



**Jersey Care
Commission**

INSPECTION REPORT

Autism Jersey Adult Services 1

Home Care Service

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

4 and 10 October 2024

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, which is operated from an office base in St Helier. It is one of three services provided by Autism Jersey, and as detailed in the Statement of Purpose, the aims and objectives of the service are *“enabling people on the autistic spectrum to achieve their potential by advocating for an inclusive community and providing personalised service to the individual, families and carers.”*

The service provides personal care and support to individuals in their homes or in the community participating in social activities and engagements to lead full lives. It also aims to promote the rights of individuals with autism to achieve all they can.

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support Category of care: Autism, Learning Disability Maximum number of personal care and personal support hours to be provided per week: 600 Age range of care receivers: 18 years and above
Discretionary Condition of Registration	There are none
Dates of Inspection	4 and 10 October 2024
Times of Inspection	9.30am – 12.30pm and 1.30pm – 4.15pm
Type of Inspection	Announced
Number of areas for improvement	Four
Number of combined personal care/ personal support hours delivered during the week of inspection	244.5 hours

Autism Jersey operates the Home Care service. The Registered Manager in place became registered with the Commission in February 2023.

Since the last inspection completed on 1 August 2023, the Commission has received telephone contact from the service as and when queries have arisen, and notifications submitted as the Regulations and Standards require.

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.

This service has many strengths and follows a model that promotes and empowers individuals to have choice and control over their lives while encouraging

community engagement and the retention of as much independence as possible. There were examples of individuals who gained confidence and self-esteem by achieving specific objectives they had set for themselves and participating in new experiences.

Feedback from care receivers, families, and health professionals was complimentary of the quality and standard of support. Evidently, the support aligns with the service's ethos of promoting individuals' rights and inclusivity in the community. Staff interactions are respectful, and care receivers, their families and health professionals spoke highly of the trusting relationships they had developed with the team. Small, consistent teams are assigned to support care receivers, ensuring familiarity and a sense of security.

Staff are recruited safely, and training and supervision are provided after that, which meets the Standards. Staff provided examples of effective teamwork, with regular communication and reflective peer discussions facilitated. All staff described the Registered Manager as supportive, approachable, and receptive to staff views and suggestions for improvements.

The service has met all but one of the improvement areas identified on the last inspection. The development of welcome packs remains a work in progress; therefore, this area for improvement will remain. Additionally, the service must revise and expand upon the Statement of Purpose, clarifying the specific function of this service. The induction programme for new staff must be strengthened to align with the Standards, and the monthly monitoring procedures must report specifically on this service's compliance with the Regulations and Standards.

INSPECTION PROCESS

Both visits to the service's offices were announced, and the inspection took place over two days. The Registered Manager was informed of the inspection four days in advance of the first visit to ensure they would be available, and the second visit arranged during the first visit. The Regulation Officer visited care receivers in their homes between 7 and 24 October 2024.

The Home Care Standards were referenced throughout the inspection.¹ This inspection focussed on the following lines of enquiry:

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

Prior to our inspection all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer gathered feedback from four care receivers and one of their representatives. They also had discussions with the service's management and received feedback from five members of support staff. Additionally, feedback was provided by three health and social care professionals external to the service.

As part of the inspection process, records including care records, risk assessments, personal profiles, supervision, training and staff recruitment records were examined. At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

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

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, six 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 all but one of the improvements had been made. This means there was evidence that additional specialist training is delivered to staff, improvements in on-call managerial arrangements have been made, and staffing provision has improved to support care packages. Care plans and risk assessments have improved, and the complaints process has been made more accessible to care receivers and their families. Progress with the provision of welcome packs remains ongoing, and the Registered Manager advised this would be completed soon after this inspection but will remain an area for improvement.

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.

Before the inspection, the service's Statement of Purpose (SoP) was reviewed, which outlines the services provided by Autism Jersey as an organisation. The Registered Manager described the two types of support offered; 'short breaks' services and 'supported living', which range from 24-hour continuous support in the home environment to less frequent community-based support for activities. The short breaks service typically involves staff supporting individuals in the community to help them develop social skills, build confidence, interact with others, and enjoy new experiences.

