



**Jersey Care
Commission**

INSPECTION REPORT

Autism Jersey

Home Care Service

**Century Buildings
Patriotic Place
St Helier
JE2 3AF**

20 May and 14 June 2022

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. This is the second inspection since the service became registered on 5 May 2020.

| | |
|----------------------------|--|
| Regulated Activity | Home care service |
| Conditions of Registration | <p><u>Mandatory</u></p> <p>Type of care: personal care, personal support</p> <p>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: 4-18 (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 (RQF) 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 | 20 May 2022 – 1.30pm – 4.00pm |
| Type of Inspection | Announced |
| Number of areas for improvement | Three |
| Number of care receivers using the service on the day of the inspection | 30 |

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 and, although the Registered Manager is currently prioritising a Positive Behaviour Support qualification, they were aware of the importance of completing the Level 5 Leadership Diploma within the required timescale.

Since the last inspection in August/September 2021, the Commission has not received any requests to vary conditions on registration.

At the time of the inspection, Autism Jersey provided a service to 30 care receivers.

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.

Overall, the Regulation Officer found this service to provide positive support to care receivers and that care plans promoted the wishes, preferences, and independence of care receivers as far as practicable. Feedback from staff members indicated that staff felt valued and that they were supported to develop.

There was evidence of safe recruitment practices. This included a staff handbook and a period of induction with regular supervision and training. There are currently

several staff vacancies, but the Registered Manager had taken the pragmatic decision not to take on any further care package requests to ensure that the service can meet the needs of current care receivers.

The process for monthly quality reports did not provide robust information for the Registered Manager to assure themselves that the service was meeting the Standards. This is an area for improvement.

The service is currently updating the care planning system which will enable better access to all staff and demonstrate that reviews take place on a regular basis. Discussions with staff demonstrate that care plans consider the wishes and preferences of the care receiver and aim to improve the quality of life, including promoting skills for independence.

There was evidence of good multi-disciplinary practice. The provision of de-briefs following incidents and the commissioning of a psychologist to provide reflective practice for some teams is an area of good practice.

While staff felt that good training and development opportunities were provided, the current training record was unable to demonstrate that mandatory training is updated regularly. Areas such as First Aid and Manual Handling are still provided online, and the provider was advised that these must be provided face-to-face. A UK based online module in capacity law is provided, and the provider was advised that this should be provided based on Jersey Law.

Some members of staff have not undertaken training in autism. There had been some difficulty in accessing this training during the period of the pandemic. As an organisation specifically focussed on the needs of care receivers with autism, the provider must ensure that training in this area is available to new staff members. Training is an area for improvement.

Policies were in place but required updating. In particular, the complaints policy which was the subject of an area of improvement at the time of the last inspection, needs to be updated. This is an area for improvement.

INSPECTION PROCESS

This inspection was announced to ensure the presence of the Registered Manager. The initial visit was completed on 20 May 2022, with a further visit on 14 June 2022 to meet with the Human Resources Manager.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

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

The Regulation Officer provided an email to be sent to all staff for feedback. Twelve staff members responded, with feedback being provided mostly by telephone. The Regulation Officer met with four members of staff.

The Regulation Officer sought the views of the people who use the service, providing an introduction in writing and support from staff members where necessary. They observed two support sessions where care receivers are non-verbal and met with two care receivers to gain feedback. Additionally, the Regulation Officer spoke by telephone with three relatives and met with one other relative.

The views of two professionals were also obtained as part of the inspection process.

During the inspection, records including policies, care records, incidents and complaints were examined.

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

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and Registered 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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, four areas for improvement were identified and an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection. Progress had been made in the area of care planning. A new care planning system was being installed and rolled out through the service which would enable care planning reviews to be easily accessed. Procedures were now in place to ensure that notifications of incidents were appropriately made to the Commission.

It was concerning to note that insufficient progress had been made to address two of the areas for improvement. This meant that the Registered Provider had not met the Standards in relation to monthly quality reports or the complaints policy and did not have a plan in place to resolve this.

