



**Jersey Care
Commission**

INSPECTION REPORT

Autism Jersey

Home Care Service

Century Buildings

Patriotic Place

St Helier

JE2 3AF

27 August, 3 and 7 September 2021

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 Autism Jersey. The service's offices are situated in central St Helier. The service became registered with the Commission on 5 May 2020. The aim of this service is "enabling people on the autism spectrum to achieve their potential by advocating for an inclusive community and providing personalised services to the individual, families and carers."

Regulated Activity	Home care service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: Personal care, personal support Category of care: Autism; learning disability</p> <p>Maximum number of personal care or personal support hours to be provided per week: up to 2,250 hours</p> <p>Age range of care receivers: 4 to 18 (children); 18 and above (Adults)</p> <p><u>Discretionary</u></p> <p>As the Registered Manager, Lionel Gomes must either provide formal confirmation from an appropriate educational source that their academic qualifications have equivalence to QCF Level 5 Diploma in Leadership in Health and Social Care Module or obtain this specific qualification by 6 May 2023.</p>
Dates and times of Inspection	27 August 2021 – 9 am – 11.45am 3 September 2021 – 2pm – 4.30pm 7 September 2021 – 10am – 12 noon

Type of Inspection	Announced
Number of areas for improvement	Four
Number of care receivers using the service on the day of the inspection	35

The Home Care Service is operated by Autism Jersey and the Registered Manager is Lionel Gomes.

The discretionary condition on the service's registration was discussed with the Registered Manager who confirmed that this will be achieved by the specified date.

An updated copy of the Statement of Purpose was submitted during the inspection and this reflects the services registered.

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.

There has been some advance to the monthly reporting arrangements, but this remains an area for improvement as it currently does not support the organisation to demonstrate compliance with Standards for home care.

The service follows good recruitment practices. Staff are offered regular supervision and feel well supported by line management and by an on-call system. The recruitment of appropriate staff presents its challenges, but this is not specific to this service and is a current issue across the care sector. All staff receive both mandatory training and training specific to the needs of this group of care receivers. This is an area of good practice.

All staff reported that they shadow experienced staff and that care receivers are always introduced to new staff. Relatives confirmed that this was the case and that, in general, they feel that their loved ones are provided with a good service which meets the needs of the individual care receiver.

Relatives of care receivers reported that there was good communication with the staff team. Care plans are person-centred and demonstrated goals and plans for the care receiver. Staff reported being involved in de-briefs and significant changes in the care plan, with the care receiver being supported to attend meetings relevant to them. The move to a new system for care planning has created a deficit in that previous care plans are over-written and there is no evidence of reviews. This is an area for improvement.

There were some conflicting reports about the communication with other agencies, with some reporting good communication and others indicating that there could be

improvement. Overall, relatives reported good communication with the organisation and spoke highly of the care staff.

It is positive to note that staff are supported with a de-brief following an incident, with the aim of learning and preventing future issues. However, notifications have not always been made to the Commission where a care receiver has suffered harm or needed medical treatment, and this is an area for improvement.

INSPECTION PROCESS

This inspection was announced, with one day's notice, and was completed on 27 August, 3 and 7 September 2021.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Management of services**
- **The service will be reviewed regularly**

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

The Regulation Officer requested details of people who use the service and their relatives. The Regulation Officer contacted five relatives of care receivers by email or telephone and three provided feedback. Three professionals spoke directly with the Regulation Officer and six members of staff employed by the service also provided feedback by telephone or email.

During the inspection, records including policies, care records, incidents, staff files, quality monitoring reports and complaints were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and provider.

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

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

INSPECTION FINDINGS

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 insufficient progress has been made in this area. The current monthly reporting system does not evaluate the performance of the service against its Statement of Purpose and the Regulations and Standards. The system is not robust and does not demonstrate continuous improvement within the service. Following discussion with the Registered Manager and provider, this remains an area for improvement.

Staff recruitment, training and development

Reference was made to Standard 3 of the Home Care Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The service currently employs 70 care staff with 12 new staff recruited since the last inspection. The Registered Manager is supported by five team leaders/support co-ordinators.

Feedback from relatives was overall very positive about the staff, with one stating "*they really try hard*" and another stating that "*they are very good*". One relative gave an example of the flexibility of staff in changing the rota where this is needed for support and that they had provided additional care recently for a house move. However, two relatives both stated that a shortage of staff has an impact on the quality or consistency of care given, although they both acknowledged that this is an issue across the care sector currently.

