



**Jersey Care
Commission**

INSPECTION REPORT

Camelot

Care Home Service

**3 Waverley Terrace
St Saviour
JE2 7LA**

6th and 20th October 2022

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

This is a report of the inspection of Camelot Care Home. The service is situated in St Saviour within a residential area in close proximity to a bus stop, fitness centre and other local amenities. The home is a semi-detached, domestic property with single bedroom accommodation provided on three floors. There is a communal lounge, kitchen/ diner, bathing facilities and a relaxation area provided, and the home also benefits from a large walled garden to the rear.

The home's registration conditions allow personal support to be provided to seven people with enduring mental illness as their primary support need. The aim of the home according to the Statement of Purpose, is 'to offer an effective and individual recovery focused service and to support adults with mental ill health in leading meaningful lives and to increase their opportunities to build a life beyond illness'. One of the service objectives is to 'provide a homely environment where residents feel secure, content and comfortable'.

Whilst the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 refer to 'care receivers' to describe people in receipt of care, the home's Statement of Purpose refers to "residents" and the home is registered to provide personal support. Furthermore, to align with the recovery-based model that is promoted in the home, the same terminology will be used in this report.

The service became registered with the Commission on 11 June 2019 but had been subject to regulatory inspections under the previous law. This is the fourth inspection since registration in 2019.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal support Category of care: mental health Maximum number of care receivers: 7 Age range of care receivers: 18 years and above Maximum number of care receivers that can be accommodated in the following rooms: Bedrooms 1 – 4, 6 & 8 – one person Flat (Room) 5 – one person
Date of Inspection	6 and 20 October
Time of Inspection	10 am – 12 midday and 2 pm – 3.30 pm
Type of Inspection	Unannounced and announced
Number of areas for improvement	None

The Care Home is operated by Mind Jersey, and which has a Board of Trustees in place to provide oversight and governance. The management of the charity is delegated to the Executive Director who provides direct support to the Registered Manager for any operational matters arising.

There were seven residents accommodated in the home on the days of the inspection.

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.

The inspection was unannounced on the first day and, due to the Registered Manager's unavailability at that time, a follow up visit was arranged to complete the process. The home environment was found in good order, with recent refurbishment or improvements noted to both interior and exterior areas. This has taken place partly to address some health and safety concerns and also to further enhance the homely environment.

Residents present on both days of inspection provided very positive feedback of the support they receive and satisfaction with their accommodation.

It was very evident and measurable by the range of activities being undertaken by each of the residents that a strong ethos of recovery work was being promoted within the home. Examples of the progress made in peoples ongoing recovery was also found from direct conversations which the Regulation Officer had with residents, and further demonstrated in case summaries provided by the staff team and Registered Manager.

Ways of working were confirmed by care staff and residents that take into account individuals' support needs and any challenges that may arise to meet these needs. It was also noted as to the positive feedback and observations made by the staff team about the appointment to the Deputy Manager position, which has provided further structure and support for both the Registered Manager and the team to benefit from.

Supporting information was also gathered from external sources including two relatives and one healthcare professional; this provided further evidence to demonstrate that the home was operating in a way that promotes the recovery of residents in a safe and effective way to meet the Standards.

INSPECTION PROCESS

This inspection visit was unannounced on the first day and completed two weeks later so as to include engagement with the Registered Manager who had taken planned leave around this time. Follow up engagement with others including healthcare professionals took place to gather feedback about their views and observations about the service.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**
- **Capacity and Self Determination Law (2016) and mental health needs supported in the home**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report recorded as 29th December 2021.

The Regulation Officer sought the views of five of the seven residents. Four members of staff (which included the Registered Manager) engaged in the process during the visits with the opportunity and encouragement for further contact with the Regulation Officer provided by contact details left in the home for all staff to reference. Supporting information was also requested of one healthcare professional, plus an activity co-ordinator who was also visiting the home during the second visit, and phone contacts made with two relatives following the visits.

During the inspection, records including policies, care records, administrative records and other documentation relating to residents and the home environment was

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

reviewed. The inspection included a review of all communal areas and outdoor spaces which are freely available for residents to use at their leisure.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager about the findings.

This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow up on this visit. Prior to commencing the inspection, a review of all correspondence between the Provider and the Commission was undertaken. This provided good evidence of the home working effectively to meet Standards and to ensure that quality of care is maintained within a model of mental wellbeing and recovery.

Information and examples provided during the two visits demonstrated that the expected attention is given to ensure ways of working that promote safe practices and which are carried out within a safe physical environment. This was noted from improvements to the fabric of the building, care records and information available to inform best practice when supporting all residents.

Risk management and the understanding of this within ways of working were explored with both care staff and the Registered Manager. It was evident that good systems were in place and available for staff to respond to any untoward incidents that may arise outside of everyday practice.

It was noted that the shift patterns include sleep-in shifts and a lone worker role at these times. This way of working given the support needs of the residents who maintain a relatively high level of independence and autonomy, was considered appropriate particularly given the backup and on-call provision that is available.

