



**Jersey Care
Commission**

INSPECTION REPORT

Silver Springs

Care Home Service

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

**Inspection Dates
9, 10 and 11 September 2026**

**Date Published
20 October 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 Silver Springs. The Care Home is operated by LV Care Group, and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Categories of care	Adult 60+; Physical Disability and/or Sensory Impairment
Maximum number of care receivers	93
Maximum number in receipt of nursing care	66
Maximum number in receipt of personal care	27
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
Discretionary Conditions of Registration	
None	
Additional information	
A variation request was submitted to increase the home's nursing bed capacity from 50 to 66 beds, with a corresponding reduction in residential beds from 43 to 27. The Commission approved this variation on 13 March 2026. The home experienced a change in leadership, with a new Manager being registered on 27 March 2026. The home continues to have a variation to its mandatory conditions, which allows for one care receiver under the age of 60 to reside there, either for the duration of their placement or until they reach their 60 th birthday.	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration and any additional discretionary conditions 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 one day prior to the first inspection visit. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	9 September 2026- 06:55- 16:15 10 September 2026- 16:45- 20:05 11 September 2026- 10:30- 18:30
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	86
Date of previous inspection	12 January 2026
Areas for improvement noted at the last inspection	Four
Link to the previous inspection report	RPT_SS_FocusedInspection_20260112.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, as well as 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, 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 improvements had been made.

- The supervision matrix and a sample of records demonstrated compliance with quarterly supervision requirements. Additional supervisory training for senior staff has increased supervision capacity, helping to ensure staff receive regular supervision in line with the standards.
- The Regulation Officer reviewed the home's original refurbishment plan and observed significant progress since the previous inspection. Improvements included the painting and decoration of care receiver bedrooms, upgrades to communal areas, and ongoing maintenance of external guttering, fascias and the general exterior of the building. The refurbishment programme remains in progress and demonstrates the provider's continued commitment to maintaining and improving the environment for care receivers.
- The service website had been updated to include the home within its portfolio of care homes, with details of fees to and from available online. In addition, standard fees are clearly outlined within care receiver written agreements. While the scale of fees relating to additional services and charges not covered by standard rates has not yet been published, sufficient progress has been made.

- The service has invested in new medication-related equipment, transcribing practices were found to be in line with best practice guidance, and an annual medication competency programme has been introduced for all care staff, including registered nurses. These measures have strengthened medication safety and oversight within the service.

4.2 Observations and overall findings from this inspection

The inspection was carried out at short notice with no specified arrival time, allowing an early morning observation of the home. The environment was calm, organised and comfortable, with staff carrying out their duties respectfully and without unnecessarily disturbing care receivers, creating a positive impression of a home operating smoothly and naturally.

The supervision model has improved since the previous inspection, with more senior staff trained to provide supervision, helping to distribute responsibilities more effectively across the management team. A review of supervision records demonstrated good compliance with the service's requirements and confirmed that supervision was taking place in line with the standards, supporting consistent staff development and oversight.

Training records confirmed that staff administering medication had received appropriate training and support, with annual competency assessments in place. The service has also recently introduced refresher training and annual competency checks for registered nurses, demonstrating a commitment to medication safety, best practice, and ongoing professional development.

A discussion with the management team highlighted the home's commitment to equality, inclusion and a zero-tolerance approach to discrimination. Managers reflected positively on opportunities to further celebrate the diverse cultures represented within the workforce and confirmed that expectations of dignity, respect and fairness apply to all interactions between staff and care receivers, as well as among colleagues.

Feedback from staff was positive, with many reporting significant improvements since the previous year, particularly in staffing levels. While organisational changes had created some uncertainty, staff described the service as more stable, and duty rotas confirmed that staffing levels consistently met the required standards despite ongoing vacancies.

