



**Jersey Care
Commission**

INSPECTION REPORT

Autism Jersey Childrens Services

Home Care Service

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

26 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 on the inspection of Autism Jersey Childrens Services. The service's offices are situated in central St Helier. The service provides support to children and young adults living in their own homes. Support ranges 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, learning disability, children (0-18), young adults (19-25), physical disability and/or sensory impairment Maximum number of personal care / personal support hours: 600 hours per week Age range of care receivers: 4 to 25 years <u>Discretionary</u> The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 4 April 2026.
Dates of Inspection	26 July and 1 August 2023

Times of Inspection	9am to 3:45pm and 10am to 1pm
Type of Inspection	Announced
Number of areas for improvement	Seven
Number of care receivers using the service on the day of the inspection	12

Autism Jersey operates the Home Care Service, and there is a Registered Manager in place.

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 and was found to reflect the services provided. Some areas for amendment were identified with the Registered 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.

The Registered Manager and staff team demonstrated a positive approach to the support they provide. There is a clear focus on ensuring that care receivers' wishes and preferences are at the centre of all decisions.

Families were happy with the quality of the care and support provided, describing staff as knowledgeable and responsive to their relative's needs. It was also noted that there is a focus on promoting choice and independence.

The lack of staffing challenges the service and impacts service delivery. Relatives and professionals also noted this. While the service has implemented some initiatives to respond to current deficits, further work is required to ensure that the volume of packages offered is equivalent to the support hours available.

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.

There are seven areas of improvement identified as a result of this inspection.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager before the visit. This ensured that the Registered Manager would be available and access to staff responsible for training and human resources (HR) could be facilitated. The Regulation Officer arranged a second visit on 1 August 2023 for the purpose of reviewing care records.

The Home Care Standards were referenced throughout the inspection.¹

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

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 had the opportunity to spend time with the Registered Manager and representatives responsible for HR and training.

Following the inspection visits, the Regulation Officer contacted three relatives to request feedback. This contact was made by telephone. Four staff members were contacted by e-mail, and three were happy to comment on their experiences as employees of the service. The views of three professionals were also sought.

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

This report outlines 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 Childrens Services was registered with the Commission on 4 April 2023, and this was the first inspection of the service.

The service provides home care support to two young adults living in their own homes. Support hours range from 35 hours per week to a 24-hour support package, which provides periods of 2:1 staff support.

The service also provides individualised short break opportunities to 10 children and young adults, focusing on social, leisure and skill development and providing parents with some respite from their caring roles. Services are provided in the local community and within people's homes.

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.

Autism Jersey Childrens Services 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*".

Maintaining sufficient staffing resources to meet the required support hours was described as challenging. 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. However, there is support for some elements of the short breaks service with regular bank staff who only wish to work a few set hours per week.

The Registered Manager described the various initiatives undertaken to combat the lack of sufficient staffing resources: this includes no new referrals to the service being accepted, no longer accepting requests for accrual of support hours, and re-assessment of current care receivers needs. Examples were given where reductions in support hours have been identified due to the progression of independence skills. Any proposed reductions are always discussed with the commissioning service, trialled and reviewed before any permanent changes are made.

Nevertheless, the service continues to face significant 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 had created difficulties for some care receivers and their families, and two relatives confirmed this.

One member of staff, when asked about challenges within their role, spoke of their disappointment in having to inform families that their support hours could not be provided.

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 and their families.

The Regulation Officer viewed copies of the monthly service reports, which provide information to management on the number of support hours required, staffing hours available and any deficits recorded. It was noted that there was a clear deficit for June. Further exploration of the logs for 2023 identified that shortages occur every month. The Registered Manager confirmed this.

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 had 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 Registered 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 impacted 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 Registered 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 complaint had been received; however, this had been resolved informally to the complainant's satisfaction. Relatives described their concerns as being acknowledged by the service and dealt with promptly. All confirmed that they knew who to raise concerns with.

Two professionals raised concerns during the feedback process relating to the quality of communications by the team. This was discussed with the Head of Operations, who agreed to address the concerns raised with the relevant members of the team.

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. Other arrangements include spot checks, medication audits, incident logs, absence monitoring and on-call audits.

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 Registered Manager.

The Registered Manager highlighted a recent incident where risks had been identified concerning the care and support of one care receiver, which could not be resolved by the operational team and left them feeling at risk. There was no clear evidence of an organisational response to address the risk. Senior management must ensure that there is a clearly defined escalation process when the operational team cannot mitigate and manage identified risks to ensure that there is organisational awareness and response to such issues. This is an area for improvement.

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. When asked about supervision, one staff member commented, "*I feel comfortable in knowing if I have an issue, it will get actioned.*" another spoke of the regular opportunities they had to speak directly with their line manager.