A sample of staff files was reviewed which found that safe recruitment practices are in place as described in the Standards. This was evidenced by all necessary pre-employment documents to include enhanced criminal records checks, references and right to employment obtained before staff started work.

All staff complete an induction programme in the first two weeks of employment, which consists of a blend of meetings with line managers, working through a handbook which includes the policies and all mandatory training. The new member of staff is then signed off as competent by a team leader before being expected to be responsible for a care receiver. The number of shadowing sessions depends on the experience of the staff member and the complexity of needs of the care receiver. All staff confirmed that they had completed a period of shadowing a care receiver as part of their induction and one reported that this had enabled them to learn from more experienced staff.

Staff receive supervision on a quarterly basis. For staff who are working with the most complex care receivers, supervision is held on a bi-monthly basis. The

supervision template was reviewed and includes what's gone well, challenges, staff well-being, training, and discussion regarding the current team. All staff reported that they receive regular supervision, and that informal support is available when requested. One member of staff reported an "*open environment*" where they felt confident to raise issues and that they would be listened to.

Care staff reported that they feel well supported. One member of staff reported that "*they (Autism Jersey) are very good at offering more training should you need it.*" Their feedback also confirmed that there is a system to ensure that mandatory training in all areas is kept up to date.

Staff consulted were committed to providing a person-centred service. They were aware of when to escalate issues or concerns to their line manager.

The management team have three staff members who have a QCF Level 5 in Leadership in Health and Social Care (or equivalent), and two who are working towards this, including the Registered Manager. Of the team leaders and support workers, three have a Level 3 qualification in Health and Social Care and twelve have a Level 2. There is evidence that the organisation promotes development of staff, with three staff members working towards a Level 3 and eleven working towards a Level 2 qualification.

Care staff all reported that development opportunities are available and that they are encouraged to take relevant qualifications. There was evidence that qualifications and training are also offered to those staff who work on zero hours contracts.

All staff are trained in medicines management and competencies are signed off every six months. If there are any medication errors, a de-brief session is undertaken with the member of staff to highlight any areas for learning. The Regulation Officer reviewed the medications policy which included regular medications audits for those care receivers who have several medications.

Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Home Care Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

The Registered Manager confirmed that all current services are provided as a result of a referral from Government of Jersey Health and Community Services. While the service does accept private referrals, it will usually be suggested that an assessment is first completed by social care staff in order to ensure that the correct level of service is provided.

Once an assessment is completed, Autism Jersey is informed of the needs, number of hours required and goals and objectives for the care receiver. The assessment gives an outline of what is needed for the care receiver and Autism Jersey then works with the care receiver, parents/relatives, and other professionals to build a

more person-centred plan. Where a significant number of weekly hours of care are requested, this may require a specific recruitment drive. Autism Jersey works with the care receiver and the family to manage expectations in terms of when the support will be able to start. There are currently two adults and four children on a waiting list.

The Registered Manager described how one care receiver is involved in the interview process for their staff team and this enables them to explore if the candidate has the same interests as them. This is an example of good practice.

The Regulation Officer reviewed four care plans. There was evidence that each care plan is person-centred, and outcome focussed. For those care receivers whose needs are more complex, there are specific plans and evidence of positive behaviour support advice and guidance. The team co-ordinator for one care receiver had recently gained an internal promotion but there was evidence of a planned transition to introduce the care receiver to the new team co-ordinator.

Care planning has moved to a new “cloud based” system. The Registered Manager described how all staff working with the care receiver are involved in reviews of the care plan and the care receiver joins either for all or part of the meeting. One member of staff confirmed that they are involved where there are issues to be resolved. This is evidence of good practice.

Currently, it is not possible to see previous care plans as these are over-written once a plan is updated. Therefore, the Registered Manager was unable to demonstrate regular reviews and progress within care plans. While the Regulation Officer was satisfied with the content of the care plans, the inability to update and maintain all care plans is an area for improvement.

One member of staff described how a care receiver uses actions and symbols to choose activities. They reported that although the care receiver is non-verbal, the knowledge of the preferences and abilities of the care receiver ensures that the care is person-centred. The Regulation Officer reviewed a care plan where it was evident that the care receiver had been supported to gain more independence in their own home. In each care plan, details which make a difference to the quality of care given are easily accessible.