The service demonstrates a strong commitment to staff development, supporting new care staff to complete the Care Certificate and encouraging further qualifications. Training records and qualification certificates evidenced compliance with requirements, while the training matrix showed mandatory training was up to date. Specialist training is also provided through external trainers where appropriate.

Activity governance has improved through the introduction of activity reports, risk assessments and attendance records. These systems help the home monitor participation, evaluate engagement, identify individual preferences and ensure activities are planned safely, supporting a meaningful and person-centred activity programme.

The previous refurbishment programme has progressed well, and a larger-scale development is now underway to increase bedroom capacity. The management team has taken steps to minimise disruption to care receivers, including temporarily relocating rooms affected by the works, scheduling disruptive activities appropriately, and providing advance notice of any anticipated disturbance.

Following an increase in reported pressure ulcers, the management team completed a detailed review and root cause analysis of each case to identify trends, learning opportunities and areas for improvement. This proactive approach has strengthened oversight, informed service improvements, and led to a commitment to complete root cause analyses for all pressure ulcers in line with the Jersey Island Wide Pressure Ulcer Framework.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation 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, variation requests, notification of incidents, complaints, and safeguarding inquiries.

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

As part of the inspection process, documents including policies, care records, duty rotas, incidents, monthly reports, and complaints, were examined.

At the conclusion of the inspection visits, the Regulation Officer provided verbal feedback to the Registered Manager, both deputy managers and another member of the senior management team. This was subsequently confirmed in writing via email on 14 September 2026. Following a review of all feedback received and the supporting documentation provided, a final feedback email was sent on 24 September 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.

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

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Supervision compliance	Supervision matrix Supervision records Discussion with management team Feedback from staff
Refurbishment progress	Refurbishment plan Review and observations of the internal and external environment
Transparency of fees	LV Care Group website Written agreements
Medication management	Medication records Medication processes and protocols Review of medication practices
Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Policies Health and safety processes Audit programmes Safe recruitment practices Duty rotas Feedback staff and care receivers Staffing policy Training and supervision matrix Risk assessments
Is the service effective and responsive	Feedback Care records Safety procedures Training Policies Medication management procedures Activities Daily menus
Is the service caring	Induction records Training Safeguarding practices Feedback care receivers, relatives, professionals Care records Observations of care delivery
Is the service well-led	Environment Refurbishment programme Statement of purpose Policies Information sharing- Care Receiver meetings, newsletters.

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Safe recruitment practices were found to be in place and were reviewed through a sample of recently recruited staff files. Appropriate pre-employment checks had generally been completed before staff commenced employment, providing assurance that processes are in place to help safeguard care receivers. Overall, good recruitment practices were evident; however, some references would benefit from greater attention to detail. In a small number of cases, character references had been accepted without a clear explanation as to why an employment reference was not available. Ensuring this rationale is clearly documented would further strengthen the robustness of the recruitment process.

The supervision model has been strengthened since the previous inspection. A greater number of senior staff have completed supervision training, increasing the pool of available supervisors and enabling supervision responsibilities to be shared more effectively across the management team. This has contributed to improved compliance with the service's supervision requirements and supported more consistent staff support and performance development. A review of supervision records by the Regulation Officer provided evidence that supervision was taking place in line with the standard's expectations and demonstrated a good level of compliance.

The Regulation Officer reviewed the home's health and safety arrangements and found systems in place to maintain a safe environment for care receivers, staff and visitors. The LV Care Group's central maintenance team has responsibility for overseeing the servicing and upkeep of the home's health and safety infrastructure, supported by a permanent maintenance person based on-site who responds to day-to-day maintenance needs. External specialist contractors are commissioned to undertake statutory inspections, testing and maintenance of equipment and systems, including equipment such as hoists, fire safety systems and water hygiene monitoring. The home also appoints an external fire safety consultancy service to ensure practices remain aligned with current guidance and legislation. This includes support with staff training, fire risk management and the coordination of fire drills.

