



**Jersey Care
Commission**

Summary Report

**Autism Jersey Children and Young Adults
Services**

Home Care Services

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

5 June, 6 June & 11 June 2024

**Publication Date
6 August 2024**

SUMMARY OF INSPECTION FINDINGS

Progress against areas for development identified at the last inspection

At the last inspection, seven areas for improvement (development) were identified, and an improvement (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 improvements (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 tightened up, 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 improvement (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, and there is 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.

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 staff to meet the needs of the care receivers.

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

Overall, the Regulation Officer was impressed by the Registered Provider's and Registered Managers 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.

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 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>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>To be completed: within 6 months of the inspection</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 on the delivery of its 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>To be completed: within 6 months of the inspection</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>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>

The full report can be accessed from [here](#).