A social care professional stated that the service “*tries its best to have a consistent staff team and despite difficulties in recruitment, they try to find the right people.*” The professional stated that in their opinion, Autism Jersey “*do really well*” in managing the complexities of the service. They described a client group which are often both independent and have complex needs. In their opinion, the staff team have both the skills and resilience needed to work with this group of care receivers.

A professional reported that Autism Jersey have supported “*at least one young person to transition from specialist 1:1 support to group sessions with peers through proactive support with the individual.*” Feedback provided from another professional indicated that there had been some difficulties in setting up an activity club for children jointly with Autism Jersey, but this did not seem to be specific to the organisation of this service. There was evidence in this feedback of positive multi-

disciplinary work with agencies such as Education and Youth Service and services will work together once feedback has been received from parents/carers.

One professional stated that “*leadership (of Autism Jersey) needs to be communicating more with other organisations. Leadership needs to be visible and lead by example.*” The feedback from this professional indicated that communication and relationships with some agencies is an area for development.

Relatives were all positive about the care provided. They confirmed that staff are always introduced to their relative prior to working with them and that, as far as possible, there are consistent staff teams. One relative reported that “*the staff all seem very dedicated and some work very hard to understand (the relative) and their needs.*”

The Registered Manager described a situation where staff had been affected by a personal situation for a care receiver. The care receiver was supported to report a safeguarding concern and staff were provided with support due to the nature of the concern.

Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Home Care Standards which states: “Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs.”
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The service is registered to provide personal care and personal support to care receivers who have autism or a learning disability. The service provides support to both children and adults. Those staff who support children have the required criminal records checks and receive training appropriate to this age group.

All staff attend Autism Awareness/SPELL training and courses in Positive Behaviour Support. The Positive Behaviour Support training has been difficult to access during the period of the pandemic, but the service has been creative in providing parts of this course online and practising skills within each staff group. The Registered Manager is currently working towards a Level 5 qualification in Positive Behaviour Support which will enable Autism Jersey to provide their own internal courses. This is a positive development for this organisation.

Where there are positive behaviour support plans in place, the level of intervention agreed is specific to each care receiver. If intervention is needed as a result of challenging behaviours, there is evidence of a staff debrief and, where possible, learning is taken from the incident.

Care staff told the Regulation Officer that they were aware of the limitations associated with their role and would seek support from their line manager or on call service when necessary. All staff are introduced to and shadow experienced staff before taking on responsibility for the provision of care.

Where possible, care receivers are supported to manage their own medication. If medication support is needed, all staff have been trained in medications management. Where “as and when” (PRN) medication is prescribed, there is a plan on file with specific indicators given by the GP to highlight when this can be given. There is a policy in place to ensure that whenever this medication is administered, the on-call senior staff are informed. The Registered Manager stated that competencies for administering medication are reviewed every six months.

One member of care staff gave an example that their skills as a chef had been used in a positive way to support a care receiver who wanted to improve the type and variety of recipes that they are able to cook themselves.

A member of staff and a relative described how care receivers were supported to find and remain in work or work schemes. The preferences and support needed for each care receiver were considered.

Management of services

Reference was made to Standard 8 of the Home Care Standards which states: “The home care service will be well managed.”
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The Registered Manager reported that the provision of adult services has increased in the last year. In order to develop this service and maintain quality of care, a new Service Manager role has been created and it is expected that this will be filled through the internal development of staff. The management structure reflects the size of the home care service and the complexity of care provided. The Registered Manager reported that all care plans and risk assessments are counter-signed by a second member of staff. Staff reported that they understood the limits of their role and the process for seeking support from a senior member of staff or the on-call service.

There is evidence of good collaborative working with health and social care staff and with the Positive Behaviour Support team. By building positive relationships with this team, the Registered Manager has been offered a place on the Level 5 Positive Behaviour Support course which will support care receivers with a more immediate response rather than awaiting input from a team outside of the service.

Autism Jersey attends meetings with the management team of the Child Development Centre and participates in the parent/carers’ forum. There was evidence of good multi-disciplinary working with a variety of healthcare agencies such as the Speech and Language Service, Occupational Therapy and the Learning Disability Team. Autism Jersey has Service Level Agreements in place to access all necessary services for the support of care receivers.

