Jersey Care Commission

INSPECTION REPORT

Camelot

Care Home

3 Waverley Terrace
St Saviour's Road
St Saviour
JE2 7LA

Inspection Date
19 November 2025

Date Published
12 December 2025

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), 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.

2. ABOUT THE SERVICE

This is a report of the inspection of Camelot. The care home is operated by Mind Jersey and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Personal support
Category of care	Mental health
Maximum number of residents	8
Maximum number in receipt of personal support	8
Age range of care residents	18 years and above
Maximum number of residents that can be accommodated in each room	Rooms 1 - 4, 5 (The Flat), 6, 8, and the relax room - 1 person.
Discretionary Conditions of Registration	
There are none.	
Additional information	
None to note.	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

The inspection was announced, with four days' notice provided to the Registered Manager to ensure their availability and to allow residents to be informed. This approach was important because the home operates in a domestic style, and the Regulation Officer wanted residents to be aware of the inspection.

For clarity and consistency, the term ‘residents’ will be used throughout this report. This ensures alignment with the terminology commonly used by the service in its Statement of Purpose, and everyday language referring to people living in the home.

Inspection information	Detail
Date and time of this inspection	19 November 2025 1.30pm – 4.45pm
Number of areas for improvement from this inspection	One
Number of residents accommodated on the day of the inspection	Seven
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	16 May 2024 None IRCamelot20240516Final.pdf

3.2 Focus for this inspection

This inspection included a focus on these specific new lines of enquiry:

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

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

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

4.2 Observations and overall findings from this inspection

The findings from this inspection are consistent with those identified previously and clearly evidence that the home continues to meet all regulatory requirements. The home's philosophy and stated aims are strongly embedded in daily practice, reflecting a strong commitment to supporting residents in their personal recovery journey while living with mental illness.

It was evident that residents are encouraged to be as independent as possible and to take as much control of their lives as possible. They engage in activities that are meaningful to them, are involved in decision-making, and receive support that helps build their confidence and independence. The staff team consistently focuses on residents' strengths and builds on their abilities, reinforcing that recovery and improvement are achievable.

The leadership in the home is strong, with a knowledgeable and skilful staff team who understand and recognise when residents may be experiencing symptoms associated with their mental illness and know when to seek professional guidance.

Feedback from residents, external health professionals, and family members was extremely complimentary of the way in which the home is managed, highlighting a caring culture and the positive impact this has on residents' wellbeing. The home provides a safe and supportive environment to enable residents to progress in their recovery.

The standards relating to care planning arrangements, risk management, governance, safe recruitment, training, supervision and staffing arrangements are all met. Medication was administered safely and effectively.

One area for improvement was identified relating to ensuring the annual competency checks for staff who administer medication are consistently recorded.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.[1]

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report and a review of the Statement of Purpose.

The Regulation Officer gathered feedback from three care receivers and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

As part of the inspection process, records including care records, medication administration records, training records, staffing rosters, governance reports, fire safety records, and minutes of resident's meetings were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed the one identified area for improvement by email, five days later.

This report sets out our findings and includes any areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report, and an improvement plan is attached at the end of the report.

[1] All Care Standards can be accessed on the Commission's website at https://carecommission.je/

5.2 Sources of evidence.

New key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Staffing rosters Feedback from residents and their families Medication administration records Medication audit report Fire safety records
Is the service effective and responsive	Statement of Purpose Training records Care plans and risk management plans Feedback from external health professionals
Is the service caring	Walk through the home Observations made by the Regulation Officer Feedback from family members
Is the service well-led	Discussion with Registered Manager Governance reports Minutes of residents' meetings Supervision and probationary records

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Relatives who provided feedback expressed a sense of reassurance about the safety and well-being of their family members. They reported that they felt their relatives were safe living in the home, which in turn provided them with comfort and peace of mind. Relatives described the positive relationships residents have with staff and the proactive and professional way that the staff team responds quickly to any changes in their health. One family member described the way in which the staff team quickly identified changes in their relative's health, describing them as "*being on the ball*."

One resident shared their experiences of living with mental illness with the Regulation Officer and described various involvements with the health care system. They explained that having their own key to the home and not feeling the need to lock their bedroom door made them feel safe and secure.

The home environment is well-maintained and kept to a high standard, with repairs being tended to when needed. One staff member has recently completed a health and safety course and will take responsibility for monitoring health and safety matters within the home. External contractors are brought in as necessary. At the time of inspection, scaffolding had been erected at the rear of the home to facilitate repairs to the roof. The lounge has recently been decorated, and the home was well presented.

A review of the fire safety records showed that all checks required by the Fire and Rescue service are completed consistently. Both residents and staff participate in fire evacuation procedures every three months, ensuring everyone is familiar with them and able to safely respond in the event of an emergency. An outdoor smoking area with shelter is provided for residents who wish to smoke.