Fire drills are designed to be as realistic as possible, with most staff unaware of when they will take place. Scenarios are planned jointly by the management team and consultancy provider and may involve care receivers participating in simulated evacuation exercises where appropriate. This approach helps staff to develop confidence in responding to emergency situations and supports the continual evaluation and improvement of fire safety procedures.

The Regulation Officer reviewed the medication management processes within the home and found them to be in line with relevant guidance and standards for the safe storage, administration, recording and disposal of medicines. Medication systems were well organised, with clear audit arrangements in place to monitor practice, identify any issues and support continuous improvement. Appropriate records were maintained, and staff demonstrated an understanding of their responsibilities in relation to medication management.

Evidence of recommended training levels for medication administration was reviewed for those staff responsible for delivering medicines on a daily basis. The Regulation Officer was satisfied that all staff administering medication had received the appropriate training and support for their role. Annual competency assessments were completed for those staff administering medication. In addition, the service has recently introduced refresher training and annual medication competency assessments for the registered nurses in the staff team.

While nurses are professionally regulated and accountable through their registration, the introduction of these additional competency checks demonstrates the home's commitment to best practice, maintaining high standards of medication safety, and supporting ongoing professional development. This represents an area of good practice.

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.

In response to the increasing diversity of the home's workforce and anonymous concerns received by the Commission about potential discrimination, the Regulation Officer discussed these matters with the management team. Managers reported that no related complaints had been received within the service. The discussion nevertheless provided an opportunity to consider how the home promotes inclusion and supports its diverse workforce. Managers identified further opportunities to recognise and celebrate the cultures represented among staff, promoting understanding of different perspectives and experiences.

The management team, whose members come from diverse cultural backgrounds, demonstrated an open and reflective approach. It reaffirmed the home's zero-tolerance stance on discrimination, supported by relevant policies and procedures, and confirmed that all interactions between staff, care receivers and colleagues should uphold dignity, respect and fairness.

Silver Lea, formerly accommodated both residential and nursing care receivers, and now provides nursing care across both floors. The environment has benefited from the home's refurbishment programme, with most rooms freshly decorated and further improvements planned. The floors have been renamed to align with the rest of the home, creating a stronger sense of continuity throughout the service. Care receivers are supported by a consistent team of care and nursing staff who work closely together to provide ongoing, clinically led care.

Feedback from staff during the inspection was generally positive. A common theme was that significant improvements had been made since the previous year, particularly in relation to staffing levels. Staff acknowledged that a period of organisational change had created some uncertainty within the team; however, they reported that the service was now more stable. Although vacancies remain, a review of duty rotas evidenced that staffing levels consistently met the minimum standards required.

A recent safeguarding incident prompted the management team to reflect on how the service learns from events and considers opportunities where practice could have been strengthened or managed differently. As a result, the home is exploring the introduction of a 'no-blame' approach, underpinned by the principles of a just culture. The aim is to foster an open and supportive environment where staff feel confident to report concerns, reflect on practice and contribute to learning, while maintaining accountability and a focus on continuous improvement and positive outcomes for care receivers. This is an area of good practice.

The service demonstrates a positive commitment to workforce development and supports staff to gain the knowledge and skills required for their roles. Care staff who join the service without previous care experience or qualifications are supported to complete the Care Certificate, with further professional development actively encouraged. Many members of the care team have achieved Level 2 or Level 3 Diplomas in Adult Care. Training agreements are in place, and there are established processes for discussing individual learning and development aspirations. The Regulation Officer reviewed training records, including a sample of Level 2 and Level 3 qualification certificates, and was satisfied that the service is compliant with qualification requirements. A review of the training matrix demonstrated that mandatory training was up to date, and the service also utilises external training providers to deliver specialist face-to-face training where appropriate.

