



**Jersey Care
Commission**

INSPECTION REPORT

Camelot Care Home

3 Waverley Terrace

St Saviour

JE2 7LA

27 November 2020

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 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.

ABOUT THE SERVICE

Camelot is a semi-detached house over four levels that provides accommodation and residential care for people with mental health needs and which follows a recovery-based model of care.

There is parking to the front of the home and to the rear is a good-sized garden, directly accessed from both the ground and first floors. There are seven single bedrooms in the property, which are located on the top floor, second floor and basement.

The location of the home promotes a good level of independence and autonomy for the care receivers, providing ease of access to town and with amenities including a park and leisure centre nearby.

While the home was first registered with the Commission on 11 June 2019, it was subject to regulatory inspections under the preceding law.

Registered Provider	Mind Jersey
Registered Manager	Vacant position (registration pending)
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of care receivers - 7 Number in receipt of personal care/support - 7 Age range - 18 and above Mental Health Learning Disability Autism
Dates of Inspection	27 November 2020
Times of Inspection	9.30 am - 2 pm
Type of Inspection	Announced
Number of areas for improvement	None

The home is operated by Mind Jersey and the registered manager had recently vacated their role at the time of inspection. However, Terry Hanby the identified

manager at the time of the inspection, is to submit a formal application to become the registered manager. This is pending. At the time of this inspection, there were seven people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of a half day by one Regulation Officer. The Care Home Standards¹ were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

- the service's Statement of Purpose and conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with the home's infection prevention and control measures. Nonetheless, opportunity was available to view some areas of the home.

Attention was given to the recent changes associated with the registered manager position having become vacant and the arrangements associated with recruiting a new person to this role. It was confirmed that the registration process was to be concluded in due course. It was noted that the outgoing manager had agreed to facilitate a transition arrangement with the new manager over a two-week period. This had been helpful in facilitating a good degree of continuity and in ensuring that the new manager felt supported in undertaking their role.

Overall, the findings from this inspection were positive. The new manager advised of some of the changes which they intended to make to further develop and refine the operational systems which were in place.

On arrival at the home, the Regulation Officer noted the attention given to promoting and maintaining the safety of care receivers. There are adequate infection control protocols in place. This was seen in practice as visitors entered the home.

The Regulation Officer spoke to three residents in the home during the visit. Each were able to convey their satisfaction and confidence in the staff and the support which they receive. The Regulation Officer was also able to reflect with some care receivers on the progress they had made in their ongoing recovery from mental health difficulties. Coincidentally, the last inspection had afforded a similar opportunity and it was therefore possible to compare the care receivers' accounts of their recovery on each of these inspections.

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

During the visit, some positive and engaging interactions were observed between care receivers and the staff on duty. A relaxed and homely atmosphere and environment were also evident.

Some refurbishment of the bathroom facility on the top floor had been completed since the last inspection. It was reported that this has enhanced this area of the home and it was noted that other routine redecoration and refurbishment had also taken place. There were also some projects identified which evidenced the ongoing attention which is given to ensuring that the home retains good standards of décor and functionality i.e. change of office location to better facilitate contact and availability of the manager to engage with care receivers.

The Regulation Officer reviewed documents including care plans, policies, procedures and protocols. The new manager had identified employment practice issues as constituting an area for improvement and this was discussed with the Regulation Officer. Additionally, the Statement of Purpose was discussed in some detail, with evidence provided of how the mental health needs of care receivers are supported through attention to a recovery-based model of care.

Some good summaries of individual care receivers' progress were provided. These evidenced the positive and supportive work that has taken place in promoting independence and opportunities for some care receivers to transition to independent living in the near future.

The overarching governance that is in place, for example in relation to existing roles such as those of Executive Director, Operations Manager and Finance Officer were discussed. The home has a range of operational systems, policies and procedures. There was evidence that each of these were being implemented fully, with a comprehensive system of review and audit in place. This was adequately demonstrated in the monthly audit reports which were on file.

The Regulation Officer was satisfied that the care provided is consistent with the home's aims and objectives. The conditions on registration continue to apply and remain appropriate. However, the new manager advised that they were considering some variation of these conditions to better ensure that the focus on mental health is given due priority and attention.

The Regulation Officer discussed with the new manager the attention which is given to any new referrals which are received. This had been an area of discussion during the previous inspection. The home continues to safely and adequately meet the identified care needs of care receivers, in line with the home's Statement of Purpose and within the terms of their registration.

The home has the expected protocols in place which care receivers and/or relatives can follow in making a complaint. There are clear policy and procedures for all to follow regarding any safeguarding concerns which may arise. Care records provide contemporaneous notes that promote prompt review and evaluation of residents' care needs.

