



Jersey Care
Commission

INSPECTION REPORT

Autism Jersey – Adult Services 2

Home Care Service

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

27 July and 1 August 2023

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of Autism Jersey – Adult Services 2. The service's offices are situated in central St Helier. The service provides a range of support services to people living in their own homes, which range from a few hours per week to 24-hour supported living.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: autism and learning disability Maximum number of personal care / personal support hours: 600 hours per week Age range of care receivers: 18 years and above <u>Discretionary</u> None
Dates of Inspection	26 July and 1 August 2023
Times of Inspection	12:30pm to 4pm and 10am to 1pm
Type of Inspection	Announced
Number of areas for improvement	Six
Number of care receivers using the service on the day of the inspection	4

Autism Jersey operates the Home Care Service, and there is an interim Manager in place.

Since the initial registration of the service on 17 February 2023, the Commission received a notification of absence of the Registered Manager on 7 July 2023. The notification included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan. At the time of the inspection visits, a new manager had been appointed and was preparing to submit a registered manager application to the Commission.

A copy of the service's Statement of Purpose was submitted as part of the initial registration process. The Statement of Purpose was reviewed as part of the inspection process. Some areas for amendment were identified with the Interim Manager, and an updated version was received within one week of the inspection.

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.

Autism Jersey - Adult Services 2 is a newly registered service, and there has been a change in management in recent months. The service has responded well to this and has ensured continuity for both care receivers and staff during this time. The support of the Head of Operations as the Interim Manager has benefited the team in maintaining service delivery.

Staff spoke positively and enthusiastically about their roles. There is a good understanding of the principles and delivery of person-centred support, along with the need to balance safety with positive risk-taking, therefore improving outcomes for care receivers.

Feedback from a care receiver, relatives and professionals was generally positive.

All recognised the professionalism of the staff team and the efforts to support personal preferences and aspirations. However, some feedback highlighted difficulties with staffing shortages and potential impacts on care receivers, the need for specialist training in autism, and the lack of professional input to support individuals and staff teams.

On-call arrangements are impacted by the staffing shortages, which has meant that on-call team members have to provide shift cover in addition to their regular working hours. This has been prolonged, and the negative impacts were raised with the Regulation Officer as a concern.

Training opportunities have greatly improved since the last inspection and staff reported this a real strength of the organisation. Training records are well maintained, with appropriate alerts when updates are required.

Work is ongoing in sourcing specialist autism training for the service.

The service was found to have suitable governance arrangements in place, which are appropriate to the needs, size and complexity of the service. However, reviewing current structures might be required as the service evolves.

A project is underway to implement a new electronic care planning system. The service wants to take time to ensure that the system is tailored to meet the specific needs of Autism Jersey. In the meantime, existing care planning systems must be updated and reviewed regularly.

Six areas for improvement have been identified as a result of this inspection.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Interim Manager before the visit. This ensured that the Interim Manager would be available and access to staff responsible for training and human resources (HR) could be facilitated. The first inspection visit on 27 July 2023 was undertaken by one regulation officer and the Pharmacist Inspector. The Regulation Officer arranged a second visit on 1 August 2023 to review care records

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Before our inspection visit, all of the information held by the Commission about this service was reviewed.

During the inspection, records, including policies, staff recruitment files, training logs, incidents, care records, supervisions and induction arrangements, were examined.

The Regulation Officer and Pharmacy Inspector had the opportunity to spend time with the Interim Manager and the newly appointed manager, with the Regulation Officer following up with representatives responsible for HR and training. Prior consent was also obtained for the Regulation Officer and Pharmacy Inspector to visit one care receiver in their home. The purpose of the visit was to get their views on the services provided and conduct a review of medication practices.

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

Following the inspection visits, the Regulation Officer contacted two relatives for feedback. This contact was made by telephone. Four staff members were contacted by e-mail, and two were happy to comment on their experiences as employees of the service.

The views of three professionals were also requested, with all agreeing to share their opinions of the service.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager.

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

Autism Jersey - Adult Services 2 was registered with the Commission on 17 February 2023, and this was the first inspection of the service.

The service provides home care support to four care receivers living in their homes. The support ranges from a few hours per day to a 24-hour package of support, which provides periods of 2:1 staff support.

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

The service's Registered Manager left in July 2023. At the time of the inspection visit, the Provider had appointed a new manager who was in the process of applying to the Commission to become the Registered Manager. In the interim, the Head of Operations was providing managerial support to the service.

Autism Jersey – Adult Services 2 Statement of Purpose describes their aims and objectives as "*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*". The services provided reflected this; however, some challenges were identified.