The SoP does not specify the variances in the types of service and support that can be provided. It should be revised to describe the service offerings accurately, which is an area for improvement.

During the inspection week, 244.50 hours of support were provided, with 149.50 hours allocated to supported living packages and 105 hours allocated to the short breaks service. The Registered Manager advised that the service is now fully staffed, and consideration is given to accepting new referrals. This is a significant improvement from the last inspection when staffing shortages prevented the service from consistently meeting some of the support packages it was commissioned to provide.

When new referrals are received, the Registered Manager ensures that relevant information is shared by the referrer. In addition to assessing the individual's needs, the manager considers staffing availability and plans for consistency, recognising that this is equally important to the needs assessment.

Since the last inspection, the service has recruited five support workers, and three staff files were examined. This confirmed the service follows a robust and safe recruitment process, and all pre-employment screening checks are completed before support staff begin work. Criminal records checks are undertaken every three years for existing staff, with records maintained to evidence this happens.

One support worker employed after the last inspection informed the Regulation Officer that, based on their interview and on boarding process, they felt confident and viewed the organisation as professional and safety conscious.

Evidence showed that one person's interview process included an assessment of their interaction with a care receiver. This practical evaluation went beyond the formal interview and allowed for a more comprehensive assessment of their suitability for the role.

The SoP refers to care receivers being involved in the interview process, but a review of the three staff files showed this had not occurred. In discussion, the Registered Manager acknowledged that this practice had declined recently and recognised that the service could do better in this regard.

Records showed that staff are provided with an induction covering essential work-related systems, including policies, fire safety, supervision, and reporting procedures. However, there is no evidence newly recruited staff, some of whom had no prior experience in care work, were provided with an induction programme in line with the Standards, including supervised practice and competency assessments, for example. The need to strengthen and expand the existing induction programme is an area for improvement.

One staff member told the Regulation Officer they had felt extremely supported by their manager and fellow colleagues during their initial introduction into the role. They described being given opportunities to shadow more experienced staff and to meet the care receivers they would be supporting before taking on the role independently. Feedback records from one member of staff's probationary period were reviewed, which showed their progress in meeting their job description had been monitored and discussed with them.

Samples of supervision and appraisal records were reviewed, which showed that their frequency is in line with the Standards. The quality of supervision is good, and it provides opportunities for reflective practice discussions, supports staff well-being, and enables the development of skills and knowledge. Three staff members gave positive feedback regarding the quality and frequency of their supervision with their line manager. The records showed that one staff member had expressed concern about a perceived lack of support following an incident, so a staff well-being check process had been implemented.

The provision of information about the service's complaints process has improved since the last inspection, and the Registered Manager provided records evidencing the development of a social story for a care receiver. In that communication, an issue that had troubled them was written in a style tailored to their needs and communication abilities. This outcome showed that the service had been responsive in making changes to improve the care receiver's experience. The Registered Manager described a situation in which a care receiver expressed dissatisfaction with a care team member, which was taken seriously and addressed.

No complaints have been raised since the last inspection. Feedback from family members indicated confidence that the service would be responsive in making changes should they express dissatisfaction with any aspect of it. Additionally, two care receivers told the Regulation Officer that they felt comfortable speaking with their team and were aware of the management team members they could contact.

Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receivers needs are respected and met.

During the last inspection, the service was required to improve the care planning and risk assessment processes. Samples of care records, risk assessments, and other supporting documents were examined, which showed clear, accurate, legible care records with noted implementation and review dates. Samples of care plans were detailed and focused on strengths, challenges, and preferences, and they highlighted certain routines and sensory preferences.

Some care plans showed that the service had focused on building and developing social skills and community involvement. One care receiver provided direct feedback and described that without the service's intervention, their social engagements would be extremely limited, and they always looked forward to visits from their support worker.