The required employment protocols are in place which ensure due diligence, and which promote best practice in safeguarding vulnerable care receivers. Criminal record checks are processed before any new employee may commence their duties in the home.

INSPECTION PROCESS

Information submitted to the Commission by the service since the last inspection in 2019 was reviewed prior to the inspection visit. This included notifications and any changes to the service's Statement of Purpose, for example changes to bed numbers or in this case changes to the manager position.

The change of manager therefore provided some focus for this inspection process and incorporated discussions with both the new manager and the previous manager. This arose from the previous manager helpfully spending a transition period of two weeks at the home which coincided with this inspection visit.

The findings of previous inspections, the development of the home's operational policies and procedures and the mental health recovery approach in supporting care receivers were each discussed in some detail. This facilitated a broader discussion about how the home and its staff group apply the recovery approach in practice and how this is aligned with best practice for standards of care. This was routinely referenced as part of the inspection visit.

As the previous inspection had concluded that care records and personal plans needed review, this was revisited. This related to the risk assessment and care planning in respect of new care receivers being accommodated in the home. The new manager is experienced in this area on account of their professional qualification and extensive experience and skills in supporting care receivers within a mental health clinical environment (the Community Mental Health Team). Through discussion, it was apparent that this experience is likely to be of benefit in framing areas of development, such as in considering the appropriateness of new referrals to the service.

A review of how the home operates in supporting resident autonomy and independence was clarified from discussions with the management team and some of the care receivers. Furthermore, it was evident that, in investing in improving the building, the service endeavours to ensure that all Standards in respect of the environment, are fully met. A review of the home was undertaken by sight of communal areas and confirmation from three care receivers about their comfort and satisfaction with their accommodation.

Discussions about how the home supports staff through supervision, training and induction were each explored with reference to the overarching governance framework which is in place.

Staffing levels and deployment were discussed and clarified. Due consideration was given to the category of care for which the home is registered and of how care staff

are supported in their roles, particularly when working as lone workers. The new manager identified an area which needed adjustment relating to employment practices and the planning of shifts.

The Regulation Officer observed care receivers being supported by staff in a way which was both respectful and courteous and where there was obvious positive rapport between all parties during these interactions. Furthermore, care receivers were observed going about their own activities in a confident and relaxed fashion. This conveyed a culture of care which was positive. This finding was consistent throughout the overall inspection findings.

A brief audit of care records was undertaken for a small sample of care receivers. This provided good evidence that record keeping is undertaken systematically and confirmed that a set of minimum data is retained on file in respect of each care receiver. However, with reference to the care receivers' levels of independence some refinement of the routine entries was discussed. From this, some options to refine the minimum data that might be routinely completed was established.

Three care receivers provided feedback to the Regulation Officer about the care and support they receive. This provided a summary of some of their experiences and of the recovery-focussed approach which is promoted to encourage their independence while living in a supportive and positive home environment.

In accordance with the Regulations, the manager submits notifications of incidents to the Commission. These were reviewed prior to the inspection, and it was noted that the number of notifications has been relatively low. Reference was made to an independent medication inspection undertaken by the Senior Community Pharmacist on the 19 November 2020 and that the findings recorded from that visit had been positive.

INSPECTION FINDINGS

The service's Statement of Purpose and conditions on registration

The home's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The home's Statement of Purpose reflects the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider / manager fully understood their responsibilities in this regard.

Camelot is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<u>Mandatory</u> Type of Care: personal care/support Category of care: Mental Health, Learning Disability, Autism Maximum number of care receivers: 7 Maximum number in receipt of personal care/support: 7 Age range of care receivers: 18 years and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1 to 7: one person.
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A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with. However, it was discussed that some amendments may be indicated which will focus on mental health, which remains the primary function and objective of the service.

It was noted that, when necessary, the previous manager had submitted notifications and supporting information to the Commission. These submissions reflected appropriate practice in the management of specific issues relating to Covid-19 and demonstrated a good level of oversight and consideration for care receivers' needs. This was particularly relevant in situations where some care receivers might have experienced acute or prolonged levels of distress due to this unparalleled situation and on account of their underlying mental health conditions.

Evidence was provided of the initiatives in supporting a particular care receiver and their immediate family. These reflected the holistic approach which was taken in seeking to alleviate and minimise levels of distress in a supportive way.

The approaches which are taken in ensuring that all relevant information will be requested and obtained from relevant agencies when the home is considering any new referral, were discussed. This was in reference to the findings of the previous inspection and it was encouraging to note the attention which has since been given to this area of practice.