The service is currently commissioned to provide a total of 3,821 hours of support each month to care receivers. The service is divided into three areas, all separately managed: Children's Short Break Services, Complex Adult Services, and Adult Supported Living and Short breaks. There are 32 permanent members of staff employed, with a further 35 members of staff on a zero-hour contract.

The Registered Manager reported that there had been challenges since the last inspection including the recruitment of staff and increased costs. This had led to a review of the commissioning process and staff salaries. Since December 2021, the

Registered Manager has not taken on any new packages of care and does not intend to expand the service until some of the staff challenges can be resolved.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

There is a clear management structure in place. The service is divided into three divisions: Children's Short Break Services, Complex Adult Services, and Adult Supported Living and Short breaks. Each care receiver has care support workers who report to a team leader. Team leaders report to one of the service managers for the three divisions.

All staff are given a handbook during the period of their induction, and this includes policies for lone working, receipt of gifts and safeguarding. Additionally, there is useful information about appropriate personal contact with care receivers which can be a difficult area to navigate for new staff. This helps to keep both staff and care receivers safe and was an area of good practice.

There is no specific transport policy but if a staff member is expected to use their own car as part of the care plan for a care receiver, a copy of the staff member's driving licence and insurance to include for business use is kept on file. A risk assessment for this activity is included on the care receiver's file.

In general, there were appropriate policies in place for this organisation. The Safeguarding policy includes links for making a safeguarding referral and highlights possible themes to identify abuse. There have been recent changes to the process for safeguarding referrals to include Making Safeguarding Personal, and the policy needs to be updated.

The Registered Manager intends to review all policies, but this has been delayed due to the period of the pandemic. The Regulation Officer received an assurance

that policies would all be reviewed in the first quarter of 2023. This is an area for improvement.

The Regulation Officer reviewed staff records for a selection of new staff who had started since the last inspection. Five records were reviewed. It was evident that safe recruitment checks were completed before the staff member was introduced to care receivers. The HR Manager agreed that where concerns are raised through criminal records checks, that risk assessments should be completed and placed on file.

All staff have a six-month probation period with monthly supervision sessions during that time. Following completion of the probation period, a review is undertaken, and any areas of development identified, before a permanent contract is confirmed.

The staff handbook sets out the procedure if staff are not performing as expected to meet the needs of care receivers. This ensures that staff are aware of the disciplinary process. There was evidence that performance improvement plans had been put in place where necessary and that staff had been given support and training to improve performance before any further action was taken.

There are currently 13 vacancies, but to ensure that the service can meet the needs of care receivers, a decision has been taken not to accept any further referrals. This was a sensible approach which ensures that the service and staff is not put under further pressure.

Autism Jersey is registered with the Office of the Information Commissioner and the GDPR Officer understood their responsibilities for data protection.

At the time of the last inspection in 2021, the provider was required to improve the monthly quality report process. It was disappointing to note that sufficient improvements in this area had not been made. This remains an area for improvement.

Care and support

| |
|---|
| <p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p> |
|---|

The inspection in 2021 highlighted that the complaints policy should be improved “to ensure 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 accessible and available.” A response was received from the Provider that this policy was due to be reviewed at a senior management meeting on 10 November 2021. It is, therefore, disappointing to note that there has been no change in this policy. This remains an area for improvement.

It should be noted that two care receivers who gave feedback were able to demonstrate that they knew how to make a complaint and that one had used this process to raise a concern. The Registered Manager was aware of this and had discussed a plan to resolve the issue with the care receiver.

A survey has been developed to gain feedback from care receivers using both a scoring and visual system. This has not yet been sent out, but the regular request for feedback from care receivers, relatives and staff would be an area of good practice.

This service is in the process of updating the care planning system. Currently team leaders and service managers are being trained in the use of this system. The new system will enable better access for all staff members who will be able to access care plans through mobile phones. Tasks which need to be undertaken will be highlighted on the mobile phones and staff can confirm that they have completed the task, for example medication or a specific activity.

Following referral, a senior member of staff undertakes an internal assessment which includes meeting the care receiver and, where appropriate, family members. The service will also request assessments from multi-agency departments such as school to ensure that as much information is gathered to inform the package of care.

