INSPECTION REPORT

Camelot

Care Home Service

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

Inspection Dates
22 July and 6 August 2026

Date Published
20 August 2026

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
Type of regulated activity	Care Home
Mandatory Conditions of Registration	
Category of care	Mental health
Maximum number of care receivers	Eight
Age range of care receivers	18 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-4, 6, 8, the relax room and Flat (room 5) 1 person
Discretionary Conditions of Registration	
None	
Additional information	
None	

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

This inspection was announced and notice of the inspection visit was given to the Registered Manager and Deputy Manager two days prior to the inspection visit. This was to ensure that a member of the management team would be available to facilitate the inspection. Additionally, the Regulation Officer wanted residents to have advance notice of the visit, recognising the small home setting, and wanting to minimise disruption to residents.

The Registered Manager was unavoidably unavailable for the inspection. However, the Regulation Officer was able to undertake the inspection with an experienced Deputy Manager who was able to provide the required information and support the inspection process. A separate face to face meeting was subsequently held with the Registered Manager on 6 August 2026 to discuss the inspection and relevant findings.

The staff and management team refer to people receiving care and support as residents. For consistency and ease of understanding throughout this report, the 'resident' will be used when referring to individuals living in the home.

Inspection information	Detail
Dates and times of this inspection	22 July 2026 09:00 – 16:30
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	7
Date of previous inspection	19 November 2025
Areas for improvement noted at the last inspection	One
Link to the previous inspection report	RPT_CRH_Inspection_20251119.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, as well as these specific 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, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. Evidence was provided to demonstrate that staff had completed an annual medication competency assessment, with arrangements in place to ensure that competency assessments continue to be undertaken.

4.2 Observations and overall findings from this inspection

All members of the support worker team administer medication. Staff who do not already hold a Regulated Quality Framework (RQF) Level 3 Medication Management qualification are supported to complete this, and six-monthly competency assessments are undertaken to provide ongoing assurance that medication is administered safely and in line with best practice.

Medication practices were generally in line with standards, with appropriate monitoring arrangements in place for residents who require specialist oversight. Medication management was further supported through the introduction of ‘when required’ (PRN) protocols and an annual audit completed by an external pharmacist.

Residents sign a written agreement when they move into the home, setting out expectations and responsibilities associated with communal living. The home is updating these agreements to include information about the costs of care and accommodation, promoting transparency and helping residents understand the support they receive.

Some residents choose to take part in everyday tasks within the home, such as gardening and light cleaning. Participation is voluntary and supports independence, responsibility, and a sense of purpose. Residents may receive vouchers in recognition of their contribution and involvement.

Residents were supported to maintain their independence and pursue their own interests, with opportunities for social activities and outings available for those who wished to participate. Staff promoted wellbeing and inclusion while respecting individual choice and preferences.

An initial assessment is completed before a placement is offered. Where appropriate, individuals are gradually introduced to the home through visits, shared meals, and overnight stays, helping them determine whether the home is the right fit. Family members and those important to the individual are involved in the process in line with the person's wishes.

Monthly team meetings are held to discuss residents’ needs and share updates on operational matters, policies, and service developments, helping to ensure consistent and informed practice across the staff team.

Feedback from residents is gathered through daily interactions, monthly residents’ meetings, and management reports. Feedback is used to inform improvements where appropriate, and staff are also encouraged to share their views through regular team meetings to support service development and continuous improvement.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation 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, the Statement of Purpose, and notification of incidents.

The Regulation Officer gathered feedback from four residents and five of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was requested from three professionals external to the service, however, there was no responses.

As part of the inspection process, documents including policies, care records, monthly quality assurance reports, and duty rotas were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Deputy Manager and followed this with initial written feedback by email on 23 July 2026. Final feedback was provided on 6 August 2026 following a meeting between the Registered Manager and the Regulation Officer after the Registered Manager's return from annual leave. This meeting provided an opportunity to discuss the inspection findings, review the evidence gathered, and consider any additional information before the inspection process was concluded.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced.

