:

I have noticed that staff respond quicker when I ring my bell for help. There are definitely more staff available.

The Interim Manager explained that recruitment can take longer when candidates are applying from overseas or the UK. Several applicants have already been offered roles and are progressing through the recruitment process, which will further strengthen staffing levels.

The Interim Manager reported that dependency levels are reviewed monthly, supporting the reassessment of care needs which allows greater understanding to determine the staffing levels required.

The Interim Manager confirmed that the home is meeting minimum staffing requirements based on current resident numbers. To support safe staffing, the bed capacity has been adjusted, including the temporary closure of one floor in the 'Silver Lea' unit. This has allowed residential care receivers to be concentrated on a single floor, improving staff deployment and ensuring care receivers have better access to care.

It was also reported that the home is no longer using bank staff from other LV Care Group homes, which has improved consistency of care for care receivers.

Due to evidence of improved staffing levels, the reconfiguration of the location of some care receivers and ongoing recruitment, this will no longer remain an area for improvement.

**Area for Improvement 2:**

<p>The service is required to ensure that the workforce is appropriately trained to carry out their roles, with all staff completing and maintaining up-to-date statutory and mandatory training. In addition, the proportion of staff holding a relevant Level 2 or higher qualification in adult health and social care, must increase in order to meet the required standard.</p>
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Staff compliance with mandatory and essential training has improved. The Interim Manager reported current compliance levels of 80–85%, with a target of 90–100% by April 2026. The management team is also developing structured training pathways for all staff levels, including conducting individual training needs analyses to identify essential training requirements in addition to mandatory courses.

Several care staff members are actively working towards the RQF qualification at Levels 2, 3, and 5. This progress will support the service in meeting the standard requiring at least 50% of care staff on each shift to hold a minimum Level 2 qualification.

The Interim Manager acknowledged that further staff development is still required. They also noted that the team is identifying individuals who may be reluctant to engage in essential RQF training so that alternative, more accessible learning approaches can be provided.

The Training and Development Officer, with support from the Interim Manager, has introduced a 'Standard of Care Assessment' for care staff who do not hold a basic care qualification, such as the Care Certificate or the RQF Level 2, but who may have extensive experience working in care.

This process involves the Training and Development Officer working directly alongside carers during the delivery of day-to-day essential care. They observe practice, demonstrate correct techniques and models of working, and provide skills coaching where gaps in care delivery are identified. The aim is to support carers in developing their skills, ensuring that care is delivered to a high standard and in line with best practice. This is an area of good practice.

The assessment process can also help staff recognise the value of completing the Care Certificate, encouraging carers to engage in formal learning that will further enhance their skills and overall quality of care. For newly recruited carers who join the service without formal care qualifications, it will be clearly communicated at the recruitment stage that obtaining these qualifications is a mandatory requirement for all care staff to work in the home.

Given the improvement in training compliance, the increased number of staff undertaking formal qualifications, and the implementation of the 'Standard of Care Assessment', training is no longer considered an area for improvement.

### **Area for Improvement 3:**

The service is not meeting the requirement for quarterly supervisions and annual appraisals. The Registered Manager must ensure that all relevant staff receive regular supervision and an annual appraisal in line with the standards.

The Interim Manager explained that they are in the process of introducing a new supervision model. This will operate as a cascade system, in which nurses and senior care assistants will provide supervision to other staff who are junior to them. They explained that they intended that all staff with supervisory responsibilities would receive formal supervision training to ensure they have the skills needed to deliver effective and meaningful supervision.

While nursing staff and senior carers have been receiving quarterly supervision, the remainder of the care staff have not been compliant with supervision requirements.

Additionally, as the Interim Manager has been focusing on ensuring that supervisions are up to date, annual appraisals for 2026 had not been completed at the time of the inspection. As this area had already been identified as requiring improvement due to non-compliance during the annual inspection, both supervisions and appraisals will continue to be areas for improvement.

### **Area for Improvement 4:**

The provider must develop and provide the Commission with a clear refurbishment plan with defined timescales to ensure the home is brought up to a suitable and well-maintained standard.

Refurbishment work at the home is ongoing. Although progress has been made, there continues to be substantial work to complete. Current efforts have focused on the interior of the building, with priority given to communal areas and care receivers' bedrooms. Over the past few months, 39 bedrooms have been redecorated and recarpeted. However, the exterior of the property, including guttering and fascias, still requires essential repair or replacement.

At the time of the inspection, a refurbishment plan for the interior and exterior, had not been submitted to the Commission; however, a plan was provided by the time this report was written. While progress is evident within the interior of the home, a substantial amount of interior work remains to be completed. In addition, the exterior of the property continues to require comprehensive refurbishment. As a result, this will remain an area for improvement.