Medication within the home is stored securely, along with medication administration records (MAR), which are kept in a safe and organised manner. There are clear procedures in place regarding all aspects of medication management, including systems to ensure hospital-issued medication is provided to those residents who require it. Staff support residents in a way that maintains their dignity when medication is administered.

Daily checks of medicines are completed, and samples of MAR confirmed that staff consistently recorded their signatures and provide appropriate reasons when administering medication on an ‘as required’ basis. An area identified for improvement relates to the recording of annual competency assessments. While competency checks are carried out in practice, the records need to reflect this, and this is an area for improvement.

The home is staffed continuously over the 24-hour period, with a designated sleep in support worker overnight to respond to any emergencies. Staffing levels meet the required standards, and a consistent staff team is maintained with limited staff turnover. All team members have either a Level 2 or 3 qualification in health and social care. The home is always staffed, and on occasions when staff may be supporting residents away from the home, the temporary absence of staff is considered appropriate and safe.

The Registered Manager described that new staff do not start work until all safe recruitment checks have been completed. One new staff member has been recruited and will start in the home once their criminal records check has been received.

Residents have access to an independent advocacy worker through arrangements provided by the organisation, ensuring they receive support when needed.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

The Registered Manager provided the Regulation Officer with an overview of each resident's circumstances, describing their experiences with mental illness and the factors that led to their move into full-time support in the home. They described the varying levels of support required by each resident, which is tailored to meet these needs and spoke of the home's commitment to enabling residents to live well with mental health conditions.

The Statement of Purpose describes a therapeutic type of support that emphasises each resident's individual experiences and builds on their strengths and abilities. During the inspection, care records, resident feedback, observations, and external health professional views all indicated that staff work collaboratively with residents to help them feel safe and settled in a calm and nurturing environment while supporting them to build confidence and resilience.

The home's approach recognises that recovery for residents living with mental illness includes being connected with others, encouraging personal development and growth, maintaining a sense of individual identity, meaning and purpose. Feedback from family members and external health professionals highlighted that residents are fully involved in directing their own support arrangements and have access to meaningful activities with structured daily routines available to help reduce anxiety and provide a sense of purpose.

Residents' health and well-being are promoted. Feedback from relatives and external health professionals confirmed that the staff team understand residents' health conditions, the support they require, and can quickly identify changes in residents' usual presentation. The Registered Manager provided examples where staff had promptly contacted relevant health professionals and requested oversight regarding residents' conditions. One family member commented how quickly staff had communicated concerns to them about their relative's health.

Relatives also told the Regulation Officer that the home has supported their family members in maintaining a sense of wellbeing, and that they felt their health is at its best while living in the home. One family member explained that they felt reassured that their relative was safe and content and commented, "*The staff team know Xxx so well, and they pick up straight away when Xxx is not well. I'm glad Xxx is in such a lovely home, and the staff do their best to keep Xxx well."*

The home was found to be warm, clean and welcoming. Bedrooms reflect residents' personal preferences, and the communal areas are comfortable for residents to spend time in. During the inspection, residents were observed returning to the home, using the computer, listening to music, making toast, and preparing a later lunch, which reflected their individual routines and natural everyday habits. Since the last inspection, an additional quiet communal area has been created on the lower ground floor. One resident described that they had recently changed bedrooms and said how much they were enjoying their new bedroom.

In line with the Statement of Purpose, there is a clear emphasis on promoting independence and exploring opportunities for residents to progress and build on daily living skills towards greater independence. The Registered Manager provided another example of this, describing how the home had supported one resident to move into alternative accommodation in accordance with their wishes. This is a further example of the home is delivering on its intended aims and objectives by supporting residents in their personal growth and increased independence.

Two health professionals shared their experiences of the home and were extremely complimentary about the staff team, management and the overall ethos and ways of working. They expressed confidence that residents are well understood and supported by a skilled and capable staff team. Some of their comments included:

"The staff at Camelot appear to have a good understanding of the challenges their residents are facing with their mental health and provide a supportive environment to manage this."

"The staff are effective communicators, ensuring that they update care coordinators of any changes in their client's presentation, to ensure thorough overview of their mental health. The team appear motivated to provide high quality care, seeking support and advice from professionals when needed."

"The home is very transparent and very person centred, they focus on residents' wishes and they go out of their way to support them to take part in activities providing them with the same opportunities as people of their own age without a mental illness."

"The quality of support is brilliant; the staff promote the residents' lives and enhance how they live – the home always comes up with the goods."

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

The stability of the small, consistent team helps residents to receive support that recognises their unique identities, preferences, and what is meaningful to them. Two residents spoke about their relationships with the staff, highlighting how much they value the support they receive. Family members and health professionals also highlighted the staff team's caring and supportive approach, which they described as having a detailed understanding and knowledge of the residents.