The assessment indicates the training needed for staff and hours of care to be provided. If there are more specific needs relating to complex behaviour, an experienced staff team is allocated. For contracts over 15 hours per week a service level agreement is in place. This provided evidence of collaborative working with care receivers and professionals/agencies.

The service has commissioned a psychologist to provide reflective practice sessions with teams who manage care packages with care receivers with complex behaviour needs. This was an area of good practice.

The Regulation Officer observed support being given and this provided evidence that the wishes and preferences of care receivers are promoted by support workers. It was also evident that support workers aimed to improve outcomes and variety of activities for care receivers. The Regulation Officer observed positive and respectful relationships between care receivers and support workers. This was an area of good practice.

Overall, feedback from care receivers and relatives was positive. One family member raised concerns that their adult relative did not always undertake planned activities. This was discussed with a team leader, who proactively suggested a meeting with the family to promote the understanding that an adult can make decisions about their own care plans and activities.

One care receiver expressed concerns that the care provided did not meet their needs. This was stated in the context of specific requests for activities and personality of the support staff. It was evident that the Registered Manager had a good understanding of the needs of this care receiver and sought to involve them in the recruitment of their staff team. Unfortunately, due to the current shortage of staff across the care sector, and the specific requirements of this care receiver, it had not been possible to recruit a permanent and stable staff team. The Regulation Officer was satisfied that the Registered Manager is making every effort to support the needs of the care receiver and had arranged a care planning meeting involving the social worker.

One family member reported that the team leader was “fantastic”. There had been several team changes and their relative had been supported in managing these changes because the team leader had “done a really good job.” It was positive to note that this relative had been involved in MAYBO training, which provides positive and safer approaches to behaviour support. The relative reported positive and honest communication with the staff team which kept them up to date with any issues of concern. The relative was aware of the aims of the care plan and was involved in regular review meetings. The relative agreed that staff should all have autism and Makaton training which is not currently available.

Training

| |
|--|
| The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities. |
|--|

The Regulation Officer met with the Head of Training and Development to review the training records. There was evidence that staff had the opportunity to attend mandatory training, for example with infection control, safeguarding adults/children. Where staff work with care receivers with specific needs, staff also receive training to support them in their work. This was an area of good practice.

It is acknowledged that during the period of the pandemic, training moved to an online model to minimise risk. However, now that the Government guidelines are no longer in place, it is important that a more blended approach is taken towards the provision of training. It is not possible to provide either manual handling or first aid online and the Registered Manager should consider whether the quality of online training is sufficient to meet the needs of staff.

As an organisation which specifically meets the needs of care receivers with either a diagnosis of, or traits of, autism, it was surprising to note that there are currently no staff who can provide in-house training in autism. One member of staff had been working for this organisation since August 2021 and had not undertaken any autism training.

The Registered Manager agreed that it had been particularly difficult to provide this training during the period of the pandemic and agreed that the organisation would seek to train members of staff to be able to provide this training to new staff members and provide updates. This is an area for improvement.

This service currently provides training in capacity and Significant Restrictions on Liberty (SRoL). However, this is UK based and does not reflect specific Jersey law. The provision of Jersey-based capacity law training is an area for improvement.

The current training record does not enable the Training and Development Manager to ensure that staff have completed required courses. The Registered Manager and Provider accepted that this did not ensure that all staff kept up to date with mandatory training. However, the Regulation Officer was assured that there was a plan in place to update the current system, and that in future zero-hour staff would not be able to sign up for shifts unless they had completed required training courses. The monthly quality reports should review if staff members are up to date with training and identify if there are areas of training which need to be updated.

All staff who are responsible for the provision of medication to care receivers undertake RQF (Regulated Qualification Framework) Level 3 in medication management. In addition, there is a robust competency framework which is observed by a senior member of staff. This is repeated every six months. This is an area of good practice.

At the time of the inspection, two team leaders had a RQF (Registered Qualification Framework) Level 3 qualification and three team leaders were working towards this level. This demonstrates that training and development of staff meets Standard 3.12. One service manager had been supported to complete a Master's degree in Autism which demonstrated that the organisation seeks to promote the development of staff outside of mandatory training.