#### **Area for Improvement 5:**

<p>The provision of meaningful activities requires improvement, with greater choice for community access, clearer processes and availability of transport and budget use, and an enhanced variety of activities.</p>
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The Interim Manager explained that they and the activity co-ordinators have been working to enhance the activity provision for care receivers. One of the activities co-ordinators who works in another LV Group home is reviewing the activities across the homes to standardise some of the activity offers where appropriate. The home currently has two employed activity co-ordinators (one full-time and one part-time) and recruitment for a third to complete the team is underway. The Interim Manager also remarked that activity staff will be focusing more closely on individual hobbies and interests to ensure activities are better tailored to each care receiver.

Personalised activity plans co-produced with the care receivers are being introduced as part of their care planning.

Transport arrangements have improved, as the home now has its own minibus and no longer needs to rely on shared LV Care Group vehicles; this allows exclusive access to transport for outings and appointments. In addition, the home has purchased a wheelchair-accessible van, ensuring that care receivers who use wheelchairs can more easily access activities and community involvement. The Interim Manager explained that there is no dedicated activities budget, as the home does not place financial limits on the types of activities residents may wish to pursue. This is no longer an area of improvement.

### **Area for Improvement 6:**

The Provider must ensure transparency of fees by publishing a clear scale of charges, including any additional costs not covered by standard rates.

The home is not currently advertised on the LV Group website and the interim manager explained that the website remains under development. Fees for the home are not widely publicised, and information displayed in the reception area does not reflect the full range of fees or additional charges. The Regulation Officer reviewed a selection of care receivers' written agreements and noted that, although individual fees were included, they had not been updated to reflect the recent annual increase. This remains an area for improvement.

### **Area for Improvement 7:**

The provider must ensure that medication management within the home reflects best practice. This includes improvements in the cleaning and maintenance of medical devices, safe transcribing practices, and ensuring that doses for diabetic care receivers are readily available at the point of administration.

The Interim Manager reported that the home is in the process of purchasing new medical devices, including syringe drivers and blood glucose monitors. When these devices are in place, programmes for calibration and maintenance monitoring will be established. Current monitors in use had been calibrated.

The medication policy is currently under review. The Interim Manager explained that the transcribing section will be aligned with best practice and updated policies will reflect local legislation.

The service is introducing an annual medication competency programme for all staff involved in administering medications, which will support compliance with the required standards. As these arrangements have not yet been fully established, this will remain an area for improvement.

### Area for Improvement 8:

The provider must ensure the Registered Manager receives structured support to develop leadership and management skills, and that communication within the management team is improved to ensure staff feel supported, valued, and recognised.

A member of staff said:

Xxx is a wonderful manager, Xxx has brought some positive changes to the home, and it feels much more stable.

Since the annual inspection in July and August 2025, there has been a change in the management team. The Interim Manager has brought additional extensive experience in managing large care homes and staff teams. A second deputy manager has also been appointed to oversee the residential element of the home alongside the nursing deputy. The management team reported improvements in communication and processes, which was supported by feedback from several staff members spoken to during the inspection. This is no longer identified as an area for improvement.

### Area for Improvement 9:

The Registered Provider must ensure that all policies are current, reference Jersey legislation where applicable, and include provider-specific documents. Missing policies, such as staffing, should be developed and made available.

LV Care Group policies are currently being reviewed and updated by the Interim Manager and Compliance Manager to reflect changes in practice, current best practice and Jersey legislation. The Interim Manager confirmed that a staffing policy is also under development. The Regulation Officer was provided with a sample of policies showing evidence that this work is in progress. This is no longer identified as an area for improvement.

## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.14 Regulation 17</p> <p><b>To be completed:</b> by 12/07/2026</p>	<p>The Interim Manager must ensure that all relevant staff receive regular supervision and an annual appraisal in line with the standards.</p>
	<p><b>Response by Registered Provider:</b></p> <p>The Supervision and Appraisal matrix for 2026 has been formulated and commenced.</p> <p>All key staff at Silver Springs with the responsibility of supervising staff have completed Supervision training in February to ensure that the supervisions are meaningful and delivered staff focused.</p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 7.1 Regulation 18</p> <p><b>To be completed:</b> by 01/10/2026</p>	<p>The Provider must ensure that the refurbishment plan is completed within the specified timescales. Priority should be given to the redecorating care receivers' bedrooms and addressing essential external repairs and maintenance, including fascias and guttering.</p>
	<p><b>Response by Registered Provider:</b></p> <p>The refurbishment plan continues with further bedrooms and communal places already completed since the inspection.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 11.2 Regulation 25</p> <p><b>To be completed:</b> by 12/07/2026</p>	<p>The Provider must ensure transparency of fees for the care receivers and their families, by publishing a clear scale of charges, including any additional costs not covered by the standard rates.</p>
	<p><b>Response by Registered Provider:</b></p> <p>The updated LV Care Group website to include Silver Springs is due to be live in March 2026.</p> <p>The website will publish our range of fees.</p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 6.7 Regulation 14</p> <p><b>To be completed:</b> by 12 July 2026</p>	<p>The Provider must ensure that medication management within the home reflects best practice.</p>
	<p><b>Response by Registered Provider:</b></p> <p>The medical equipment has been replaced to enable us to plan servicing and the recalibration of applicable items.</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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