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

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Staff who administer medications must be assessed as competent on at least an annual basis.	Completed competency records for members of staff who administer medications. Competency templates.
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Health and safety records Fire safety procedure records Annual medication audit report Duty rotas Feedback from residents and their families Feedback from staff members Medication administration records (MAR)
Is the service effective and responsive	Statement of purpose Care plans Risk assessments Training records Induction records Resident and staff feedback
Is the service caring	Supervision records Feedback Environmental observations Activities timetable Observations of care Feedback from family members
Is the service well-led	Monthly governance reports Discussion with Deputy Manager and Registered Manager Supervision records Feedback from residents

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

New staff joining the home complete a structured induction programme within their six-month probationary period. During the early stages of the induction, staff undertake shadow shifts and work alongside experienced colleagues until they feel confident in their role and have a clear understanding of the home's processes and procedures. As the role can involve lone working, the home requires care staff to hold a Level 2 Adult Care qualification as a prerequisite for employment, demonstrating previous experience and skills in supporting adults in a care setting. Staff competence is further assessed through a competency framework, which forms a key part of the induction process and helps ensure employees can carry out their responsibilities safely and effectively.

The Regulation Officer reviewed the recruitment records of the most recently recruited staff members and found that a structured recruitment process was in place. Recruitment is undertaken by the provider organisation's Human Resources (HR) and Finance Manager, with oversight of the shortlisting and interview process provided by the Registered Manager. Records evidenced completed application forms, employment references, Disclosure and Barring Service (DBS) checks, interview notes, and job descriptions that clearly outlined the duties and responsibilities of each role. The Regulation Officer was satisfied that appropriate pre-employment checks were completed before support workers commenced employment.

During the inspection, it was identified that the organisation's reference request form did not capture all of the minimum information required under the Care and Support Services with Accommodation Standards. This was discussed with the management team and the HR Manager, who acknowledged the issue and advised that the reference request process and documentation would be revised to ensure all required information is requested in future.

All members of the support worker team are responsible for administering medication. Staff who do not already hold the RQF Level 3 Medication Management qualification are supported to complete this as part of their role, helping to ensure they have the knowledge and skills required to manage and administer medication safely. Additionally, six-monthly medication competency assessments have been incorporated into the medication management processes to provide ongoing assurance that staff maintain the competence required to administer medication safely and effectively.

Medication practices were generally found to be in line with medication management standards. Some residents are prescribed medication that requires additional health monitoring, which is provided by an external specialist service. Residents are supported by staff to attend monitoring appointments and access any follow-up care required. The management team have also recently introduced PRN medication protocols to further strengthen the guidance available to staff when administering medicines prescribed on a ‘when required’ basis, helping to promote safe and consistent practice. In addition, the home commissions an annual medication audit undertaken by an external pharmacist, providing independent oversight and supporting continuous improvement in medication management practices.

Some commonly used over-the-counter medicines have been reviewed and, where appropriate, arrangements have been made for these medicines to be prescribed for residents who require them on an ongoing basis, ensuring clearer prescribing oversight and safer medication management.

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 home provides supported accommodation for adults with enduring mental illness. It is a specialist residential service that delivers personalised, recovery-focused support, enabling residents to lead meaningful lives and maximise opportunities to achieve greater independence beyond the impact of their illness. The home's Statement of Purpose outlines the range of care needs supported, referral arrangements, staffing and training requirements, and the opportunities provided to residents.

The home demonstrated that staff were up to date with mandatory training requirements. The Level 2 Adult Care qualification is an essential requirement for newly recruited care staff, ensuring they have the fundamental knowledge and skills required for their role. In addition, the home sources specialist training from local providers to support the development of staff knowledge and competence in mental health care, which aligns with the category of care for which the home is registered.

Residents sign a written agreement when they move into the home, which includes a code of conduct and sets out the expectations and responsibilities associated with living in the home. The home is in the process of updating these agreements to include details of the fees associated with the provision of care and accommodation. While residents do not pay these costs directly, as funding is provided through their long-term benefit fund, including this information promotes transparency and helps residents understand the value and cost of the support they receive.

Some residents choose to take part in everyday tasks that support the running of the home, such as gardening and light cleaning. These opportunities can provide residents with a sense of purpose, achievement and contribution to their living environment. Participation is entirely voluntary, and residents who complete agreed tasks may receive vouchers in recognition of their involvement and efforts. This approach promotes independence, responsibility and meaningful engagement while respecting residents' individual preferences and abilities.

Communication within the home was observed to be open and inclusive. Residents were able to communicate their wishes, preferences, and day-to-day needs, and staff demonstrated a good understanding of individual communication styles. Relatives and those important to residents are encouraged to be involved in care planning and reviews, where appropriate and in accordance with the resident's wishes. This helps to ensure that care and support remain person-centred, and that residents have access to advocacy and support from those who know them well when making decisions about their lives and future goals.

Is the service caring?