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.

Support packages are commissioned via social work services for children and young people, 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 are requested or initiated by the service.

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

Once referrals are received, initial introduction meetings establish the type of support required. 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. The documents are completed by the individuals and the people who know them best. This helps to build an overall picture, which then informs the type and content of the care plans required. Staff are matched to the care receiver, and introductory meetings are set up. Staff profiles are available to care receivers to review before meeting new staff. 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. Daily living plans and risk assessments were present, but there needed to be more consistency with the implementation and review dates of documents. Additional documents were found within folders that provided detailed information relevant to the care receiver's needs but not linked to specific daily living plans; therefore, it was difficult to determine if they were current or the context in

which they would be used. One care receiver had specific areas of support identified in their assessment of need, but there was no evidence of a risk assessment or care plan to determine the level and type of support required.

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 Registered 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.

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.

All staff who spoke with the Regulation Officer during the inspection were found to be professional, approachable, and committed to providing quality support, which was centred around each individual.

There was much praise for the support received from the management team, which empowered them to undertake their roles but was responsive when difficulties were encountered.

As part of the inspection, some preparatory work was done to include the views of care receivers; however, this could not be facilitated by the service within the timeframe of the inspection.

Three relatives were consulted and provided very positive feedback about the staff and the support they provided. However, a lack of staffing resources was highlighted as being problematic at times.

Comments included;

"We have two support workers who are fabulous."

"The staff have good understanding of Autism."

"The reduction in our hours of support has influenced our decision to look elsewhere."

"The staff will always try new things, ensure Xxx has choice and is included in decision making."

"I am very happy with the support I receive."

Professional feedback was generally positive and highlighted the following;

"In my experience, Autism Jersey has consistently worked with empathy, care and compassion for the young people they have supported. They promote active participation and choice and have always involved parents and carers as part of the planning process. The young people have been cared for with consideration and respect of their wishes and feelings."

"The experience has been overall positive with Autism Jersey, and I would continue to work with them in the future. The challenge has been availability of carers to support the families. When the carers are available, the support is effective, professional and efficient."

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.

The team seek to promote choice and independence at all times. Evidence showed that various communication aids were in use, tailored to individual needs. Various activities are offered based on personal preferences, and staff communicate closely with relatives and other support services to ensure that repetition of activities is avoided. Staff will also actively support individuals to try new activities, participate in peer events and access local community events. A staff member gave the following example.

"We try to introduce new things with plenty of encouragement. We planned to take a client to a farm. Their parent was unsure they would engage with animals but said it was okay to try. When there, the client petted a pony, going back several times. When we returned, the parent was amazed."

Several examples were given by the Registered Manager, which highlighted a positive approach to managing risk. All efforts are taken to mitigate any risks while upholding the right of care receivers to be as independent as possible. One professional commented, *"Autism Jersey has encouraged autonomy and independence in their work with the young people"*.

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 Registered Manager evidenced their understanding of the SROL process, and their responsibilities should an application or renewal be required.

A review of notifications submitted to the Commission confirmed that the service knows the submission thresholds. A cross reference of incidents confirmed this. Staff also demonstrated their knowledge and understanding of the processes in place to report incidents.

There has been one safeguarding alert raised since the last inspection. The Registered Manager demonstrated a good understanding of the principles of safeguarding and their responsibilities in the reporting process. Following the conclusion of the safeguarding investigation, an internal investigation was underway, which would identify any areas for improvement and learning outcomes for the service.

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.

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, 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 feeling well-supported when lone working and had access to appropriate support when required.

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>We have and will continue to seek additional training in areas such as Pathological Demand Avoidance where staff are supporting an individual with more than one prevalent diagnosis.</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> <p>Response of Registered Provider:</p> <p>A full operational review of support took place in August, with gaps in support significantly reduced as an outcome. This has been added to our Risk Register and the RAG status will continue to be monitored for individual support and service 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> <p>Response of Registered Provider:</p> <p>Risk Assessments and Care plans reviewed and an index of these (with review date) will be added to individuals records to highlight, and action, any missing areas at this time.</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> <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 in each individual/ parent/ guardians preferred format.</p>
<p>Area for Improvement 7</p>	<p>The service must have clear risk escalation processes in place which address difficulties with the operational delivery of care/support, to ensure that</p>

<p>Ref: Standard 2.4, 2.5, 2.6, 9.3</p>	<p>they are effectively communicated to senior managers and acted upon appropriately.</p>
<p>To be completed by: with immediate effect</p>	<p>Response of Registered Provider:</p> <p>This links into the response to area 3 above. A clear, and actionable, risk escalation process is being planned and produced by Senior Management at this time.</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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