Maintaining sufficient staffing resources to meet the required support hours has been challenging for the service. The Interim Manager explained that Autism Jersey's business continuity plans identify an optimum staff ratio of 75% permanent staff and 25% zero-hour contracted staff. At the time of the inspection, the ratio was 50/50. Overall, Autism Jersey reported a 20% reduction in optimum staffing resources and recognised that this is not sustainable. No new referrals to the service are being accepted.

The service continues to actively recruit new staff. Recent progress with recruitment has been slow and can sometimes be neutralised by staff leaving the service. It was reported that work had been undertaken to improve terms and conditions to attract more applicants. The service also prides itself on recruiting staff with values and attitudes that reflect the philosophy of the Provider, matching staff to care receivers based on shared values and interests and providing a comprehensive training package for staff.

The Interim Manager explained that there have been deficits in the delivery of support, which has resulted in reduced hours being offered and 24-hour support packages being prioritised. This was also noted by some professionals who reported that this has created difficulties for some care receivers and their families.

Professionals identified staffing capacity and retention as an issue. One described the prioritisation of 24-hour support packages as causing an impact on others who had seen reductions in the hours made available to them. The professional further stated that there appeared to be a culture of '*something is better than nothing*'. The Regulation Officer recognised that the service does not want to disappoint people. Still, the service needs to recognise that long-term reductions to service delivery may impact care receivers.

Staffing levels are a concern as the service cannot consistently meet the requirements of the support packages it has been commissioned to provide. The service needs to review the volume of packages offered to ensure that it is equivalent to the support hours available. This is an area for improvement.

Time was spent reviewing the training available to staff. There is an established budget assigned to meet the training needs of the staff team. The service has also spent time defining a mandatory training list and exploring additional training requirements for individuals and specific staff teams. Staff reported that they felt training opportunities offered were incredibly beneficial, and several noted that they had been given the chance to undertake a level 4 certificate in positive behaviour support. This is an area of good practice.

The training database identified all training undertaken and highlighted when updates were required. Where training was identified as overdue, there were narratives that explained delays and the steps taken to ensure the training would be completed within a reasonable time frame.

The Provider also has several in-house trainers, including safeguarding, Makaton and MAYBO, training in positive and safer approaches to behaviour support. This was of great benefit to the team.

Basic online training in autism is now offered to staff. It was reported that there had been some difficulties in sourcing specialist training for autism. Nonetheless, the service presents as a specialist service for autism; therefore, it is essential that appropriate enhanced training is in place. It was noted that some staff have undertaken specialist training in previous posts. The Regulation Officer discussed possibly including previous individual training achievements on autism in the database. Providing specialist training in autism remains an area for improvement.

The service operates an on-call system in the evenings and weekends. Staff reported feeling very well supported and always received appropriate advice and support when required. Through discussions with the Interim Manager, other members of the management team and support staff, it was highlighted that on-call staff are covering shifts within a particular support package due to ongoing staffing issues. This has been in place for a prolonged period and was impacting upon on-call staff. On-call duties should be limited to responding to out-of-the-ordinary situations and not blended with a requirement to cover shifts. This is an area for improvement.

A sample of operational policies and procedures were reviewed, which included health and safety, risk management, medication and professional boundaries. All were found to have been reviewed in recent months. The service has a comprehensive staff handbook which references multiple policies within the content, including induction, whistleblowing and raising concerns.

There is a complaints policy, which was updated in February 2023. The Head of HR explained that there are plans to upload the policy and supporting documentation to the Autism Jersey website in the coming weeks. During discussions with the Interim Manager, care receivers and relatives, it was apparent that information relating to making a complaint is not shared when services commence. It is essential that this is undertaken and that the service considers different formats and access points to overcome any communication barriers. This is an area for improvement.

The service keeps a log of any complaints received. One formal complaint had been received since the last inspection. This had been investigated with the support of other statutory services and outcomes feedback to the complainant. Relatives described their concerns as being acknowledged by the service and dealt with promptly. All confirmed that they knew who to raise concerns with.

The service had made one safeguarding referral in recent months. This was discussed in depth and included exploring the impacts on the team and how the learning outcomes from the incident were being addressed. The team demonstrated a good understanding of the principles of safeguarding and their responsibilities in the reporting process.

The service demonstrated a range of systems that contributed to the overall governance framework. Registered managers provide a monthly report to senior management on staffing resources and deficits in the support hours offered. The Chief Executive Officer (CEO) will produce a monthly report on the performance of the service, which is made available to the Interim Manager and identifies any actions required.

The Regulation Officer examined the processes in place for risk management and escalation. The organisation has a health and safety policy and risk management policy for supported individuals. It was noted that risks relating to care receivers are identified and addressed within staff teams supporting them, with support from team leaders and the Interim Manager. Team meetings are valuable in highlighting issues and planning effective and consistent interventions. However, it was highlighted that the service would benefit from a more clearly defined escalation process when the operational team cannot mitigate and manage identified risks. This was acknowledged by the Head of Service, who agreed to review the pathways for risk escalation.

