



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Camelot**

**Care Home Service**

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

**29 August 2023**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 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 large 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 enable 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'.

MIND Jersey operates Camelot and there is a registered manager in post.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal support Category of care: mental health

	<p>Maximum number of care receivers: 7</p> <p>Age range of care receivers: 18 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:  Bedrooms 1 – 4, 6 &amp; 8 – one person  Flat (Room) 5 – one person</p>
Date of Inspection	29 August 2023
Time of Inspection	9.45am-12.45pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	Seven

There have been no variations or changes to the Statement of Purpose since the last 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 findings of this inspection were generally positive. The Deputy Manager and staff team engaged fully in the inspection process and ensured that all requests for information and records were fully met. In addition, care receivers and their family members were prepared to provide feedback on the home, which was overwhelmingly positive in nature.

Care receivers were prepared to express that they enjoy living in the home and that they benefit from the support which the staff team provide. Staff were consistently described as kind and helpful. The Regulation Officer reviewed the home's Statement of Purpose and found it to fully reflect the way in which the service operates.

Staff training records were examined and were found to accord with the service's Statement of Purpose and categories of care provided. Training was up to date and the type of training provided meets the requirements set out within the Care Home Standards.

The home is a specialist service which supports adults with long term needs associated with mental health. As such, the service promotes recovery from mental illness and ensures that each care receiver has a varied and meaningful programme of activity, with some care receivers able to maintain paid employment in the community.

The staff team is small but consistent. It was evident from discussions and through observing interactions between staff and care receivers, that staff members have a thorough understanding of the needs of the people whom they support.

There are no areas for improvement resulting from this inspection.

## **INSPECTION PROCESS**

The inspection was announced to ensure that it would be possible to meet with the Deputy Manager. It was not possible to meet with the Registered Manager on this occasion.

As the care receivers were able to discuss their experiences with the Regulation Officer without any difficulty, it was not considered appropriate or necessary to contact many of their relatives. However, one relative was contacted by telephone following the inspection visit.

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

The inspection focussed on the following lines of enquiry:

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

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to the inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports.

Records, including policies, care records and care plans were examined during the inspection. This inspection included a tour of the premises.

After the inspection, the Regulation Officer provided feedback to the Deputy Manager.

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

## **INSPECTION FINDINGS**

At the last inspection in October 2022, no areas for improvement were identified that required any follow up on this visit. This report outlines our findings and includes areas of good practice identified during the inspection.

### **Management of the service**

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size, and complexity of the service.

The Registered Manager was not available at the time of the inspection. Instead, the Deputy Manager provided an overview of the service and was open and approachable throughout the inspection process. They had a clear philosophy in respect of how the care receivers should be supported throughout their journey of recovery. Whilst it was important to acknowledge that the care receivers needed

support, care, and encouragement, the care home was considered to be their home as opposed to a placement. Accordingly, it was important that they should have a sense of ownership and belonging, and they should be able to directly influence the ways in which they were supported.

Camelot is one of a small number of care homes in Jersey which provide specialist residential care and support to adults with enduring mental health needs. The most recent Statement of Purpose was dated 24 August 2022, and this was reviewed as part of the inspection process. It was evident that the Statement of Purpose is up to date and accords with how the service operates. Specifically, it references the promotion of recovery and of how the service works in partnership with families and external professionals to realise this aspiration. Each of the care receivers had care plans which were relevant to their individual needs, goals, and experiences.

The Statement of Purpose set out the admission criteria which included the existence of a formal diagnosis of a mental health condition. The home is able to meet the needs of adults with secondary diagnoses such as autism spectrum disorder, learning disability and recover from drug or alcohol misuse. However, new admissions depend on a range of factors, including whether a person is a suitable match to live with the existing care receivers.

Although there had been no recent admissions to the home, the Statement of Purpose set out, and the Deputy Manager was able to explain, the process which is followed when a new care receiver is to be admitted to the home. This includes a gradual/phased admission process and a trial period, to determine whether a placement is likely to be successful in the long term.

A staff member who was consulted reflected an ethos of care which was person-centred and bespoke to each care receiver, and of a staff team which was supportive:

*'We try to play to people's strengths. For example, some of the residents enjoy cooking and gardening, and we ensure that there is the opportunity to do this. We*

*also ensure that everyone is active and has a good quality of life, although everyone has the opportunity to have space if they need it.*

*'I enjoy working here and it almost doesn't feel like work much of the time. There is a really good team here. We look after and support one another. Everyone is kind and understanding. The home is very well managed, and everyone understands their roles.'*

The staff team in the care home is very consistent. There is very low staff turnover, and the service meets the minimum care staffing requirements as per the Adult Care Home Standards and in line with its Statement of Purpose. There were five permanent staff members employed at the home as well as the Registered Manager. The home was not needing to use bank or agency staff at the time of the inspection. There was one vacancy, and whilst it was acknowledged that this was not an ideal situation, the Regulation Officer was advised that it was not causing a problem regarding maintaining adequate staffing.