The new manager has extensive training, skills and experience in supporting care receivers within a mental health clinical environment (the Community Mental Health Team). It was evident from the discussions which were undertaken during the inspection that this experience is likely to be helpful in framing areas for development in the service, in ensuring that it continues to meet its aims and objectives. The Regulation Officer was satisfied that all conditions are currently being met.

The Regulation Officer undertook a brief review of the communal areas and referred to the upgrade of a bathroom facility which had been identified previously as a project proposal. All areas which were viewed were found in very good order. It was noted that plans are in place to relocate the main office with a view to it becoming more easily accessible to care receivers.

An observation of the engagement between staff and care receivers evidenced some of the recovery-based approaches which were used in providing support. One care receiver explained that they are expecting to have the opportunity to transition to

independent accommodation in the near future. This correlated with information which was provided by the staff team which evidenced that care receivers' progress in becoming more independent is measured in the home. Specifically, positive comparisons can be made with individual presentation and motivation when first moving into the home.

The promotion of a relaxed, supportive and nurturing home environment was demonstrated during the inspection visit. The positive engagement and good humour of staff and care receivers' provided evidence of this.

It was apparent that meaningful activity is promoted and encouraged. This includes work opportunities and an example of this was discussed with one care receiver. They provided a summary of how this is being facilitated and of how staff support their attendance. In addition, it was positive to note that some care receivers were absent from the home at the time of the inspection because they were, at that time, independently attending activities of their own choosing and preference.

Safeguarding (adults and children)

The Standards for care homes set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

The home's safeguarding arrangements were discussed during the inspection. The provider has two "in-house" trainers who will contribute to the overall training needs of the staff group. In addition, the provision of safeguarding training may be supplemented by access to a local trainer provider.

All staff were reported to be up to date with this training and of having a good understanding of their role and responsibility in this area. It was also identified in discussion, the priority and attention that this subject is given in the context of individual care receivers' underlying mental health needs. The importance of the Capacity and Self-Determination (Jersey) Law 2016 was also highlighted in these discussions and that this is included in the mandatory training syllabus. However, there were no Significant Restriction of Liberty (SRoL) authorisations in place at the time of the inspection.

Care receivers' independence and autonomy is promoted in all aspects of the service and there were no issues of concern identified during this inspection relating to the ability of care receivers being able and confident in expressing their own needs and expectations. There was no evidence of any restrictions in place which might impact upon care receivers' freedom of movement or independence. As noted, it was evidence that the autonomy of care receivers is duly promoted and encouraged.

Staff supervision includes discussion of safeguarding processes but there were no issues of recent concern noted. However, it was acknowledged that the home has

historically proactively raised alerts in accordance with best practice when situations of concern have arisen.

Complaints

The Standards for care homes set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

From the engagement the Regulation Officer had with care receivers during this inspection, there were no complaints raised and the Regulation Officer was satisfied that appropriate and adequate complaints procedures were in place.

The Regulation Officer was advised that the management team seek to address concerns informally where this is appropriate. There are clear systems of governance in place which ensure that any formal complaints are addressed in a systematic and timely manner. This is set out in relevant policy and guidelines which can be referenced in the home. The home also has a whistleblowing policy for staff to utilise.

One recent complaint (which was not from either a care receiver or relative), was highlighted. It was evident that this matter had been appropriately processed in a timely fashion and that the relevant policy and procedures had been properly adhered to. Care receivers when asked, stated they were aware of the process which they could follow if they had any issues of concern.

There were no active complaints from care receivers noted during this inspection. The discussions with those spoken with, elicited positive views about the home and its staff group. In addition, the care receivers presented in a way that demonstrated that they were confident in expressing any concerns they may have directly with both the management team and care staff.

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

The Regulation Officer reviewed two Human Resources (HR) records. The overarching governance which is in place was clarified, in the event that there are any challenging issues relating to personnel matters such as disciplinary or grievance. It was noted that there are external agencies with the necessary skill and expertise which the provider may utilise.

The review of these records confirmed that the necessary pre-employment checks including references and Enhanced Disclosure and Barring Service (DBS) criminal records checks had been undertaken prior to any new staff commencing work in the home.

The Regulation Officer was satisfied that the staff team was adequate in respect of both number of staff and their qualifications. A consistent staff presence is maintained in the home and staffing includes both full time and part time employees. Attention is given to the promotion of positive routines and in ensuring that footfall into the home is limited as far as possible. This achieved by limiting the number of staff used and that promotes consistency and a stable home environment. Therefore, shift planners incorporate a variety of working hours which include lone worker duties.

A review of a sample of duty rosters for all staff, including housekeeping staff, confirmed that adequate numbers of staff are in place to both meet the care needs of care receivers and to maintain the home environment.

