



**Jersey Care
Commission**

INSPECTION REPORT

**Autism Jersey Children and Young Adults
Services**

Home Care Service

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

5 June, 6 June & 11 June 2024

**Published:
6 August 2024**

1. THE JERSEY CARE COMMISSION

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

2. ABOUT THE SERVICE

This is a report of the inspection of Autism Jersey Children's and Young Adults Services and there is a Registered Manager in place.

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Categories of care	Autism, Learning disability, Physical disability and/or sensory impairment.
Maximum number of care hours per week	600 hours
Age range of care receivers	4 to 25 years
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 4 April 2026.	
Additional information	
The name of the service was changed to Autism Jersey Children's and Young Adults Services to fully reflect the age range and services undertaken in this area on 8 January 2024.	

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager six days before the visit. This was to ensure that the Registered Manager would be available during the visit.

Previous areas for improvement will now be identified as areas for development.

Inspection information	Detail
Dates and times of this inspection	5, 6, & 11 June 2024
Number of areas for development from this inspection	Four
Number of care hours this week	300 hours
Date of previous inspection: Areas for development noted in 2023:	26 July & 1 August 2023 <ol style="list-style-type: none">1. Additional specialist training is required for support workers who support people living with Autism.2. 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.3. On-call arrangements need to be urgently reviewed to ensure that staff do not undertake shift work while on-call.

<p>Link to previous inspection report</p>	<p>4. 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>5. Up to date care plans and risk assessments need to be available to staff at all times which have a 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>6. Complaints policy and procedures must be easily accessible to care receivers and their families, with evidence that these are regularly updated.</p> <p>7. The service must have clear escalation processes in place which address difficulties with the operational delivery of care/support to ensure they are effectively communicated to senior managers and acted upon appropriately.</p> <p>IR-Autism-Jersey-Childrens-Services-20230725-0801-complete.pdf (carecommission.je)</p>
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3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 26 July and 1 August 2023 as well as these specific new lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

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

The plan was discussed during this inspection, and it was positive to note that five out of seven developments had been made. This means that there was evidence of autism training for all staff, including enhanced autism training, the on-call arrangements have been improved upon, staffing levels now meet the requirements of packages of support, care plans and risk assessments are up to date and available to all staff, and a complaints policy and form is on the Autism Jersey website.

Insufficient progress had been made to address two of the areas for development. This means that the registered provider has not met the Standards in relation to providing families with welcome packs/agreements setting out the parameters of the support being provided, however the Registered Manager stated that the organisation is looking into this., There is also no clear risk escalation process in place to address difficulties with the delivery of care. This will be discussed in more detail under inspection findings.

4.2 Observations and overall findings from this inspection

Since the last inspection new employees have joined the staff team. The induction programme allows new staff to shadow more experienced staff until they are deemed confident and competent to work on their own. The shift rota that has been adopted provides a blend of experienced and less experienced staff working together to meet the needs of the care receivers.

There remains a pause on referrals on some care packages to ensure staffing meets capacity.

Overall, the Regulation Officer was impressed by the Registered Provider and Registered Manager response to the last inspection and how they had addressed five out of seven areas for improvements, however another two have been highlighted from this inspection.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from 26 July and August 2023, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer was unable to obtain feedback from any care receivers however spoke with two of their family members. Discussions also took place with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service. As part of the inspection process, records including policies, risk assessments complaints, training matrix, and support plans were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager verbally and later by email.

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

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

5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

6. INSPECTION FINDINGS

Is the service safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The Children's and Young Adult Services are part of the Autism Jersey organisation. They offer short breaks for both children and young adults, support packages, and a holiday scheme. Each branch of the service has a team leader/coordinator who supervises the Support Workers, completes the duty rotas, and updates care plans and risk assessments. The Registered Manager has overall responsibility for the services.

The service's Statement of Purpose was reviewed during the inspection and found to accurately reflect its aims by ensuring a personalised service to people on the autistic spectrum. This was highlighted during feedback.

Feedback from a family member:

"Xxx is extremely well cared for and his best interests are always at the fore front of everything they do."