A sample of written agreements was reviewed and found to be detailed, clearly setting out the terms and conditions of residency, including the fees payable for accommodation and care services. The agreements provided clear information about the services included within the main fee and supported care receivers and their representatives to make informed decisions. Consideration should be given to providing a more comprehensive breakdown of additional charges for optional services that fall outside the main fee, such as hairdressing, newspapers and other personal services, to further strengthen transparency.

Is the service caring?

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

The inspection was announced at short notice; however, no arrival time was specified on the first day. The Regulation Officer arrived early in the morning while night staff were still on duty and before the day shift had commenced. This provided an opportunity to observe the home at the start of the day. The environment was calm, quiet and well organised, with most care receivers choosing to remain in bed, while others were beginning their morning routines by choice.

Staff were observed carrying out their early morning duties in a respectful and unobtrusive manner, ensuring care receivers were not unnecessarily disturbed. The overall atmosphere was peaceful and comfortable, giving the impression of a home that was operating smoothly and authentically in line with the time of day.

The home continues to operate its 'Resident of the Day' initiative, which provides focused attention on one or two care receivers each day. As part of this process, care records are reviewed to ensure information remains accurate and reflects current needs, while routine clinical measurements and monitoring are undertaken as appropriate. This approach supports ongoing oversight of individuals' wellbeing and helps ensure that care plans remain up to date and responsive to changing needs.

The Regulation Officer observed two handovers during the inspection, involving different teams within the home. Both were fully attended, with information shared clearly and demonstrating a good understanding of the care receivers discussed. Staff actively engaged in the discussions, supporting effective communication and continuity of care between shifts.

The home has successfully transitioned from paper-based records to an electronic care planning system, supporting the effective recording and management of care plans, risk assessments, daily records and ongoing assessments. Staff have adapted well to this change, particularly as the service moved to a different electronic system only a few months after the initial implementation. Discussions with staff and review of records demonstrated that this transition had been managed effectively, with record keeping remaining consistent throughout. The Regulation Officer reviewed a sample of care records from different areas of the home and found them to be person-centred, reflective of individual needs and supported by appropriate risk assessments. Daily records were up to date, detailed and recorded contemporaneously, providing a clear account of the care and support delivered.

The home places emphasis on supporting care receivers to remain engaged, active and socially connected. Two full-time activity coordinators are currently employed, with recruitment underway for a third post to further enhance the programme. Discussions with the activity coordinators demonstrated a varied and well-planned schedule of activities, supported by a weekly timetable that includes games, arts and crafts, and fortnightly religious services. Weekly community outings are also arranged for care receivers who wish to access local amenities and maintain links with the wider community. Regular visits from the therapy dog and external musical entertainers provide additional opportunities for enjoyment and meaningful engagement.

The home also organises a range of celebratory events throughout the year, including an end-of-summer barbecue planned for the coming weekend. The recently restored gardens are used extensively, weather permitting, allowing activities to take place outdoors and providing care receivers with access to fresh air, social interaction and refreshments, including ice creams available from the garden kiosk.

The activity coordinators reported that governance and oversight of activities have improved significantly through the introduction of more structured documentation and monitoring systems. These include activity reports, risk assessments for community outings, and attendance registers for care receivers participating in activities. This enhanced recording process enables the home to better evaluate engagement levels, identify preferences and trends, demonstrate participation, and ensure activities are planned safely and responsively. The information gathered supports ongoing review and development of the activity programme, helping to ensure that opportunities remain meaningful, inclusive and tailored to the interests and wellbeing of care receivers.

The home provides a range of opportunities for care receivers and their families to share their views and contribute to the ongoing development of the service. Regular communal gatherings are held where family members and friends are invited to meet with the management team and provide feedback on their experiences. In addition, the Registered Manager maintains a visible presence within the home and is approachable and accessible to care receivers, relatives and visitors. This open-door approach encourages people to ask questions, raise concerns, share suggestions and discuss any issues as they arise, helping to promote open communication and responsive management.

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.