Risk assessments were in place where risks to care receivers or others were identified. One example showed how staff could ensure their safety when working alone, with clear strategies to minimise risk, which was explained by a staff member describing how they support one individual.

The service is transferring all daily living plans onto an electronic record-keeping system with a set completion date. The outline of identified care planning themes was relevant to care receivers' likely support needs. Daily records are recorded on the electronic system and were found to be detailed and reflective of the support provided by staff. Protected handover time is planned to allow staff to share relevant information when starting and ending their shifts. Two staff members confirmed this happened, and the daily records let them keep updated about care receivers.

The content of the care plans showed that they were customised to individuals and their unique needs and that the service promoted well-being, independence, confidence, and quality of life. The Standards relating to care planning arrangements have been adequately met.

The service works closely with external health professionals to provide effective support to care receivers and ensure they have access to the health care they need. Feedback from two health and social care professionals confirmed that the service helps care receivers maintain their physical, mental, and emotional well-being through proactive communication about their progress.

Both health and social care professionals reported that care receivers had directly expressed satisfaction with their support workers. One professional said, "*The team are very much led by Xxx choices*", while another said, "*The team are proactive, and they meet Xxx needs very well, and support them in line with their choices*". One health professional highlighted the team's success in encouraging a care receiver to attend a dental appointment, which had previously been challenging.

The service holds monthly meetings, which care receivers are invited to attend. The meetings focus on discussions about them, and the Registered Manager confirmed that some care receivers do attend to share their views about the support they receive.

On occasion, staff help care receivers with taking their medication. Two medication administration records (MAR) were reviewed, one of which did not indicate the month or the year, showing only the dates. The service has had difficulty obtaining pre-printed MARs from the issuing pharmacy, leading them to create their own recording system for medication administration. While both staff explained the systems for auditing medication administration, the system failed to detect the omission of the month and year on one MAR.

The staff rotas were reviewed for care receivers who receive support as part of the supported living service. They showed that small staff teams are assigned, with shift patterns ranging from eight to twenty-four hours, with overnight rest periods rostered within the 24-hour shift pattern. Support staff confirmed they are rarely interrupted during the night while supporting care receivers. The Registered Manager oversees staff working hours to ensure they do not exceed the Standards.

During the last inspection, the on-call arrangements needed improvement to prevent overlapping with supporting care receivers. The Registered Manager confirmed that this has significantly improved, and managerial on-call shifts are fully dedicated to on-call responses. Support staff told the Regulation Officer that the on-call managerial service was very responsive and provided examples of the support they had received.

The service's policies are easily accessible to staff, and samples were reviewed, including the dress code and social media policies. The social media policy forbids taking or sharing images without care receiver consent. The dress code policy provides clear guidance on clothing, although it was suggested that a section about dress code expectations for sleep-in shifts be included.

Is the Service Caring?

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

Through discussions with care receivers, a family member, direct observation, review of care records, and feedback from external health professionals, it is apparent that the service is committed to supporting the well-being of all care receivers, promoting their quality of life, and enhancing their self-esteem and confidence. The Registered Manager shared examples of how the service has helped care receivers achieve personal goals, including learning to drive, securing employment, and joining evening social groups. The staff team respects each care receiver's individuality and upholds person-centred values.

Care receivers and one family member said the staff team was caring and competent, and they have built good professional relationships. One family member described the staff team's commitment to upholding their relatives rights, respecting their choices and preferences, and advocating for them where necessary. The Regulation Officer observed that care receivers appeared relaxed and comfortable with their support staff through body language and non-verbal communication, indicating satisfaction with the support provided.

The Regulation Officer observed a staff member's practical communication skills with one care receiver, which assisted them in expressing themselves. Staff spoken with were knowledgeable and well informed of care receivers' needs, including their backgrounds, family situations, strengths and challenges. One health and social care professional said that they find the staff team engaging, receptive to their recommendations, and supportive of individuals in a way that empowers their communications and interests. They said the staff team's efforts have resulted in positive outcomes for care receivers.