The supervision and appraisal logs were reviewed. Each staff member has a named supervisor, and all supervision sessions are recorded on the log once completed. If any sessions do not take place, reasons are recorded along with the plans for re-booking the session. It was reported that it can be challenging to maintain regular supervision with bank staff as they do not work regularly; however, every effort is made to meet the minimum requirements of four sessions per year. Staff reported that they found the supervision process a positive experience, where they could share ideas and any concerns raised were addressed. One member of staff was very complimentary of the support they had received during a period of ill health.

Care and support

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.

Packages of support are commissioned via the adult social care team following an assessment of need, which determines the level of support required. Through discussion, it was noted that the service does not provide new care receivers / families with any form of welcome pack or written agreement. Such documents should contain information on the level of service that will be offered, how it will be delivered, how to raise a concern and what the processes are when cancellations of support sessions are requested or initiated by the service.

While it is acknowledged that agreements exist with the commissioning service for supported living packages, there is a need to ensure that anyone receiving a service has access to relevant information about Autism Jersey - Adult Services 2. This an area for improvement.

An assessment of need from the commissioning service accompanies referrals. A service representative will then meet with the care receiver and their family to gain further information on the type of service they require. Other documents, such as 'All About Me' profiles, are also used to build a picture of likes, dislikes, wishes and preferences on how people like to be supported.

Staff profiles are also available for care receivers to review before meeting new staff. The Regulation Officer and Pharmacy Inspector were asked to fill out a profile with their pictures attached before visiting a care receiver in their home. The profile contained information about who we were and why we were visiting. This is an area of good practice.

The Regulation Officer viewed a sample of care receivers' files, which are stored electronically. A series of folders are available in each person's file; however, several were not in use. Overall, the quality of the risk assessments and daily living plans was of a high quality.

Information included:

- Preferred communication methods.
- Detailed descriptions of how support should be delivered to ensure a consistent approach.
- The roles of each staff member within each task.

There was evidence of recent reviews being undertaken. Some documentation for one care receiver was found to need to be updated.

The service has plans to move to a new electronic care planning system called 'Zuri', and the daily records have already been successfully migrated. The Interim Manager explained that they are working with another care agency to ensure the new system is set up to meet the requirements of Autism Jersey appropriately, and this was taking some time to complete.

In the interim, up-to-date care plans and risk assessments must always be available to staff and have clear implementation and review dates. This is an area for improvement.

Several positive examples were given of how the service works collaboratively with other agencies to achieve identified goals for individuals. This included mental health services, community nurses, social workers and the Jersey Autism Advisory Service.

A professional boundaries policy defines the unique role of support staff and states, *"Due to the nature of the work at Autism Jersey, where relationships are formed with supported individuals, specific guidance is necessary to assist employees in carrying out their duties"*. The policy aims to provide parameters for staff while carrying out their duties and offers guidance on when and how to seek support should they have concerns. This is an area of good practice.

Staff feedback was consistently positive. They reported feeling listened to and well-supported by management. They also referenced the opportunities they have to contribute to the care plans for care receivers, make suggestions and discuss issues as a team.

One care receiver spoke with the Regulation Officer about the support they receive. They described positive relationships with staff who respected their private space and choices. The structure was essential to their day, and staff had worked with the care receiver to create a routine and encourage new opportunities.

Relatives were complimentary of the services provided to family members, and it was evident that there were positive relationships with staff. One relative described the staff as '*magnificent*', with another stating, '*The staff team are very good, they understand Xxxx needs well*'. However, some comments referenced the need for more frequent communication and greater multi-disciplinary involvement in their relative's care.

All professionals spoken to acknowledged the difficulties the service faces in maintaining optimum staffing levels. Nonetheless, concern was expressed regarding the consistency of support for care receivers. Other comments included;

"My impression of the staff that work directly with clients; are all consciously aware of the need to provide care and support with compassion, dignity and respect,"

"The culture of the organisation, I find, is one of seeking to understand their clients as much as they can, so that the quality of the support they provide is improved and enhanced."

"The service is generally pretty good."

"The care and support is of a good standard. The staff team are well trained and experienced."

"The service is open and transparent and generally well-managed, although management needs to be more realistic in managing expectations."

"Staff need the right training for the client group they work with. When the right training is given, the quality of support improves."

Choice and safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.

Care plans emphasised choice and independence for care receivers in their daily lives. The promotion of independence and development is actively encouraged. Staff demonstrated a positive approach to risk with a focus on what can be achieved and what adaptations can be made to ensure the least restrictive practices are in place.