The Registered Manager described 1:1 social outings as central to promoting emotional safety and stability and offer residents the opportunity to talk freely if they wish. These vary appropriately between residents and include activities such as visiting places linked to childhood memories, going to the gym, going for drives, and socialising in a pub. Group social outings are also arranged for residents, and include breakfasts and evening pub meals, which are paid for by the provider organisation.

Residents are involved in decision-making within the home, not only in terms of their own health and lifestyle but also in wider decisions that may affect them. For example, one resident took part in the interview panel for new staff members, with their views fully considered as part of the recruitment process.

Staff promote health and well-being, which includes supporting residents to attend health appointments. Health promotion advice is arranged, such as smoking cessation support visits to provide advice and guidance. The team recognise the importance of nutrition, sleep, exercise and outdoor engagement, and freshly prepared, nutritious meals are provided. Residents are encouraged to engage in hobbies, leisure interests and activities that help them develop skills, relationships and confidence and to maintain contact with family and friends.

Samples of care plans were noted to be comprehensive, person-centred and confirmed that residents are fully involved in developing risk assessments and care plans that support and reflect their individual needs and wishes. Daily records are detailed, showing how residents are supported, their well-being, and their participation in everyday activities.

Some residents provided a broader overview of their life in the home, and others shared more limited reflections. Overall, those residents spoken with said that they enjoy living in the home and had no concerns. One resident's records included a comment describing it as "*the best environment lived in*", and another health professional told the Regulation Officer that a resident described to them that they are really happy living in the home, particularly enjoying access to the lovely garden.

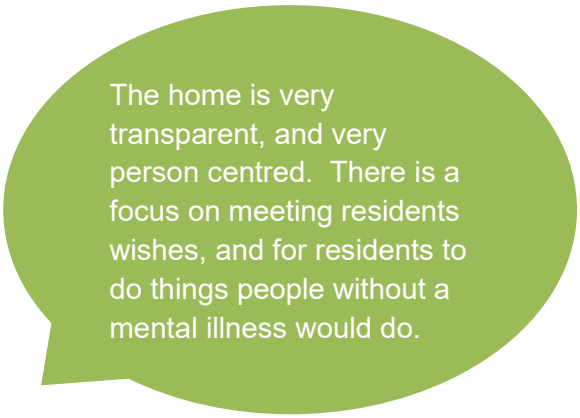
Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

The home benefits from a stable and experienced leadership and management team, with both the Registered and Deputy Manager having worked in the home and wider mental health services for some years. The conduct of the whole staff team was reflected in the very positive feedback received from residents, their families and external health professionals. One family member reported feeling confident in approaching the staff team with any concerns and assured that issues would be taken seriously and addressed.

During the inspection, residents were observed speaking and interacting with staff in a relaxed and friendly manner, engaging in natural conversation and banter, demonstrating that the home is built on strong, professional and therapeutic relationships. Families, residents and health professionals consistently commented on the respectful and person-centred ethos within the home. One of the home's strengths is that staff spend meaningful time with residents outside of the home, reinforcing a culture of support and positive, healthy engagement.

Two health professionals said:



Different care home standards are reviewed each month as part of the home's governance reports, and audits are completed to assess the quality of the home. The Registered Manager shared the outcome of an external medication audit carried out in March 2025, which resulted in minor suggestions for improvement. The last few monthly reports have shown that effective auditing systems are in place to support the ongoing management of the home.

The standards relating to supervision and appraisals are met, as confirmed by the records. Where applicable, staff progress is recorded during their probationary period.

Residents' meetings are held, with one of the resident's taking minutes which are displayed in the hallway for everyone to read. The meetings cover a range of points, including the day to day running of the home, food choices, and general household matters, showing that residents have a voice and are actively involved in decisions that affect them.

There is currently one bedroom available, and the Registered Manager emphasised the importance of carrying out a thorough assessment for any prospective new resident. This is not only to meet the standards, but also to ensure that, given the small size of the home, potential compatibility and maintaining the existing resident group dynamic is considered.

One resident described their own experience of moving into the home, explaining that they were fully involved in the entire process. They described being able to make an informed choice and move in at a pace that they felt comfortable with, which helped them adjust smoothly to their new home. They said that visiting the home on many occasions helped them build the confidence they needed to move in.

The home is registered to provide personal support to individuals under the mental health category of care. Following a review of the Statement of Purpose, observations made during the inspection and feedback from residents, families and external health professionals, the Regulation Officer concluded that the home is delivering its aims, objectives, and intended outcomes. One of the home's strengths is the belief in residents' capabilities and emphasises choice, autonomy and strength, which reflects the principles expected within this category of care.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 **Ref:** Standard 6 Appendix 9 Regulation 14 **To be completed:** by 19/02/2026	The provider must ensure that staff who administer medications are assessed as competent on at least an annual basis.
	Response by the Registered Provider: Steps in place for biannual assessment of medication competency. The form we are now using is attached.

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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