At the time of inspection, the organisation was migrating all its online files, therefore access to policies took time. The Registered Manager informed the Regulation Officer that the care plans were also being moved to an online management system called Zuri. The Registered Manager provided evidence and reassurance that the support staff had no problems accessing all the files.

Feedback from staff:

“All policies have been migrated to an online management system and it’s much easier to access them. Team Leaders/Managers can see what policies their staff have read and how long it took them.”

The Registered Manager advised that senior staff are issued with a laptop, and all other staff have a work phone or a personal phone. The online management system Zuri is installed on all the phones, and they are security-protected. This was confirmed during staff feedback.

Several risk assessments showed the potential risks associated with activities in the home and out in the community. These included mealtimes, medication storage, community access, and challenging behaviours. The assessments were comprehensive, reviewed on a six-monthly basis, and accessible to all staff. The Regulation Officer highlighted that the risk assessments should be on the same system as the care plans so all staff can easily access the most up to date information.

Staffing levels to meet the service's demands were previously an area of concern; however, the organisation has addressed this, and they have recruited staff on both zero-hour and permanent contracts since the last inspection. This is no longer an area for development.

Since the previous inspection, there have not been any safeguarding concerns. The Registered Manager is one of the safeguarding leads for the organisation, and staff have attended training and are aware of the safeguarding referral process. The Regulation Officer and manager discussed a previous safeguarding investigation and how it was concluded, and it was concerning to note that the organisation does not have a well-being policy in place for staff, especially following investigations, incidents, and any other events which can impact staff's well-being. This is an area for development.

All staff who administer medications have the requisite Regulated Qualifications Framework (RQF) Level 3 award in medication administration. The medication policy also includes observation of practice following training. Additionally, team leaders/coordinators complete staff competency assessments six monthly to ensure the safe handling and administration of medication. This meets the Home Care Standards.

A positive approach to managing risk was discussed during the inspection with the Registered Manager and staff giving several examples including “visiting the dentist for the first time in years with lots of positivity, encouragement and praise from the support staff.” This had been a traumatic experience for a care receiver previously.

The Children’s and Young Adults Services have demonstrated that the service is safe through the application of risk assessments, medication training and adhering to their Statement of Purpose.

Is the service effective and responsive?

Assessing the organisation of the service so that care receiver’s needs are respected and met.

The Registered Manager stated that social workers make all referrals to the Children’s and Young Adult Services. The initial assessment before referral will identify support needs and determine if the ratio of staff to care receiver is 1:1 or 2:1. The Registered Manager or Team Lead then completes a detailed person-centred care plan with input from care receivers and their representatives. The care plans viewed during the inspection highlighted individual preferences, communication needs, goals, and outcomes.

Feedback from a professional:

“In my experience Autism Jersey pride themselves on person centred care in the community.”

Feedback from a family member:

“The team are always looking to try new things with Xxx to broaden their interests. They have helped Xxx to overcome many hurdles.”

The staff working in the different services find different ways of communicating with care receivers, document them in the care plans for consistency and review on a regular basis. The Regulation Officer was impressed with the "now and next" board concept, where the care receiver can see what's happening now and what's coming next. Using pictures to communicate is common along with other methods, including Makaton, choice boards and verbal prompts. Staff are given training in identified communication tools in line with the Statement of Purpose.

The Registered Manager spoke of the 'reset and reframe' process, which is used to support some care receivers who are not ready to carry out an activity due to sensory overload. This allows the care receiver to safely take time out until they are ready to participate again or change to another activity.

The inspection highlighted areas of collaborative working with other professionals in the best interests of the care receivers. This is positive to ensure inclusivity for the care receivers.

A previous area for development which has been rectified is the on-call arrangements. The Regulation Officer was provided with evidence that staff no longer undertake shift work whilst on-call. This was confirmed during staff feedback.

The Regulation Officer requested and viewed three of the monthly quality reports prior to the inspection. They follow the Commission's template and Home Care Standards; however, these cover the organisation as a whole and are not service-specific. The Regulation Officer found them challenging to interpret regarding staffing hours, incidents, and a need for conclusions and action plans. This is an area for development.