The previous refurbishment programme has made significant progress, and a new, larger-scale project is now underway. This includes converting a ground-floor lounge and library into three bedrooms and creating a further seven bedrooms on the second floor. Recognising the potential for disruption, the management team is working to minimise the impact on care receivers as much as possible. Measures include temporarily vacating four bedrooms located below the construction area, scheduling more disruptive works at appropriate times, and providing advance notice of anticipated noise or disturbance.

Earlier in the year, an increase in pressure ulcers notified to the Commission was identified. In response, the management team undertook a comprehensive review of all reported pressure ulcers, completing a root cause analysis for each case and identifying patterns and learning opportunities. The home has since committed to completing a root cause analysis for every pressure ulcer in line with the Jersey Island Wide Pressure Ulcer Framework. The review report, provided to the Regulation Officer prior to the inspection, demonstrated a proactive approach to understanding the home's management of pressure ulcers, including where wounds had occurred, the effectiveness of current processes, staff training, and areas for improvement. It was positive to see that the audit resulted in meaningful learning, strengthened oversight, and the identification of clear actions to support continued improvement, while also recognising areas of good practice within the service.

The home has access to a small fleet of vehicles dedicated to its use, including a 12-seat minibus, a wheelchair-accessible van and a car. These vehicles support care receivers to participate in community activities, attend appointments and undertake personal outings such as shopping or banking. However, although the minibus is allocated for the exclusive use of Silver Springs, its availability is limited by the requirement to share a driver with other homes within the care group.

Staff reported that drivers must be booked in advance, which can restrict flexibility and opportunities for community engagement. For example, a member of staff described being unable to arrange an activity on the east of the island, as the available half-day driver allocation would not have provided sufficient time for the outing to be completed comfortably.

The service has a robust complaints procedure in place. Complaints received by both the service and the Commission were discussed during the inspection. The Registered Manager reported that all complaints received since the previous inspection on 12 January 2026 had been resolved at Stage 1 of the complaints process, with none requiring escalation. This was attributed to the home's open and accessible approach, with the management team maintaining a visible presence and encouraging care receivers, relatives and visitors to raise concerns promptly. Review of complaint records by the Regulation Officer supported this view and demonstrated that concerns were addressed in a timely and responsive manner.

A suite of provider-wide policies has been reviewed and updated to ensure they reflect current legislation, guidance and best practice. A sample of policies was examined as part of the inspection process and was found to be appropriate, up to date and relevant to the operation of the service, providing staff with clear guidance on their roles and responsibilities.

What care receivers said:



It would be nice to have more variety of activities, and more opportunities to go out. It is nice that I can get my hair done, I like to get my hair styled.



The staff are very helpful, caring, and can't do enough for you. I am very happy here.



I feel safe and well cared for, the staff are kind, approachable, and support me with my care, they do this with respect.



The staffing has improved but there are still times when you can be waiting a long time for assistance. The care is very good; the staff know me and what I like so they are very good at meeting my needs.

What relatives said:

The staff are friendly and kind, we can visit any time of day.

I always visit unannounced, Xxx presents well looked after, and Xxx says good things about the care Xxx receives. The staff are so respectful with the residents.

My Xxx always felt safe, welcomed and happy at the home. Staff have been kind, compassionate and consistently focused on Xxx best interests, developing relationships that felt like family.

What professionals said:

The home feels consistently welcoming. I am kept up to date with any changes. The staff are accommodating and know the residents well.

I am very comfortable coming to the home, the residents are always ready for me, and present well. The home always feels warm and welcoming.



Great improvements with the external gardens, they have utilised the front gardens over the summer for events, it is lovely to see.



The team communicate very well with me. They are always prompt, helpful and professional.



The home works well to meet the clients individual needs as well as considering client holistic wellbeing with good activities.



The home works very effectively with visiting healthcare professionals. The team are consistently welcoming, well-organised, and prepared for clinical visits.

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.



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