Staff rotas are provided to care receivers to inform them which team member will support them. Care receivers told the Regulation Officer the various ways they received this information, which was tailored to their preferences. They knew the names of staff members and said they had been introduced to them when they joined as part of their staff team.

The development of the welcome packs/ agreements for care receivers, which was an improvement area on the last inspection, remains a work in progress and has not been fully achieved. This will remain an area for improvement, and the Registered Manager advised that this would be completed as a priority.

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.
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The Registered Manager maintains an active involvement in the service and seeks regular feedback from care receivers to consider the quality of the service provided. Care receivers know how to contact the manager; some said the manager visits them in their homes to assess their satisfaction with the support provided. The Registered Manager was spoken of positively by staff during the inspection, and all consistently said they were supportive and approachable.

Staff feedback reflected a happy, motivated team who take pride in their work and are mindful and attentive to their role in supporting care receivers. They described the organisation as supportive and professional, with open communication and team discussions facilitated. One health professional also commented on the professionalism of the service.

The governance processes in place to demonstrate compliance with the Regulations and Standards means that information is collated and a monthly report prepared. Samples of reports were reviewed, and it was found that they reflect statistics and data of the organisation as a whole rather than specifics to this service. Some comments from the April report remained unchanged in the August report, indicating they had not been addressed.

The reports should provide more of an analytical view of ensuring compliance within the service, emphasising strengths, and supporting continuous development and improvements. This is an area for improvement.

Training records and feedback from staff indicate that they receive up-to-date mandatory training and other training specific to their role. Staff spoke positively of the learning and development opportunities available, and one health professional reported that the staff team applied their learning to daily practice. Training in trauma-informed practice, food safety, first aid, capacity and self-determination, mental health first aid, and SPELL were noted in the training plan. A blend of e-learning and face-to-face practical training is provided. Medication training, as required by the Standards, is also provided along with regular competency checks.

Staff are supported to pursue vocational training in health and social care. Currently, one staff member is working towards a Level 5 qualification, three have completed a Level 3 Award, and one more is in progress. Eight staff have a Level 2 qualification, with one in progress and another scheduled to begin. This reflects a development plan to ensure all staff achieve a Level 2 qualification.

The service is attempting to source training specific to learning disabilities and autism, aligned to a programme introduced in the National Health Service. The service has discussed the real-life case that led to the development of this training and familiarised itself with the details as a means of raising awareness.

The service is participating in the National Autistic Society Accreditation Programme and is scheduled for assessment in the coming weeks.

IMPROVEMENT PLAN

There were four 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 1.2, 1.3</p> <p>To be completed by: 2 months from the date of this inspection (10 December 2024)</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 and care receivers/ families.</p> <hr/> <p>Response of Registered Provider:</p> <p>Time has been taken to date to restructure and ensure that documentation reflects the various areas/departments within operational support. The next opportunity to further undertake this will be in February, whereby a draft will be completed and a final version completed by 1st April.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 1.1</p> <p>To be completed by: 2 months from the date of this inspection (10 December 2024)</p>	<p>The Statement of Purpose must be revised and expanded upon to include clarification about the types of service provision.</p> <hr/> <p>Response of Registered Provider:</p> <p>This has now been further clarified with the Regulation officer and we will look to implement this by the end of this year.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 3.10 Appendix 5</p>	<p>The service must expand upon the induction programme so that it aligns with the Standards and demonstrates the assessment of care workers' competencies.</p>
<p>To be completed by: 3 months from the date of this inspection (10 January 2025)</p>	<p>Response of Registered Provider:</p> <p>We will be looking to introduce the care certificate as part of our induction for any unqualified staff, whilst we develop our own internal training.</p> <p>We will also implement written observations for staff members as part of the assessment of competence.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 9.2</p>	<p>The provider must report monthly on the quality of care provided and compliance with registration requirements, standards and regulations relating to this service specifically.</p>
<p>To be completed by: 2 months from the date of this inspection (10 December 2024)</p>	<p>Response of Registered Provider:</p> <p>This has been discussed with the registered provider to reflect the standards specifically to the service.</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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