It was good to note that since the previous inspection, the organisation has now developed a complaints policy and form available on their website. The Regulation Officer viewed these and was satisfied they meet the standards. This is no longer an area for development.

The Registered Manager enthusiastically spoke of ways in which care receivers are helped to transition from children to adult services. This is done gradually with other professionals, the care receivers, and their families.

Significant restrictions on liberty (SROL) applications and authorisations were discussed with the Registered Manager, who demonstrated knowledge and talked through a recent authorisation and its details.

The Regulation Officer was satisfied that the service was effective and responsive to care receivers' needs and wishes by having a robust referral and assessment process, various communication methods designed to meet individual needs, a clear on-call system, and knowledge of how to raise a safeguarding concern and follow-up on complaints.

Is the service caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

The previous inspection highlighted the lack of welcome packs and signed agreements for care receivers and their representatives. This was discussed and although some progress has been made these have still not been implemented and remains an area for development.

The services place emphasis on giving their care receivers choice and control as stated in the Statement of Purpose. This was demonstrated throughout the care plans in terms of choosing meals, activities, communication methods and attending community clubs and events. The Registered Manager gave examples of this throughout the inspection.

Feedback from a professional:

“Staff always try to identify activities that the care receivers would like and go out of their way to include them.”

The organisation has a human resources department to ensure safer recruitment practices are followed. The Regulation Officer viewed the safe recruitment policy before examining eight staff recruitment files and was satisfied that the organisation follows safe recruitment practices and policy. Newly recruited staff have enhanced disclosure and barring certificates in place which were viewed at the inspection. Probation periods for new staff were discussed at the inspection. This lasts six months and includes an induction programme. The induction programme consists of a checklist to work through and signed off, reading policies, mandatory and specialised training and shadowing other members of staff for two weeks or longer where necessary. The Regulation Officer felt that the induction period met the standards; however, feedback received indicated that the induction period should be longer and more robust.

All staff undergo formal supervisions from induction, through probationary period and thereafter either every two months for permanent staff or every three months for zero hours staff. This was evidenced at the inspection.

Feedback from staff:

“The organisation ensure new staff are equipped with the training they need and shadowing shifts before they are given any clients.”

Feedback from staff:

“Our strengths as an organisation are promoting social inclusion, autonomy, and promoting independence.”

“We do person centred approaches very well and our manager is always approachable and listens.”

Feedback from staff:

“Potential improvements could be better communication between services and one online system to do everything.”

Although an area for development remains from the last inspection around welcome packs and agreements, the service has evidenced safer recruitment practices, a sufficient induction and probation plan, along with formal supervisions and appraisals.

Is the service well led?

Evaluating the effectiveness of the service leadership and management.

There is a clear organisational framework in place covering operational services, charitable services, administration, and finance.

The Registered Manager showed a good knowledge of the services, the care receivers, the support staff, and the capacity of each service within the Children's and Young Adults services.

Feedback from a professional:

"The Registered Manager is meticulous in care planning, risk assessments and data on the services provided."

Governance systems are evidenced in the monthly reports from each registered manager and service coordinators to the Chief Executive Officer, resulting in a well-run service that is not over-extending its capacity.

Various operational policies and procedures were requested and viewed during the inspection. These included medications management, lone working, risk management, professional boundaries, safe recruitment and health and safety. All have been reviewed since the last inspection and reflect legislation locally. Staff feedback reiterated that they could access policies easily and gave examples of when they have referred to them.

Escalating risks remains an area for development from the previous inspection report. Although the Regulation Officer viewed an operating procedure for on-call management, it is process driven and does not detail what the escalation process is should there be a disruption to the services.

The organisation employs a training and development officer who oversees and sources training for all staff. Additionally, they have in house trainers for various courses including safeguarding adults and children, medication competencies, and an RQF assessor.

A blend of inhouse training, face to face and online training was evidenced when the Regulation Officer viewed the staff training matrix with the Registered Manager. The care team holds various Regulated Qualification Framework (RQF) awards. At the time of inspection, thirteen staff possessed a level 2 RQF and five with a level 3 RQF in health and social care.

