



**Jersey Care
Commission**

Summary Report

Silver Springs

Care Home Service

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

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

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

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.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an improvement plan is not required.

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