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

The residents are largely independent and maintain a variety of personal interests and routines that support their wellbeing and daily lives. Staff promote and encourage independence while providing support where needed to help prevent social isolation. A range of communal activities is available for residents who wish to participate, including monthly meals out, visits to local heritage sites and trips to the beach. Residents spoke positively about these opportunities, with the recent day trip to France being particularly well received. The home provides a good balance between promoting individual independence and offering opportunities for social engagement. Information about upcoming activities and events is displayed on a noticeboard in the communal hallway, enabling residents to make informed choices about participation.

Mealtimes are planned collaboratively, with the seven residents taking turns to choose the daily menu. Staff prepare and cook meals for everyone, and residents are invited to take part in the process if they wish. There is no expectation for residents to be involved in meal preparation, although some enjoy participating. Meals are typically served in the communal kitchen, where residents and staff eat together, creating opportunities for social interaction and a sense of community. This approach supports resident choice and involvement while promoting social wellbeing.

A monthly residents' meeting is held and chaired by one of the residents, encouraging active participation. The meetings provide an opportunity for residents to discuss what is working well, raise any concerns or issues relating to the home environment, contribute to meal planning, and plan activities and future outings. The Deputy Manager and residents reported that these meetings are well attended and provide a valuable forum for residents to express their views and influence aspects of daily life within the home.

Once a referral has been received, it is reviewed by the Registered Manager or Deputy Manager to determine whether the home is able to meet the individual's needs. Referrals are expected to be accompanied by relevant risk assessments, which are considered as part of the decision-making process when assessing the suitability of a placement.

An initial assessment is completed and, where a positive decision is made, the introduction to the home is undertaken gradually and at a pace that is comfortable for the individual. Prospective residents are invited to visit the home, share a meal with existing residents, and, where appropriate, progress to overnight stays. This approach helps ensure the individual feels comfortable within the environment and supports both the individual and existing residents to determine whether the placement is a suitable fit. Family members and those important to the individual are encouraged to be involved in the process where appropriate and in accordance with the individual's wishes.

Care plans and daily records are maintained on an electronic care management system. Records reviewed were up to date, person-centred, and reflected each resident's individual needs, preferences, goals, and support requirements. Each care plan included a personal profile or 'pen picture', providing staff with a clear understanding of the resident as an individual and supporting the delivery of personalised care and support.

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.

Policies tailored to the specific needs of the home are available to all staff and provide clear guidance on delivering safe, consistent, and person-centred care. Staff are signposted to new and updated policies to ensure they remain aware of current expectations and best practice. Policies are reviewed and updated regularly to reflect changes in legislation, standards, and service delivery requirements. This helps support staff in carrying out their roles effectively and promotes a consistent approach to care across the home.