Of the staff team, 14 staff members had a Level 3 qualification in Health and Social Care, with two staff members at Level 5. There was evidence of the development of staff, with three staff members studying a Level 5 qualification, eight studying a Level 3 qualification and five studying a Level 2 qualification.

Two senior members of staff are accredited trainers. All staff receive an update to training in positive approaches to behaviour every three years, and complete a half day course in disengagement. At the time of the inspection 28 people were overdue in attending the disengagement training.

It was also positive to note that the Registered Manager is currently studying for a Level 5 qualification in Positive Behaviour Support. This would enable them to provide in-house training for all staff.

Two care receivers prefer to use Makaton as a means of communication. There is currently an island-wide shortage of Makaton trainers. The Registered Manager is working with other learning disability organisations to consider how this deficit in training can be met. Currently there are some staff members who have knowledge in this area, and they pass on their knowledge to other team members. Training in this area should be provided for all staff members as it is always possible that they may be required to work with care receivers who prefer to use this means of communication.

The Human Resources Manager reported that all staff receive regular supervision. Staff do not receive training in the provision of supervision, but where they have been promoted, they shadow a more experienced line manager. Line managers seek client and colleague feedback bi-monthly for permanent staff, and three monthly for bank staff. All staff confirmed that they received regular supervision and that they found this useful.

It was positive to note that where zero-hours staff have demonstrated a commitment to the organisation, development and training including for RQF qualifications will be available. This is an area of good practice.

Autism Jersey has modern office space close to the centre of St Helier. This includes meeting rooms. All staff consulted mentioned that they enjoyed spending time in the office and that they always felt welcomed and acknowledged by senior members of staff.

Feedback from staff members was overwhelmingly positive. All staff felt well supported and that they received appropriate training to enable them to carry out their role. There was also feedback from staff that they were supported to develop and undertake training. At least two members of staff reported that flexible working practices had enabled them to work around family priorities. All staff reported that they receive regular supervision, at least every three months, and valued debrief sessions after an incident. Comments made by staff members included:

“Great place to work, like a family”

“(manager) is always supportive, brilliant. Can’t fault the training I’ve had. I feel valued”

“Nice company to work for”

“Amazing, very accommodating – they listened and made a tailor-made package for me” “It’s been a real help in my home life”

“Good team spirit”

“Feel more supported than in any other service”

“Really great work place, always someone to talk to”

IMPROVEMENT PLAN

There were three 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 1.4</p> <p>To be completed by: End of March 2023</p> | <p>All policies to be reviewed and updated with consideration being given to Appendix 2 of the Home Care Standards, as a guide in determining what policies are required for the service.</p> <p>The complaints policy must be updated to ensure that both formal and informal complaints are recorded, and a response is provided.</p> |
| | <p>Response by registered provider:</p> <p>An allocation of time in the first quarter of 2023 has been set aside to review and update policies and future planning of policy review to be set out.</p> |

| | |
|--|---|
| <p>Area for Improvement 2</p> <p>Ref: Standard 9</p> <p>To be completed by: Immediate</p> | <p>The provider must improve the quality of monthly reports.</p> |
| | <p>Response by registered provider:</p> <p>The CEO will continue to work with the JCC. The implementation of systems which are able to capture data will also assist in providing information.</p> |

| | |
|---|--|
| <p>Area for Improvement 3</p> <p>Ref: Standard 6</p> <p>To be completed by: Within three months – 14 September 2022 (although it is acknowledged that a plan may need to be put in place to address parts of this area for improvement)</p> | <p>Specific training in autism should be provided to staff. Training in Capacity and Self-Determination Law should be Jersey-based. Training should be provided in Makaton or other communication aids according to the preference of the care receiver. Manual handling and First Aid must be provided face-to-face. The training record must be able to demonstrate that staff are up to date with mandatory training.</p> |
| | <p>Response by registered provider:</p> <p>Face to Face training to be given now where possible and this should be easier post the Covid pandemic. Staff training to be booked in advance to ensure training is up to date. Bank staff notified that unable to work unless training is up to date.</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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je