To conclude, the Children's and Young Adults services have shown they are well-led through the Registered Manager and the team leaders' proactive input with the care receivers and the support staff. The use of policies and procedures and an emphasis on training specific to care receivers' needs shows a fundamental commitment to the continual development of these services.

Feedback from staff:

"This is a great organisation to work for. They really care about the clients and the staff."

DEVELOPMENT PLAN

There were four areas for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Development 1</p> <p>Ref: Standard 1.2, 1.3</p> <p>To be completed: within 6 months of the date of inspection</p>	<p>Welcome packs/agreement 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>
	<p>Response by registered provider:</p> <p>Work is underway and this is an ongoing process that is organisation wide at this time, and is being researched with input from professionals, autistic individuals, and family members as to what they would want in and from a welcome pack. The completion date has been extended previously as we recognise the need to compose the pack on information and suggestions received, however, this action will be completed within the agreed 6 month period from this inspection report.</p>

<p>Area for Development 2</p> <p>Ref: Standard 9.3</p> <p>To be completed: within 6 months of the date of inspection</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 they are effectively communicated to senior managers and acted upon appropriately.</p>
	<p>Response by registered provider:</p> <p>Day to day risk is managed as dynamic risk, with a clear escalation policy related to the line management structure in place. All individual staff have a named direct line manager. Operational Services has a live Business Continuity Plan in place with a RAG rating system ensuring the delivery of key prioritised support. It is imperative that all risk is identified, logged and reported through individual supervision, Team Meetings, Team Leader Meetings and onto the Senior Operational Management Team meetings. As a Charity information filters into the overall Risk Register managed by the Senior Management Team, with reporting back to the Charity Board of Trustees.</p>

<p>Area for Development 3</p> <p>Ref: Standard 9.2</p> <p>To be completed: within 6 months of the date of inspection</p>	<p>There will be systems in place to discharge, monitor and report specifically on the delivery of Children's and Young Peoples Services functions in line with legislative requirements, standards, and guidance.</p>
	<p>Response by registered provider:</p> <p>This has been flagged to our Senior Management team for discussion, and we will look to separate out the statistics for each area relating to the FTE of staff in any one area, but also other elements of line management that may overlap in to other service areas as we are confident we can evidence compliance organisation wide.</p>

<p>Area for Development 4</p> <p>Ref: Standard 1.4, Appendix 2</p>	<p>There will be policies and procedures based on current best practice and evidence which will be available and accessible to people receiving care and others. Specifically, a staff wellbeing policy.</p>
<p>To be completed: within 6 months of the date of inspection</p>	<p>Response by registered provider:</p> <p>This will be presented to Senior Management and a staff wellbeing policy will be developed as an outcome.</p>

Appendix 1 – Sources of Evidence

Follow up on previous areas for development	
Focus	Evidence Reviewed
Safe	<p>On-call shift cover and staffing levels:</p> <ul style="list-style-type: none"> • Duty rotas over the past 6 months <p>Care plans and risk assessments:</p> <ul style="list-style-type: none"> • Several care plans and numerous risk assessments viewed
Well-led	<p>Specialist training:</p> <ul style="list-style-type: none"> • Training matrix <p>Complaints:</p> <ul style="list-style-type: none"> • Complaints policy and complaints form viewed on the website <p>Escalation:</p> <ul style="list-style-type: none"> • Escalation process – not in place at time of inspection
Caring	Welcome packs/agreements – not in place at time of inspection
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Statement of Purpose • Notifications • Policies • Risk assessments • Staffing rotas • Medicines policy, training, competency

<p>Is the service effective and responsive</p>	<ul style="list-style-type: none"> • Care plans • Feedback from relatives and professionals • Evidence of collaborative working • Training matrix
<p>Is the service caring</p>	<ul style="list-style-type: none"> • Supervision and appraisals log • Staff feedback • Evidence of choice and control • Care plans
<p>Is the service well-led</p>	<ul style="list-style-type: none"> • Policies and procedures • Training • Monthly provider reports • Feedback staff and professional

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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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