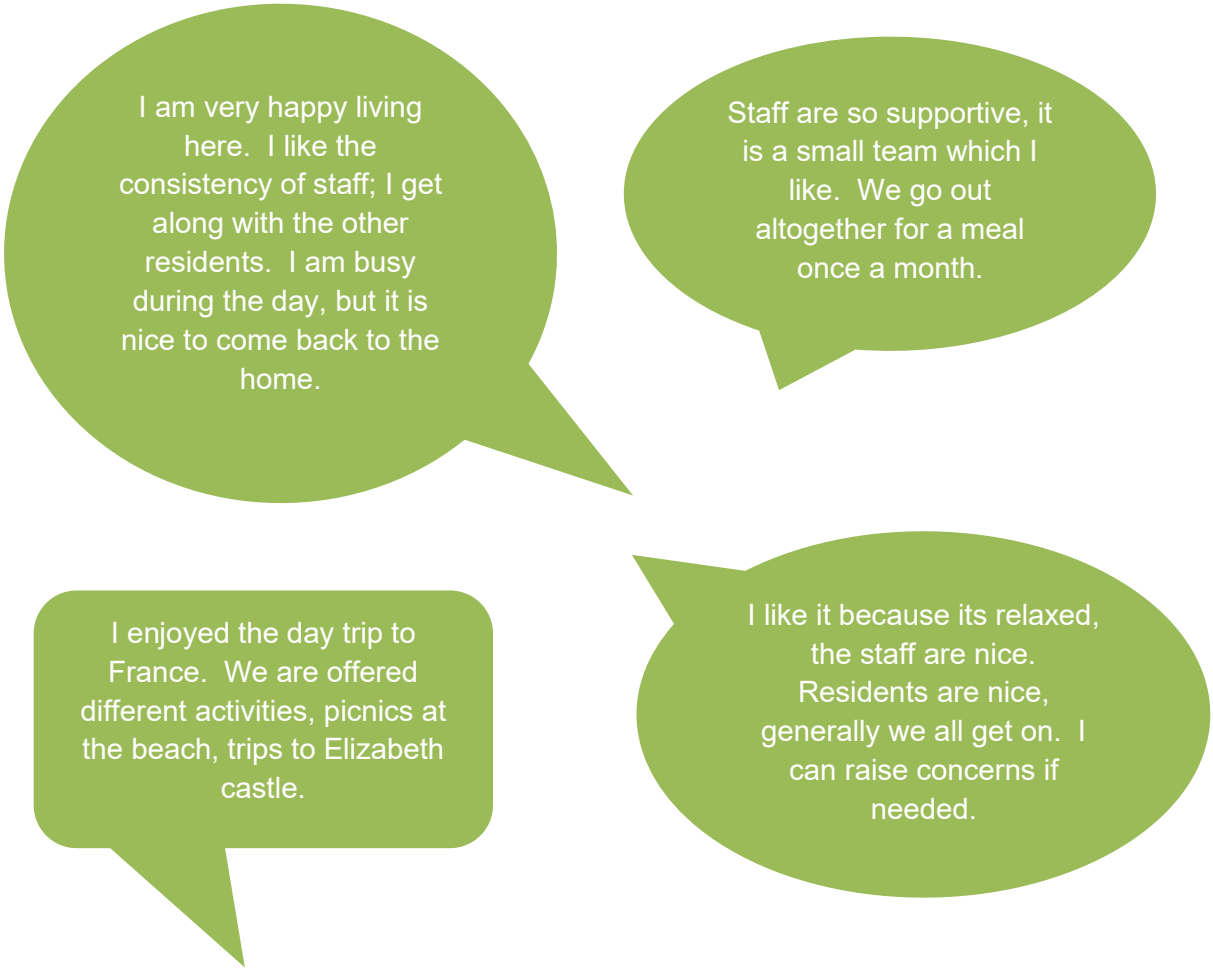
The management team hold monthly team meetings where resident profiles, support needs, and any changes in circumstances are discussed to ensure staff have up-to-date information and can provide consistent, person-centred support. These meetings also provide an opportunity to communicate changes to policies, procedures, and operational practices, as well as share learning, service developments, and new initiatives to support the effective running of the home.

Health and safety tests and checks were evidenced as being completed as required. This includes weekly fire alarm testing and regular checks of fire safety equipment and systems. Announced fire drills are undertaken alongside the weekly fire alarm tests to ensure residents remain familiar with evacuation procedures. During the inspection, it was recommended that the home also complete periodic unannounced fire drills to test residents' responses in normal day-to-day circumstances. In addition, a three-monthly walk-through of the actions required in the event of a fire is undertaken with residents and staff, helping to reinforce understanding of fire safety procedures and individual responsibilities during an emergency.

Feedback from residents is captured within the monthly management reports and is gathered through day-to-day interactions, regular discussions with staff, and the monthly residents' meetings. Residents are encouraged to share their views on all aspects of life within the home, including activities, meals, the environment, and the support they receive. The staff team consider all feedback received and, where practical and appropriate, make changes or adjustments in response to residents' suggestions and preferences. Staff are also provided with opportunities to share their views through monthly team meetings, where feedback is encouraged and used to inform service development and continuous improvement.

Some audit activity was evident within the home, including reviews of care records and operational practices. However, these reviews were not always formally recorded. The home is recommended to formally document audit activity and maintain a structured programme of audits, with findings analysed and reviewed to identify trends and opportunities for improvement. This would strengthen governance arrangements and provide clearer evidence of quality assurance and continuous improvement.

What care receivers said:



What relatives said:

The service is five stars, excellent. The residents are looked after so well by the team.

I can only say good things about the service, my Xxx is very happy there, it works for Xxx.

I can honestly say that Xxx has come on leaps and bounds since living at Camelot.

The place feels homely, environment makes a difference to people's mental health, it has made a difference to Xxx.

The service is very good. We as Xxx's relatives are really pleased with what Camelot are doing, we can't fault the care that is provided.

Xxx is excellent at letting me know what is happening.

The staff are so wonderful with Xxx.

I haven't got the slightest worry about Xxx and where Xxx lives.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore; 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.

Jersey Care Commission

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