However, the service is fully aware of the possibility that the needs of any resident may change at any time and ensures that such changes can be responded to rapidly if needed. The care plans reflected that reviews and re-evaluation of care needs take place routinely.

From discussions with all residents, their appreciation of staff support and the very positive rapport which was clearly evident in all of the interactions witnessed between staff and residents, demonstrated a well-established and confident staff team. It was noted there had been no new staff recently recruited to the team with the appointment of a deputy manager arising from an existing bank contract and care worker role. This consistency of staff working in the home was noted as a very positive factor in promoting a consistent approach for recovery-based interventions/interactions and the associated therapeutic relationships between staff and residents.

The professionalism of the team was noted from feedback received from one healthcare professional who had been supporting some residents in the home. They reported the following:

"I have found the staff to be welcoming any time I have attended Camelot for a visit to see residents. They have ensured I have a private place where I can talk with clients which is much appreciated. If I have emailed staff, I have always received a prompt reply. When I have telephoned, the call has also been answered promptly and the staff have been very pleasant and helpful. As Xxx in mental health is not often taken as seriously as it should I am really pleased to report that Terry Hanby in particular does clearly take this seriously, as referrals have usually come from him with the client's consent. Clients have also reported that staff are happy to help with reading patient information leaflets about their Xxx therapy, should the client have questions after my visit".

The environment was comfortable and homely and it was noted that some enhancement to the garden had taken place since the previous inspection, with new decking now in place to replace worn timbers which had become a source of concern. The actions which have been taken resolve the safety concern and also

ensure that the environment is an improved one which, according to feedback from the residents themselves, will serve to enhance their overall comfort.

Observations and comments made by five residents provided unreserved positive feedback about their home environment and the support they receive. This was consistent with the findings and record made in the last inspection. The same residents were consulted with on both occasions. The good-humoured interactions and atmosphere in the home during both visits, and the relaxed and confident demeanour of all residents, demonstrated the essence of mental health promotion and a recovery model being embedded in the culture of the home.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

Attention was given to policies and procedures which were in place to ensure that the Standards are suitably met. It was noted that a deputy manager had been appointed since the last inspection and they have a primary role in overseeing such matters as this. It was highlighted that the improvements and replacement to the fabric of the building has included a new roof and replacement to decking at the rear of the property. These have arisen from audit and assessment of the building which are routinely undertaken.

There was good evidence from the logbook of routine fire checks being carried out and with the engagement by the Provider with the Fire and Rescue Service, who have provided advice and guidance to ensure that any alterations to the building will meet the relevant safety standards. Internal systems for monitoring and maintaining any equipment is limited by the items only being domestic size and function i.e., washing machines and cooker. Nonetheless, there are systems in place and these are consistently followed such as fridge temperatures being recorded daily for food hygiene purposes.

Ways of working were explored and specifically the lone worker roles which may arise at any time but specifically for night shifts which have sleep-in allocation for staff only. This is based on resident independence and autonomy. Nonetheless, a daily review of all residents' presentations and support needs is undertaken, and if required, extra staffing resources are sourced to manage any short-term changes to health needs or presentation. The systems in place to support lone workers was therefore viewed as appropriate and adequate to the needs and presentation of all residents. It was also noted that the on-call support was clearly identified, with clear policy and protocols in place for all staff to reference.

Where any staff may use their own vehicles to transport residents as part of their role the relevant car insurance and certification is confirmed as part of employment contracts.

Monthly infection audit takes place to ensure best practice is followed for resident and staff welfare, with an appropriate and proportionate approach taken in respect of visiting, and the use of any specific equipment during the ongoing pandemic. The positive resident engagement and consultation about ongoing risk management and best practice approaches for this specific matter were noted, and it was apparent that these were appropriate in meeting the identified needs and respecting the preferences of the resident group.

Ways of working and the systems of support provided to individuals based on their presenting needs and/or historical mental health difficulties is highlighted within care recording systems. Best practice was highlighted from some examples provided for the active engagement of residents with their own care plans, which, on occasion, may include them contributing directly onto their daily record of progress. Integral to such approaches is the resident being routinely involved in their own review and evaluation.

Where any concerns may arise relating to either acute mental distress or other changes associated with mental or physical health needs, there are direct channels of communication with clinicians in the Adult Mental Health service, which enables prompt review and the sourcing of additional/professional support if so indicated.

The service, in promoting ongoing recovery and in managing risk, seeks to prevent potential relapse and therefore ensures that the need for additional input from professionals such as consultant psychiatrists, is identified and acted upon promptly.

The care team who were spoken with during the first visit, provided summaries and information about potential risks or concerns for residents which could arise. The information they conveyed and the positive and empathetic manner noted, illustrated a well-informed team with a clear understanding of their primary roles and responsibilities in supporting all residents in the home.

Medication management and storage was discussed with the Registered Manager, and it was confirmed that there was no self-medication practice currently carried out in the home. This is primarily the choice and preference of residents. However, if self-medication was a preferred option then the necessary facility to include a locked cupboard in resident rooms would be provided. Medication audits are carried out to ensure that safe practice in medication management is maintained and that medication is stored safely. All staff administering medication complete the necessary medication competency framework prior to administering medication.