The vacancy was due to be filled during the month following the inspection as recent recruitment had been successful. The personnel records are not held at Camelot but at MIND Jersey's offices. The Registered Manager confirmed that the new employee would not start work until all safe recruitment checks, including an enhanced criminal records check, were in place.

The home operates with a staffing pattern of three shifts per day, 8am-4pm, 1pm-9pm and a sleep-in shift from 9pm-8am. This arrangement is appropriate to meet the needs of the care receivers. The home operates a policy in relation to lone working, to ensure staff safety. Equally, staff have access to an on-call manager and additional staffing support can be made available at short notice if this becomes necessary.

As a result of operating with a small staff team, the Deputy Manager advised that there was no difficulty in ensuring that supervision is kept regular and up to date. Formal supervision takes place once every three months although there is an open and communicative culture in the home which enables any issues or difficulties to be

resolved quickly. In addition, the Regulation Officer was advised that annual appraisals had been scheduled for the month following the inspection.

The Regulation Officer examined the training log and staff training certificates. Training was found to be up to date and a varied range of relevant training had been undertaken which included communication skills, conflict management, dementia, First Aid, medication administration and adult safeguarding. Training is provided through a range of means including e-learning and face-to face/classroom-based settings.

Training had also been undertaken in respect of mental capacity and deprivation of liberty.

Whilst it was positive that this had been provided for all staff members, the Regulation Officer advised that, due to there being differences between UK and Jersey legislation in respect of this area, it would be of benefit for Jersey-specific training to be sourced going forward. However, it was also acknowledged that there were no Significant Restriction on Liberty (SRoL) authorisations in situ and that each of the care receivers were considered to have capacity to make their own decisions.

The most recent monthly reports were reviewed and were found to be sufficiently comprehensive. The reports include an analysis of staffing rotas, recruitment and retention, staff training, accidents, incidents, or safeguarding concerns. By comparing a series of such reports, it is possible to monitor developments and improvements in the service. It is noted that the monthly reports included feedback from staff members. This is an area of good practice.

Notifications of notifiable events are received from this service as routine and were noted to be appropriate. Three such notifications had been received since the previous inspection. None of these were of concern, each related to Covid-19 infections, and each was managed and resolved by the service with no input from the Commission having been necessary. The size and layout of the care home enabled care receivers who had tested positive for Covid-19 to be safely and



appropriately isolated from the other care receivers, whilst also ensuring that they remained safe and that their needs could be met.

## **Care and support**

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.

Part of the inspection included a tour of the premises. The environment of the home was found to be homely and suitably domestic. It was found to be in a good state of repair and maintenance.

The Regulation Officer asked whether any repairs are acted upon quickly and was advised that this is so. In the main office there was a list of small jobs and repairs which needed to be undertaken. The home has access to a handyperson who completes repairs in a timely manner. An example was provided in that the roofs of the sheds in the garden recently needed some repair and that this had been undertaken promptly. The home also benefits from a cleaner who was on-site at the time of the inspection.

It was evident that MIND Jersey are responsive and take their responsibilities in respect of Camelot and the people that live there very seriously. For example, when new white goods had been requested recently by the home's management, these were soon ordered and provided. Similarly, new flooring had been requested for some parts of the building, and this had been supplied and fitted promptly.

Whilst it was not appropriate to examine each of the care receivers' rooms as not all of the care receivers were at home at the time of the inspection, two care receivers were content for the Regulation Officer to go in their rooms. These were found to be clean and furnished with individual items, pictures, and photographs. In essence,

there was a sense that the care receivers maintained their rooms in accordance with their own preferences.

The lounge area is a very spacious area with a large television which was often used. The lounge contained recreational items such as DVDs, games, and jigsaws. There is also a large garden set across several levels. This was well maintained, and one care receiver was seen to be actively tending to flowers and vegetables. In the latter case, these are utilised by the care receivers who include them in their meals. There is space in the garden for residents to sit and a small gym was in the process of being constructed in one of the sheds.

The Regulation Officer examined care plans and care receiver records. Each of the care receivers are encouraged to write their own care record daily. This is not obligatory, and some care receivers prefer that the staff write the records. However, others are keen to do this, and it was evident that this happens in practice. As each care receiver had different needs and abilities, care plans needed to relate directly to these needs. Accordingly, each care receiver had multiple care plans related to their individual needs. These were written in a way which was both accessible and easy to understand, providing a point of reference for all staff and particularly for any new staff being introduced to working with the care receivers.

