



Jersey Care
Commission

INSPECTION REPORT

Autism Jersey – Adult Services 1

Home Care Service

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

28 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 1. The service's offices are situated in central St Helier. The service provides a range of support to people living in their own homes.

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	28 July and 1 August 2023
Times of Inspection	12:30pm to 3.15pm 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	17

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

Since the last inspection on 20 May and 14 June 2022, the Commission received a notification of the absence of the Registered Manager in January 2023. The notification included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan. Subsequently, the Commission received and approved a new manager application on 15 February 2023.

In addition, an application was received from the Registered Provider to vary a condition on the service's registration. The application requested changes to the age range, number of care hours and the name of the service due to a restructuring of the regulated services provided by Autism Jersey. Approval of the variations was granted on 16 February 2023.

An updated copy of the service's Statement of Purpose was submitted as part of the variation application to reflect the changes in service delivery. The Statement of Purpose was reviewed as part of the inspection process and was found to reflect the services provided.

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 is a strong focus on person-centred practices within the service. This was evidenced in practice by observing care receivers making decisions about their daily living choices and activities. Staff promote choice and independence while ensuring appropriate safety measures are in place. The service will also strive to educate and explore potential risks with care receivers.

Staff were professional and caring in their approach and showed an excellent understanding of their roles and the frameworks they must work within.

Care receivers and relatives provided consistently positive feedback on the service; however, staffing shortages and subsequent reductions in hours of support delivered were highlighted as a concern, which some professionals echoed.

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, it was recognised that some review of 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 kept up to date 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 Registered Manager before the visit. This was to ensure that the Registered Manager would be available and access to staff responsible for training and human resources (HR) could be facilitated. A second visit was arranged 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 the information the Commission held about this service was reviewed.

During the inspection, records including policies, staff recruitment, 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. Prior consent was also obtained for the Regulation Officer to visit two care receivers in their own homes to obtain their views on the services provided.

Following the inspection visits, the Regulation Officer contacted one care receiver and two relatives to request 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.

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

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

After the inspection, the Regulation Officer gave the Registered Manager and Head of Operations feedback.

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

At the last inspection, three 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, and it was positive to note that most of the improvements had been made. This means there was evidence that operational policies have been reviewed and updated; however, work was still being undertaken in relation to the complaints policy. Much work has also been undertaken to improve the delivery and recording of training opportunities, but a deficit remains in the provision of specialist autism training. The Provider supplied evidence of improvement to the monthly quality assurance reports. The areas of the improvement plan which have not been met will be discussed further under the heading 'management of the service'.

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 – Adult Services 1 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 service provides short break opportunities, focusing on social, leisure and skill development opportunities, and daily living support to adults living in their own homes, ranging from eight hours per day to 24-hour support packages. There are 13 care receivers accessing the short break service and four care receivers in receipt of supported living.

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, the Registered Manager reported good retention within the service and robust support for the short breaks service with the use of regular bank staff who only wish to work a few set hours per week.

The Registered 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. One care receiver also described that their support hours are reduced when their team members are on holiday.

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 July, with the Registered Manager confirming that deficits occur every month. The Registered Manager confirmed that the service is not receiving new referrals.

Staffing levels are an area of 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 has been much improvement since the last inspection, with 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 attached 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 a prompt response. 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 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.

At the previous inspection, it was highlighted that policies needed to be reviewed and updated. It was positive to note that this had been achieved for all operational policies. The Regulation Officer viewed a sample which included health and safety, risk management, medication and professional boundaries. 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.

It is positive to note that the service reported that no formal complaints had been received. Approaches to informal complaints and concerns were explored with the Registered Manager, who provided details of the escalation and intervention processes adopted by the team and some examples of informal concerns raised and actions taken. Feedback from care receivers and relatives confirmed that any concerns raised are dealt with promptly.

The service demonstrated a range of systems that contributed to the overall governance framework. The Registered Manager provides 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 Registered Manager and identifies any actions required. The Registered Manager shared that communication and collaboration with the CEO and senior managers had improved recently.

There are regular staff meetings for teams who work within supported living environments. This is an opportunity to strengthen communication, share ideas, and review incidents. The Registered manager will also meet with care receivers approximately every two weeks to review progress and seek feedback. Operational management and rota meetings are also held every two weeks.

Care receivers and relatives reported strong communication links with the Team Leader for the short breaks service. The Registered Manager echoed this, describing them as being *"very knowledgeable of care receivers needs"* and *"always working in a person-centred way"*.

The service has a business continuity plan which covers disruption to service delivery due to decreased staffing, Covid 19, equipment issues and documentation. The Provider is currently working on an updated service development plan.

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. Some practical examples were provided. 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. The Registered Manager 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.

Some samples of supervision and appraisal records were also viewed. A range of topics are covered, which include competencies, training, wellbeing, teamwork and a chance to explore what is going well, as well as any improvements that could be made. Staff reported that they receive regular supervision and find the sessions beneficial.

The views of professionals who provided feedback on the service were mixed. There were several comments relating to staffing, with one professional stating, *"These are very challenging times in relation to care provision capacity in the community; and I find that Autism Jersey are also affected by difficulties with recruitment which can cause some stresses; but struggling to recruit is a problem for every care agency currently it seems, so there is understandable mitigation. What I feel is a positive with Autism Jersey is how responsive they are to try and find a solution to a problem as best they can with accountability and transparency"*. However, another highlighted, *"The number of hours provided often falls below expectations, which in turn impacts on my client and their family"*.