The training and development of staff was clarified with reference to qualifications including QCF level 2 and 3 accreditation and other professional qualifications. A comprehensive induction package is provided to new staff members and a range of staff are engaged in supporting this, including the Executive Director, Operations Manager, Finance Officer, Peer Support service, Family and Carer service and Children and young people service. The overarching model of recovery is promoted in all aspects of the service and is relevant to all care staff when working with care receivers in the home.

There is a clearly defined managerial structure in the home with a deputy manager in post who provided cover in the event of the manager being absent. This has been well evidenced with appropriate correspondence initiated by them with the Commission during periods when the manager was absent from the home during the months prior to the inspection.

Training updates for 2020 were provided and reference was made to the challenges associated in accessing training during both the period of lockdown and at the time of the inspection. However, the home has addressed this with appropriate engagement with a variety of training providers including local and online forums, with a view to ensuring that all staff have received the necessary updates.

There was limited opportunity to speak with care staff during this visit but their positive engagement and rapport with care receivers was noted as was the attention given by staff in supporting care receivers to access activities both within the home and off-site.

It was clarified with the new manager as to their intention and objective in ensuring that all staff will continue to receive a regular supervisory session, and that the necessary support and oversight of their working practices would continue. It was also discussed as to the expectation that records of these sessions be maintained. Some options relating to recording of this were discussed in order to best ensure that a robust audit trail is in place. These supervision sessions operate alongside an

open-door policy to ensure that staff can access support as required. In addition, supervision is underpinned by the undertaking of annual appraisals.

The home environment provides adequate staff room and resources. It was noted that a large room on the ground floor is being considered for use as an additional resident bedroom. The manager was informed of the process which will need to be followed that will include an application to vary conditions prior to this being actioned. Also, it was noted that plans are in place to relocate the manager's office more centrally to provide a more accessible and visible location for meeting care receivers, visitors and staff.

Care planning

<p>The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.</p>
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Two care records were reviewed during the inspection. A plan is in place to transfer these records to an electronic format in the future and to replace hard copy care records. The benefits for electronic record keeping were discussed. However, reference was made to the need to collate minimum data and to the potential that this could lead to extensive record keeping practices that could become onerous and disproportionate over time. The service will need to remain mindful of this in order to ensure that records are concise and readily accessible.

The new manager has identified some refinements to the existing format which may be helpful to address prior to the transition to the electronic format. Within this, some underlying principles were identified which might lead to improved quality of record-keeping whilst simultaneously avoiding unnecessary duplication. In particular, the keeping of records relating to routine activity, which is not directly applicable to care and support, may be reduced. This could also have the outcome of promoting an increase in face to face time with care receivers rather than to generate excessive or unnecessary documentation.

Prior to the admission of new care receivers into the home, the manager or deputy undertake a pre-admission assessment. Samples of these documents were provided for review alongside completed assessments relating to care receivers once admitted into the home.

From a review of the care records on file, there was good evidence that daily records are consistently made and that these cross-reference care plans. However, this arguably makes the recording principles somewhat task-orientated with reference to outcomes not always being made entirely clear. In light of the attention which the home provides in promoting individual independence and autonomy, opportunities for the development of a bespoke care plan in an electronic format were demonstrated. This is to be given further attention by the new manager as part of a project proposal.

Monthly quality reports

The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The Regulation Officer noted a good standard of monthly quality assurance reports. These were available for examination during the inspection, being retained on file. It was evident that these had been consistently recorded. The new manager highlighted that a key person will be identified who will complete this process routinely and that the promotion of the independence of care receivers will be central to this process. This nominated person will be a member of the provider organisation but will not work directly in the home. As a result, it is intended that a degree of independence in this process will be included.

From sight of the monthly reports and a discussion with the management team, it was clear that the principle of audit and ongoing review of each of the service, the home environment and other operational matters was well demonstrated. This was also evidenced by the initiatives the provider has taken (or intends to take), such as in relation to refurbishment projects and the transition to electronic care records, each of which recognise the ongoing improvements which the provider aspires to make to best support the care receivers.

The recent medication inspection provided good evidence of quality assurance measures which are in place to promote best practice. This area is subject to ongoing review and scrutiny to ensure that care receivers' needs are safely and adequately met. Within this process, attention and focus is given to promoting independence and the developing of skills by care receivers, as part of their ongoing recovery and their pathway to more independent living.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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.



Jersey Care Commission
2nd Floor
23 Hill Street, St Helier
Jersey JE2 4UA

Tel: 01534 445801

Website: www.carecommission.je/

Enquiries: enquiries@carecommission.je