There was evidence of regular reviews of these care plans. In respect of risk management, the makeup of the home is such that each care receiver was relatively independent and as such, risks were few. The main risk is associated with the possibility of a care receiver's mental health deteriorating, which is always a possibility. For each care receiver, there was a document which indicated signs of worsening mental health, and which provided guidance as to action which should be taken if this was in evidence. In this way, risk assessment informs care planning arrangements. This is an area of good practice.

At the time of the inspection, some of the care receivers were arranging to go out to various activities and others were already out of the home and undertaking employment. The Regulation Officer considered this to be very positive. It was possible to observe care staff supporting the care receivers who were at home.

Care staff demonstrated an approach which was empathetic, kind and fully supportive.

Care receivers and their family members were consulted as part of this inspection. Their feedback was consistently positive. Comments included:

*'I don't mind living here. When I have raised concerns, these have been acted upon. I have company and I don't have to worry. I would love to stay here. Everything is good and the staff are helpful.'*

*'I am very independent but if I need any support, I can access it.'*

*'They are nice people here, both staff and residents. There is a good manager.'*

*'I find it okay. The staff are very caring. I have a lot of choice for food. I enjoy the garden. I never feel bored.'*

*'It's alright. The staff are nice. It is a good place to live.'*

*'(My relative) has always been extremely well looked after. They are very good with (my relative). The staff are very nice.'*

## **Choice and safety**

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled, and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.

In its aim of promoting recovery, the care home ensures that each care receiver has a weekly programme of activities which are purposeful and varied. Some care receivers are very independent and able to engage in supported employment. Others need more input from staff to remain motivated and occupied. The Regulation Officer was able to discuss with five of the care receivers as to how they stay active and occupy their time. It was apparent that each care receiver had

specific interests, hobbies, and weekly routines, and it was clear that these were both respected and promoted.

The Deputy Manager advised that the concept of 'chores' was avoided in the home and that instead, each care receiver is encouraged to contribute to the upkeep of the home and to be involved in routine activities such as shopping and cooking. This was observed to work well. Each evening, a different care receiver takes responsibility for preparing a meal. The home had adopted a tendency to cook with fresh ingredients on a daily basis, and therefore shopping was undertaken regularly throughout the week, with a care receiver undertaking this with staff support.

The Deputy Manager advised that a voucher scheme is in operation whereby care receivers who decide to make a specific contribution to the upkeep of the home are rewarded with a voucher which they can spend as they wish.

The Registered Manager and the staff team promotes care receivers' continued recovery from mental illness, recognising that the concept of recovery has different meanings for different people. Some care receivers were working towards independence and a transition from the care home, over a prolonged period. It is recognised that achieving this will take time and may not always be possible. The possibility of relapse informs the way in which the home operates, and each care receiver's care and support is continually reviewed, with involvement from external professionals sourced as required.

At the time of the inspection, there was one external professional providing support to one of the care receivers. They provided feedback as follows:

*'I have worked with Camelot for many years with one client and throughout this time I have found them supportive and encouraging all of the time with clients. They have provided support to ensure that the client has become more independent with their independent living skills, and with their employment and social activities.*

*They have always been encouraging to the client in ensuring they are becoming as independent as possible, and in involving me with their support, ensuring that communication is effective and ongoing.*

*Camelot is such a lovely, welcome environment when I visit, and staff are always friendly and professional.'*

Medication management and storage was discussed with the Deputy Manager. Where it is safe and practicable, care receivers may choose to self-medicate. In such cases, a locked cupboard will be installed in a care receiver's room. At the time of the inspection, there was no self-administration taking place and therefore all medication was stored centrally in the main office.

Two medication audits take place daily 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.

The Regulation Officer reviewed the medication file which was found to be up to date and in order. The home's policies are maintained in a folder which is available for all staff in the main office. The Regulation Officer reviewed the contents of the folder which was found to be comprehensive.

An environment inspection audit is undertaken monthly. These was on display in the main office alongside the fire procedures, and processes associated with the safe administration of medication. The fire alarm is checked weekly, as is the home's emergency lighting. The fire alarm log was reviewed and was up to date. The home's fire certificate was also in date.

Each care receiver has a Personal Emergency Evacuation Plan (PEEP). These are updated on a three-monthly basis, at which point a staff member discusses the fire evacuation procedure with each care receiver.

Recognising that the ability of the care receivers to engage in activities outside of the home is sometimes limited due to individual income, an initiative has recently been introduced whereby MIND Jersey make a sum of money available each month to the care receivers which is to be spent exclusively on activities. This has proven to be of

benefit and has been welcomed by the care receivers, who have recently enjoyed activities such as minigolf and a day trip to France. This is an area of good practice. Equally, a recent initiative has involved a care receiver being included in an interview panel for the recruitment of a new member of staff.

## **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  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)