Other comments included;

"They seemed to take on board everything I was saying and seemed to follow up on recommendations".

"I have not always felt that [staff] have the level of support that I would expect from senior managers, particularly in relation to managing relationships with external agencies and the complexities of multidisciplinary working".

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 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 1. This an area for improvement.

Once referrals are received, initial introduction meetings establish the type of support required and explore personal wishes and preferences. Staff are then matched to the care receiver, and introductory meetings are set up, with support sessions being built up gradually. Various sources of information, such as the assessment of need, input from relatives and the completion of a likes and dislikes document, are utilised to build a profile of the individual, which then helps to formulate the support plans.

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 found not to be in use. Daily living plans and risk assessments were present, but there needed to be more consistency with implementation and review dates of documents. There is a generic risk assessment document for activities which did not consistently capture individual needs. 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.

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 appropriately meet the requirements of Autism Jersey, 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 working with a speech and language therapist to create tools which facilitated greater choice of activities and staff support, supporting psychology input as part of a multi-disciplinary approach and accessing community support services, such as the 'Talking Therapies'.

Staff who contributed to the feedback process demonstrated high levels of professionalism, skill and knowledge. They spoke positively of their experiences as an employee of Autism Jersey. One described their role in the following way;

"In my experience with people I have supported, there is no one the same, and each package I have worked on is so different. I've found the key to providing good support is to get to know the individual and build up a good rapport, trust and professional relationship with them. This takes time and observation rather than trying to make changes/input your own opinions from the beginning. I think it is so important to listen to and get to know the care receiver to then work out the best approach and best way to support them. Whilst this is important, boundaries are also important. We use work phone when contacting individuals, rotas are sent to them regarding their support hours and staff, daily notes are kept up to date, and the daily plans are followed by all with the agreement of the individual - this keeps structure and boundaries and helps to provide the same approach across the staff team".

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.

The Regulation Officer visited two care receivers in their own homes. They were happy to discuss the weekly support they receive and how it helps them maintain an independent lifestyle. They were complimentary of the staff who supported them and had built trusting relationships. One care receiver described how they have an opportunity to meet with potential new staff and reassure themselves that they would be a good match.

One other care receiver provided feedback via telephone. They described the service as "*reliable*" and highlighted the importance of knowing staff well so that their needs could be met effectively. They further commented, "*We have a fantastic rapport and get on great*". One area where they felt improvement could be made was communicating better when staff leave and informing them of the contingency plan.

All care receivers were aware of who to address any concerns to. They felt confident speaking out if something was wrong and felt their concerns were addressed appropriately.

Relatives' views of the support provided were consistently positive. They spoke of their confidence in the staff team supporting their family member, feeling they had good knowledge and understanding of individual needs. One relative commented, "*Their depth of knowledge of autism is excellent*". The team were also praised for their willingness to listen and adapt when issues were raised. However, it was noted by one family member that there can be a lack of cover when staff are on holiday, and this can be difficult for the family.

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.

During visits to care receivers' homes, it was noted by the Regulation Officer that care receivers were being appropriately supported to meet the requirements of their individual communication needs. One care receiver prepared their own timetable to help them with their daily and weekly activities / routines and had a separate board for recording which staff would be supporting them and when they would be coming. This helped to reduce anxiety and provide structure to their day.

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

"With the individuals on the spectrum I have worked with, I feel that their aspirations, opinions, well-being, etc have been at the centre of all planning and care provided, and each individual has had input in their support. This is as simple as times of support based on what they would most like to use the support for to detailing to staff how they would like to live their lives. I have learnt that whilst this might be very different to my values and how I live, it is important to respect their views and wishes on how they want to live their lives and support in the best way possible whilst maintaining their safety and wellbeing".

"The preferences and aspirations of the clients are the priority. We are there to support them live their best life".

The Registered Manager explained that all options to achieve goals and aspirations will be explored and care receivers supported to pursue their own interests. One example was given where risks had been identified concerning a particular activity. Staff undertook some awareness training with the care receiver, ensuring they have continued to enjoy an activity they value.

At the time of the inspection visits, no Significant Restriction of Liberty (SROL) authorisations were in place. Discussions with the Registered Manager evidenced their understanding of the SROL process, and their responsibilities should an application be required.

There have been no safeguarding alerts raised since the last inspection. The Registered Manager has identified a need for more enhanced training for team leaders as their roles develop. This has been passed to the in-house trainers who are working towards providing some additional training.

A review of notifications submitted to the Commission confirmed that the service knows the thresholds for submissions. 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 clear processes for addressing medication errors was also found.

The medication practices for one care receiver were reviewed in detail and were found to be in line with internal policy and best practice guidelines. One issue relating to the recording of over-the-counter medication was noted. This was raised with the Registered Manager, who agreed to review it with the staff team.

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 that although lone working can be a challenging part of the role, they feel well supported. There has been a recent incident which will prompt a review of the lone working procedures. However, the Regulation Officer was assured that the service was responding appropriately.

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> <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 and care receivers / families.</p> <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 must be urgently reviewed to ensure staff do not undertake shift work while on-call.</p> <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</p>	<p>Staffing levels are an area of 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.</p>

<p>inspection (1 November 2023).</p>	<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 includes notice being given/transition support to another provider for one of our supported living packages. This has been added to our Risk Register and RAG status monitored.</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 must always be available to staff and have clear implementation and review dates. Any supporting documentation that staff must 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 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 policies and procedures must be easily accessible to care receivers and their families and shared when services commence.</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.</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