In July 2021, a referral was made to the adult safeguarding team following an incident at the home of a care receiver. This incident should also have been notified to the Commission. At the time of this incident, the Registered Manager was away from the office and there was no process in place for other members of the management team to ensure that notifications are made. Additionally, it was

identified that a notification regarding a Significant Restriction on Liberty (SRoL) authorisation had not been made to the Commission. The Registered Manager recognised that a process needs to be put in place to ensure notifications are appropriately made to the Commission and this is an area for improvement.

The Registered Manager stressed the importance of managing public expectations of the service. In order to ensure that the right staff, with the right values and training are in place when a new care receiver package is accepted, there is a small waiting list. Currently this stands at three children and two adults. Advertisements are then placed for staff when the requirements of each care receiver are known.

The service has a central office in St Helier, with space for training and meeting rooms. Staff records are securely stored, and emails are appropriately password protected when sent outside of the organisation.

During the period of the pandemic, guidance was sought from the Infection Prevention and Control team regarding the measures to be put in place to protect both staff and care receivers. For each care receiver there is a risk assessment, and the Registered Manager had a contingency plan based on the level of need of each care receiver and of how this would be managed if staffing levels were compromised.

One member of the Board is the representative for safeguarding issues. This Board member has received appropriate training and receives relevant information where there are safeguarding concerns. This ensures that the Board is aware of incidents, but that full disclosure is not given to all Board members.

The Registered Manager accepted that the complaints policy needs to be updated and to be more accessible. Currently, the policy states that complaints need to be made “in writing” and “within three months” of any incident. Given the client group, this needs to be more flexible and there should be Easy Read versions of the complaints policy, to include an escalation to the Commission, which is available to care receivers and relatives both in paper version and on the service website. This is an area for improvement.

The service will be reviewed regularly

Reference was made to Standard 9 of the Home Care Standards which states: “The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others.”
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It is positive to note that there are systems in place to monitor training, recruitment, and quality of care across the service. A sample of the monthly quality reports was examined. There has been some improvement in this area. However, these do not yet set out an evaluation of the performance of the service against its Statement of Purpose and the Regulations and Standards. This would enable continuous improvement within the service to be evidenced.

There are procedures in place to identify and review adverse incidents. The culture in this organisation is of learning and identifying ways to prevent a repeat incident. The Regulation Officer reviewed staff files where discussions regarding incidents were recorded and supported the member of staff to identify what could have been done differently and any areas of training arising from an incident. This is an area of good practice.

The Registered Manager reported that there are independent processes in place to obtain feedback from care receivers and relatives and this was an example of good practice.

A social care professional reported that the Registered Manager is open to feedback and is reflective when issues are raised. This creates a positive working environment and is for the benefit of care receivers. However, a professional from a different agency, reported some difficulties in the communication between themselves and Autism Jersey. It was suggested that further discussion between these two agencies may be helpful in improving communication.

IMPROVEMENT PLAN

There were four areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 9</p> <p>To be completed by: Immediate</p>	<p>The provider must improve the current arrangements to report monthly on the quality of care provided</p> <hr/> <p>Response by registered provider:</p> <p>The Senior Management Team will now complete the whole reporting form on a monthly basis. This will also include reviewing a specific Standard each month. First meeting is planned for Monday 8th November 2021 to review October activity.</p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 21</p> <p>To be completed by: Immediate</p>	<p>To put in place suitable measures to ensure that notifications of accidents, incidents and other significant events are reported to the Commission in a timely manner and in accordance with the Regulations and Standards.</p> <hr/> <p>Response by registered provider:</p> <p>Procedures are now in place to ensure that the Operational Management Team are aware of necessary notifications are that these are submitted in the absence of the Registered Manager</p>
<p>Area for Improvement 3</p> <p>Ref: Regulation 9 Standard 2.3</p> <p>To be completed by: 1 November 2021</p>	<p>To improve the care planning online system to be able to evidence that there are regular reviews.</p> <hr/> <p>Response by registered provider:</p> <p>Where available, historic care plans have been manually restored to evidence that reviews have taken place and this will continue to be done manually. It is recognised that evidence of changes are useful as a reflective tool when reviewing progress. The Senior Management Team & Operational Management Team are looking to upgrade the current IT data system to capture these changes automatically.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 7.2</p> <p>To be completed by: 1 November 2021</p>	<p>To improve the complaints policy to ensure that it is available to all care receivers and their relatives in a format appropriate to them. The means of raising issues and complaints will be easily available and accessible.</p>
	<p>Response by registered provider:</p> <p>Due for review in Senior Management Team meeting on 10th November 2021</p>

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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