There have been no new employees recruited since the last inspection (with the exception of the deputy manager appointment, although this employee was already employed on bank contracted hours). Therefore, there were no recruitment records reviewed on this occasion. However, the Registered Manager provided a clear account of the best practice approach which is undertaken for due diligence of any potential new recruit before they commence any work in the home, and that this practice is necessary to properly safeguard residents.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>

From initial discussions with two support workers who spoke with confidence about the ethos and principles of recovery work that is undertaken and promoted in the

home, the Regulation Officer was able to note a very positive approach and attitude towards supporting all residents.

User empowerment and self-advocacy was a strong theme evident from information and discussions which took place at the commencement of the visit, and further evidenced by the style and manner of communication with all residents by staff, as observed throughout the time spent in the home. Activities which residents were engaged in, evidenced rights and individual preferences being respected and supported within a recovery model of care. Within these approaches, some additional support or guidance that may also be beneficial to individuals' general physical and mental health is also identified by staff, with different approaches noted based on individual need and ability.

A discussion with five residents by the Regulation Officer, elicited positive comments and observations about their satisfaction with their accommodation and of the support they receive from staff. It was most encouraging to note the progress and confidence that some residents were able to state or exhibit in their behaviour, with positive accounts provided of what they were doing. This was often in marked contrast with their situation and experiences immediately prior to moving into the home.

Both staff and some of the residents highlighted the various occupations and involvement in activities away from the home which provided some excellent examples of recovery in action. Some residents had successfully secured paid employment which evidenced that the home's function and operation was being realised in practice.

There was also strong evidence of residents being fully involved in decisions relating to their care and support in a way that respects their rights, individuality and beliefs to a very high standard. Again, this demonstrated that the home was operating in accordance with its function and purpose and that recovery was being actively promoted.

Supporting testimony received from two relatives included the following observations about how the home promotes recovery for the residents:

“XX is somewhere where XX gets the support needed, much better now than if living on XX own”

“Great home, they really do keep me well informed”

“The home is very family orientated in how it operates”

“Being there has made a massive difference, a dramatic change to how they were, XX has XX confidence back”

“Would give them a rating of 10 out of 10”.

Care plans are recorded in an electronic format with an auditable trail available for review/evaluation that take place routinely. This was demonstrable from a sample of care plans. It was advised that establishing a more clearly-defined minimum data requirement might be helpful and that review timelines could be more consistent e.g., undertaken monthly or three-monthly.

Care plans are primarily drawn up and coordinated by the Registered Manager, but it was apparent and evidenced that care staff maintain a clear understanding and knowledge of individual care plans. Staff were able to provide clear overviews about individual needs and interventions associated with promoting recovery. It was noted that care planning processes include the active engagement and contribution of residents, which is encouraged and facilitated by staff with the understanding that residents can access their records at any time.

Examples provided by support workers evidenced best practice approaches including residents contributing their own preferred entries to a daily log in the care record. Similarly, when a resident may be experiencing some anxiety or distress they will be invited to read the most recent entries which can be reassuring and comforting to them. In this regard, respectful and considerate care records are

promoted and prioritised as part of the integrated approach to all support provided. This nurtures and maintains trusting and positive therapeutic working alliances between staff and residents.

Training

The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.

Aspects of training were discussed with the Registered Manager and two carers with induction procedures endorsed positively by the Deputy Manager as was their experience since being promoted into this role. The summary of training certificates was made available as evidence of the expected attention given to training and development of the established staff team.

In addition, a monthly quality assurance report undertaken by an independent source reviews and highlights any training and development initiatives provided or required from that analysis.

The Deputy Manager confirmed the levels of support they received:

“I have received great support and plenty of advice from Terry who is always there to answer questions and keeps me up to date with all I need to know. I am really enjoying working at Camelot, it’s like a breath of fresh air. The staff are friendly and do a great job of supporting the residents and each other”.

The Registered Manager highlighted a new handbook which sets out the ethos for training that is expected and provided. This includes monthly peer supervision, for which there is an independent facilitator. This provides the opportunity for staff to initiate any discussion or observations in a comfortable format without the presence of the Registered Manager. This is recognised as a key element for staff development, providing the opportunity to work with peers and to raise or work through any issues of concern. This is underpinned by an open-door policy for any staff to discuss anything with the Registered Manager or their deputy which, with

consideration for the very small staff team, is considered more than adequate to meet all supervisory requirements.

The Registered Manager highlighted some revisions to recruitment and selection criteria that now requires any candidate to have Qualification Credit Framework (QCF) 2 as a minimum standard for employment. Any new staff member working in the home will initially have a 'buddy' i.e., an experienced member of staff or the deputy manager, whom they work alongside and who models best practice approaches through observed practice.

All staff have the opportunity to access training resources through OneDrive and SharePoint, which promotes a learning culture at staff convenience. This is alongside attending training modules which they may wish to pursue, which is negotiated with the Registered Manager. It was encouraging to note that some staff have, of their own volition, accessed some training modules as provided by the Jersey Recovery College to further inform their practice, skills and understanding of mental wellbeing.

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.



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