



Jersey Care
Commission

INSPECTION REPORT

Camelot

Care Home Service

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

16 May 2024

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 (as amended) 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, which is a four storey building situated in a quiet terrace on the outskirts of St Helier. The home is located near to a bus stop, sports centre, hotels and other local amenities. Single bedroom accommodation is provided on three floors, and communal facilities include a kitchen/diner, lounge, bathrooms, laundry, and a large walled garden.

The home provides personal support to individuals who have experienced difficulties with their mental health as their primary support need. The Statement of Purpose states that the home will provide support for residents to lead meaningful lives and to increase their opportunities to build a life beyond illness. The home aims to promote resident well-being, independence and recovery in a homely environment where they feel can secure, content and comfortable.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal support Category of care: Mental health Maximum number of care receivers in receipt of personal support: 8 Age range of care receivers: 18 years and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1 - 4, 6, 8, the relax room and Flat (room 5),1 person
Date of Inspection	16 May 2024
Time of Inspection	1.45pm – 4.15pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	Seven

The Care Home service is operated by Mind Jersey and there is a Registered Manager in place.

Since the last inspection, completed on August 29, 2023, the Commission received an application to vary a condition on the service's registration. The Regulation Officer visited the home on January 29, 2024, and met with the Registered Manager to discuss the application to increase the number of residents from seven to eight, and this was approved on February 6, 2024. An updated copy of the service's Statement of Purpose was provided to reflect the increase in resident numbers.

Whilst the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 defines people receiving care as 'service users', the home's statement of purpose refers to residents in receipt of personal support. Therefore, the term 'resident' will be used for this inspection report.

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.

This inspection has shown that the home effectively meets its stated aims and objectives described in the Statement of Purpose. The residents live in a property that allows them independence and opportunities to engage in the day-to-day running of the home. During the inspection visit, the atmosphere in the home was found to be calm and relaxed, and residents appeared comfortable and content, which was consistent with the description in the Statement of Purpose.

Residents are supported with their emotional and mental health well-being, and individualised support is provided. Evidence shows that residents have made progress and continue to progress in their lives, and their independence has increased. Examples were provided of residents achieving positive outcomes in their lives, as the staff team understand their needs and interests and promote independence, autonomy and positive risk taking.

Records are detailed and individualised, documenting how residents are supported and showing that they are fully involved in their development and ongoing review. Some examples demonstrate that residents capture their narrative summaries of their feelings and experiences, which evidences the home's philosophy of valuing residents and encouraging them to take ownership of their lives as part of their recovery.

The staff team is well-established and supported by a strong management structure. It is clear that they know the residents very well. They show genuine interest in the residents' lives and are committed to continually improving the service. The home has an ethos of resident involvement, and residents are encouraged to access community activities and employment just as others of their age typically would.

There are no areas for improvement to be made following this inspection visit.

INSPECTION PROCESS

This inspection was announced and was completed during the afternoon of May 16, 2024. Notice of the inspection was given to the Registered Manager three days in advance, ensuring that the residents were informed about the visit.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

Prior to our inspection all the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer gathered feedback from three care receivers, and had discussions with the Registered Manager and other staff. Additionally, feedback was provided by one health and social care professional external to the service.

As part of the inspection process, records including, care, medication administration records, induction programme, team meeting minutes, resident meeting minutes, quality monitoring reports, the resident framework agreement and samples of training records were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to Registered Manager. This report outlines our findings and includes areas of good practice identified during the inspection.

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

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified.

Is the Service Safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

A discussion with the Registered Manager confirmed that safe systems are in place to assess and plan new residents' moves into the home. Prospective residents are fully involved in pre-admission discussions, identifying their goals and developing personal plans. The home requests relevant information from the referring agency and mental health services, enabling the Registered Manager to make well-informed decisions about new admissions. The moving-in process occurs at an individual pace, and thorough risk assessments are completed to facilitate a positive outcome. The Registered Manager described the transition underway for one prospective resident, which promoted their well-being, dignity, and safety. Their goals, personal aspirations, and wishes had been identified as part of the assessment process undertaken. This process supports the description in the home's statement of purpose.

When new residents consider moving in, existing residents are thoroughly consulted and informed. Some of the residents explained this, and their knowledge about it was documented in the minutes of resident meetings held. A sample resident framework agreement was reviewed, which provided details of various aspects of the service. This included the criteria for admission, care planning arrangements, confidentiality expectations, and information about the complaints process.

The home has twenty-four-hour staff support and is staffed according to the Standards and resident needs. It also allows for spontaneous evening social outings should the residents wish. The staffing patterns are planned to promote consistency in staffing and take account of their experience and skills.

All staff have a vocational Level 2 health qualification, meeting the required Standards, and three have a Level 3 Award. One volunteer who is supporting one resident is also completing the Level 2 qualification, demonstrating the home's investment in staff training to ensure a high standard of support for all residents.

The management team described a situation in which one resident wished to carry out an interest that posed potential risks. They respected the resident's autonomy and right to make their own decision while balancing the need to promote their safety. The resident and their case worker were collectively involved in the discussion, and all collectively agreed on an outcome. This was an excellent example of the home's commitment to respecting individual choice and ensuring resident safety.

Samples of medication administration records (MAR) were reviewed, evidencing that the home has safe systems in place for medication management. Medicines are stored securely, and staff who have completed the required training according to the Standards are responsible for administering them. Where relevant, some residents will be supported to attend regular reviews with health professionals if their medication warrants oversight.

Fire safety records confirmed that checks as the Fire and Rescue service determine are completed routinely, and residents are involved in fire evacuation procedures every three months.