When asked how they ensure that the wishes and aspirations of care receivers are met, staff responses included:

"We use a variety of communication tools to ensure that choice is being offered."

"I feel that the wishes, preferences and aspirations of the care receivers are met. After some time, a rapport between staff and client tends to be made, and that can provide us with a more profound understanding of likes, dislikes and preferences, and that is the foundation to the client's care plans."

"Clients are involved in planning their support through good communication and asking the client for feedback or changes they'd like. If they are unable to be involved, then the relevant advocates and people that know the client and their best interest can also have an input."

At the time of the inspection visits, one Significant Restriction of Liberty (SROL) authorisation was in place, which was viewed by the Regulation Officer. Discussions with the team evidenced their understanding of the SROL process and their responsibilities should an application be required.

A review of notifications submitted to the Commission confirmed that the service knows the notification submission thresholds. This was confirmed by a cross

reference of incidents and accidents reported internally. Staff also demonstrated their knowledge and understanding of the processes in place to report incidents.

A review of medication management confirmed an up-to-date medication policy is in place. All staff undertake initial in-house medication training with appropriate follow-up in practice to check and record competency. Competency checks are then repeated on a six-monthly basis. Staff progress to the Level 3 Regulated Qualifications Framework (RQF) in medication administration. Evidence of regular medication audits and transparent processes for addressing medication errors was also found.

Details of the medication practices for one care receiver were discussed in detail with the risk assessment and care plan examined by the Regulation Officer. There was clear evidence to support a deviation from standard practice to ensure positive outcomes for the care receiver, which maximised their independence.

Recruitment files for 12 recent recruits were viewed. All recruitment files were well organised and contained all the necessary documentation, including references, interview records, ID checks, Disclosure and Barring Service (DBS) certificates, a contract, and a job description. The Regulation Officer was satisfied that safe recruitment practices were being followed.

There is a lone worker policy and access to on-call staff when working evenings and weekends. Staff reported that although lone working can be a challenging part of the role, they feel well supported.

IMPROVEMENT PLAN

There were six 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 3.11, appendix 6</p> <p>To be completed by: 6 months from the date of inspection (1 February 2024).</p>	<p>Additional specialist training is required for support workers who support people living with autism.</p> <hr/> <p>Response of Registered Provider:</p> <p>Autism specialist training has been delivered to all staff pre-2023. We currently have 7 new starters in 2023 who require the training and 5 sessions have been booked throughout 2024 to ensure the need of those staff members and any other new are met.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 1.2, 1.3</p> <p>To be completed by: 5 months from the date of inspection (1 January 2024).</p>	<p>Welcome packs/agreements should be made available to care receivers and / or their families, setting out the parameters of the support being provided and detailing the responsibilities of Autism Jersey, as well as the responsibilities of care receivers / families.</p> <hr/> <p>Response of Registered Provider:</p> <p>Work has begun to ensure that these are available to supported individuals & their families/carers/guardians where applicable.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 3.9, 8.2</p> <p>To be completed by: with immediate effect.</p>	<p>On-Call arrangements need to be urgently reviewed to ensure that staff do not undertake shift work while on-call.</p> <hr/> <p>Response of Registered Provider:</p> <p>On Call regular shift cover has been reviewed and a plan put in place to steadily decrease this in order to minimise the impact on supported individuals with this support ending on the 3rd December.</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 3.9, 9.3</p> <p>To be completed by: 3 months from the date of inspection (1 November 2023).</p>	<p>Staffing levels are an area of concern as the service is unable to consistently meet the requirements of packages of support it has been commissioned to provide. The service needs to review the volume of packages provided to ensure that it is equivalent to the support hours available.</p> <hr/> <p>Response of Registered Provider:</p> <p>A review took place in August of support with gaps in support significantly reduced as an outcome. This has been added to our Risk Register and RAG status monitored for individual support needs.</p>
<p>Area for Improvement 5</p> <p>Ref: Standard 2.5, 2.6</p> <p>To be completed by: with immediate effect.</p>	<p>Up to date care plans and risk assessments need to be available to staff at all times which have clear implementation and review dates. Any supporting documentation which staff need to be aware of should be referenced in care plans and risk assessments.</p> <hr/> <p>Response of Registered Provider:</p> <p>Risk Assessments and Care plans reviewed and index of these with review dated added to individuals' records.</p>
<p>Area for Improvement 6</p> <p>Ref: Standard 7.2</p> <p>To be completed by: 3 months from the date of inspection (1 November 2023).</p>	<p>Complaints policy and procedures must be easily accessible to care receivers and their families, with evidence that these are regularly updated.</p> <hr/> <p>Response of Registered Provider:</p> <p>Complaints policy updated and added to AJ website together with complaints form. This will also be included in the welcome pack.</p>

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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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