The minutes of resident meetings showed that they feel safe and empowered to hold meetings in the home to discuss issues that concern them. The records showed that residents take ownership of these meetings, documenting minutes and actions. Positive outcomes have arisen from these meetings, including the provision of funds for additional social outings.

There was scaffolding on the exterior of the building for repairs and painting. Additionally, plans are in place for repairs to the patio paving slabs, and new outdoor garden furniture has been ordered to enhance the outdoor garden areas.

The internal home environment was found to be well maintained with regards to resident comfort, well-being, privacy and dignity. Residents can lock their bedrooms and have keys to the home so they can come and go as they wish. During the inspection, the atmosphere was welcoming and natural, residents appeared to be relaxed and content, and there was a warm and friendly atmosphere. One health professional also spoke positively of the welcoming and relaxed atmosphere during their visits.

Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The home's statement of purpose was reviewed in February 2024, which confirms that the home prioritises support for residents' recovery and encourages them to build a life beyond illness or diagnosis. This aim was evidenced through a review of samples of care records, discussions with the management team, and feedback from some of the residents. This showed the home's commitment to promoting residents' quality of life.

The management team spoke of how residents' well-being needs were met, highlighting several positive outcomes. Some residents' emotional and mental health had stabilised, their independence in daily living skills had improved, and some medications had been reduced. The staff team spoken with showed a genuine interest in the well-being of residents, they clearly understood recovery and described how some residents had made progress in their lives. The Registered Manager also mentioned the importance of links with health professionals and confirmed that support is requested promptly if a deterioration or change in health occurs.

Samples of care records showed that care plans were holistic and positive. They were designed to encourage residents to identify their goals, take responsibility for their lives and reflect on their progress and achievements. Plans are reviewed regularly, showing a recovery-focused approach where residents control how they wish to live their lives.

The records emphasised that residents participate and develop plans, determining how staff should support them. A resident had written one plan in detail, and another had written a narrative account in their daily notes. This evidenced a strong focus on resident involvement in personalised care planning as outlined in the statement of purpose.

At the time of inspection, some residents were pottering around at home while others were out, evidencing a natural, relaxed routine in the home. The Regulation Officer spoke with three residents, who suggested a high degree of satisfaction with the home and that various opportunities have been afforded for residents to gain financial rewards for employment. The residents described the home's ethos and how they can influence and determine how they live in and out of the home. Residents spoke of the positive relationships and harmony in the home.

The Regulation Officer obtained exceptional feedback from one health and social care professional about the support the home has provided to one resident. The professional described the significant progress made by the resident since living in the home and highlighted the staff team's thorough understanding of their needs. The professional also praised the home's ability to provide enough support to enable independent decision-making and noted that joint working with other professionals is a real strength of the staff team.

Is the Service Caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

As evidenced by information within the care records, feedback from residents and staff, and an external health professional, it is evident that the home takes a holistic approach to seeing residents as unique individuals, regardless of their diagnosis. Support is centred on individual needs, and residents are fully involved in making life decisions and empowered to achieve personal goals. The staff team emphasises residents' abilities rather than focusing on their limitations, which helps promote confidence and independence.

Examples were provided where residents have been supported to make significant lifestyle changes and develop additional interests which has enhanced their self-esteem.

Residents are helped to consider their nutrition, choose healthy, nutritious foods, and maintain a healthy weight. During the inspection, a healthy evening meal was being cooked, and residents can use the kitchen to prepare meals and snacks. All meals are home-cooked using fresh ingredients. Residents told the Regulation Officer they enjoyed the foods, and there was always a choice and alternatives if preferred. One resident spoke of enjoying the weekly food shopping trip with staff, as they felt this added a valuable social opportunity.

A recent initiative has been to enhance residents' opportunities to exercise in recognition of its health benefits. The home has invested in some exercise equipment and a bike, which the residents expressed a wish to have during one of their meetings. This was actioned and provided for, which is another example of the service prioritising health and well-being and responding positively to their requests. Some residents described their household responsibilities and expressed satisfaction from fulfilling these roles. Staff explained that having these responsibilities helps residents' sense of purpose and self-worth and empowers them to contribute to the running of the home.

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.
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The day-to-day operation of the home is supported by an experienced, well-established management team who are knowledgeable about residents' support needs. The Registered Manager maintains a regular presence in the home and is supported by the Deputy Manager who simultaneously provides direction and leadership to the staff team. The Regulation Officer concluded that all staff are enthusiastic and motivated to meet residents' needs and help them fulfil their wishes. The home has a positive ethos, as evidenced by resident feedback, care records, quality monitoring reports, and feedback from a health professional, all of which describe the home in exceptional terms.

One staff member said they felt supported and spoke positively about their induction into the home. They noted that there are good lines of communication between staff and management, where they felt confident discussing things. Staff benefit from 1:1 supervision, which meets the Standards. Supervision records are retained in staff files, and annual appraisals have recently been completed for all staff members.

Team meetings are held, and minutes are taken for all staff to read if they cannot attend. Systems are in place for regularly reviewing the quality of support provided, and a Registered Manager from another service reviews the monthly quality monitoring reports. Samples of these reports were reviewed, which assessed the home's progress against various standards, capturing feedback from both residents and staff.

The provider is committed to continually improving the service for the residents' benefit, as evidenced by the provision of additional funding for social outings and off-island trips. During the inspection, some of the residents spoke about an upcoming trip they were looking forward to.

Staff receive training tailored to the needs of residents and relevant to their roles. The training records showed that staff had completed training in various areas, including mental health awareness, mental health first aid, data protection, conflict management, capacity and self-determination, diversity and inclusion, and health and safety. Additionally, all staff have completed vocational training in medication management.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and 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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