



Jersey Care
Commission

INSPECTION REPORT

Autism Jersey – Adult Services 2

Home Care Service

Century Buildings

Patriotic Place

St Helier

JE2 3AF

Inspection dates:

14 and 21 November 2024

**Published:
18 February 2025**

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 – Adult Services 2 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 | Learning Disability, Autism |
| Maximum number of care hours per week | 600 |
| Age range of care receivers | 18 years and above |
| Discretionary Conditions of Registration | |
| Registered Manager to complete Level five diploma in Leadership in Health and Social Care by 8 April 2027 | |
| Additional information | |
| None | |

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 prior to the visit. This was to ensure that the Registered Manager would be available during the visit.

| Inspection information | Detail |
|--|--|
| Dates and times of this inspection | 14 November 2024: 09:30 – 16:00 21 November 2024: 15:00 – 16:30 |
| Number of areas for development from this inspection | Three |
| Number of care receivers accommodated on day of the inspection | Three |
| Date of previous inspection: | 27 July and 1 August 2023 |
| Areas for development noted in 2023 | Six |
| Link to previous inspection report | Autism Jersey – Adult Service 2 Inspection Report 2023 |

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 27 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, 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 five of the six areas of improvement had been achieved. This means that there was evidence of:

- Additional specialist training for support workers who support people living with autism.
- On-call arrangements have been reviewed to ensure staff do not undertake shift work while on-call.
- Staffing levels and care packages have been reviewed, and the service is now able to meet the volume of care packages within the number of support hours available.
- Up-to-date care plans and risk assessments are now available to staff at all times, and they have clear implementation and review dates. Supporting documentation, that staff need to be aware of, is referenced in care plans and risk assessments.
- Complaints policy and procedures are accessible to care receivers and their families, with evidence that these are regularly updated.

During the discussion of the six areas for improvement from 2023, insufficient progress had been made to address one of the areas for improvement, which stated:

- Welcome packs/agreements should be made available to all care receivers and/or their families. They should set out the parameters of the support being provided and detail the responsibilities of Autism Jersey and the responsibilities of care receivers/families.

Areas for improvement will now be identified as areas for development. As a result, the service still needs to complete this area of development.

4.2 Observations and overall findings from this inspection

The service provides a small number of complex packages of care. The care receivers each have a small team of support workers who provide packages of care in their homes between eight to twenty-four hours a day. There is evidence of continuity of support workers, helping to develop and maintain positive relationships with the care receiver.

In October, the National Autistic Society assessed the organisation and completed a quality assurance review as part of its autism accreditation programme. The initial feedback from the review was positive, but the organisation is awaiting the final report.

Since the last inspection, staffing levels have improved, and there are adequate staffing numbers to provide the appropriate packages of care. This has been achieved through the recruitment and retention of staff, along with a review of the number of care packages.

Staff are trained to an appropriate standard covering the mandatory requirements specified by the Commission as well as particular training to meet the needs of the individual care receivers. Staff are safely recruited and receive appropriate supervision.

There is evidence of person-centred care within the care planning process. The current system is being gradually replaced with a more comprehensive electronic care planning system. This change is being implemented gradually to allow staff to familiarise themselves with the system and help to reduce the risks associated with such a change process.

The Regulation Officer was satisfied that the service had appropriately addressed five of the six areas of improvement from the last inspection with the need to develop welcome/information packs remaining as work in progress.

The Statement of Purpose for “Autism Jersey – Adult Services 2”, which identifies the service provision and the function of the service, covers all of the organisation’s services. This results in some information not being relevant to this service and lacks the detail required to clearly describe what this service provides. Furthermore, the inspection also identified that monthly service monitoring needs to be service-specific rather than covering the whole organisation and improve feedback. Both of these are areas of development.

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 27 July and 1 August 2023, review of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from one of the care receivers and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was sought from three professionals external to the service with one of them providing feedback by the time of writing the report.

As part of the inspection process, records including policies, care records recruitment files and incidents were examined.

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

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 a development 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 [Home Care Standards / Jersey Care Commission](#)

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.

During the week of the inspection, 322 hours of support were provided to the care receivers. The Registered Manager explained that the staffing numbers were now appropriate for the required hours, and a further complex package of care was being developed. The Registered Manager demonstrated how the increased package of care would be accommodated. Since the last inspection, the service has improved the staffing complement, flexibility, and care provision.

The Regulation Officer met with the organisation's human resource (HR) officer, who explained the safe recruitment process. There was clear evidence of criminal records checks for staff being completed before them commencing employment. References were sought from previous employers and the Regulation Officer was able to view several recent references received by the service during the recruitment process. It was noted that some references contained only the job title and dates of employment and did not include any safeguarding information. The HR officer described contacting previous employers for the required information. The diligence of the HR officer in gathering the information is noteworthy.

The service, along with the broader organisation, has recently been audited by the National Autistic Society (NAS) who provide the only autism specific quality assurance programme in the UK, to support and develop services provided to people with autism. During October 2024 the NAS reviewed and audited Autism Jersey and the report will be published in the near future. This process was voluntarily entered into by the organisation and will identify areas of good practice, areas for development and the ability to benchmark against other service providers. This is an area of good practice.

Feedback from a member of staff
"I love working for Autism Jersey, the managers are very approachable, supportive and knowledgeable."

The Regulation Officer viewed a number of policies and procedures including the:

- safeguarding policy, which links with the Jersey Safeguarding Partnership Board local multi-agency procedures
- risk management policy, covering both general and dynamic risk management
- flexibility of thought policy – which relates to impairment of flexible thinking, often associated with people with autism which may manifest as obsessive and repetitive routines and behaviours.
- fire safety policy
- staff handbook which includes human resource policies.

Policies are easily accessible to staff, who sign to record they have read and understood each policy. The policies viewed had all been reviewed and updated within acceptable timescales.

A safeguarding referral had been raised during the year to support a care receiver. The outcome of the process was positive and protective for the care receiver.

The training matrix gives a comprehensive record of the training completed by all staff and flags training that is required or needs refreshing. Ninety per cent of permanent staff have either completed or commenced the Regulated Qualification Framework (RQF) level two or three certificate in health and social care. Autism awareness training has now been provided to ninety-four per cent of all staff (including zero hours staff).

Staff have regular supervision. Initially, when first employed, they receive monthly supervision and once they have been employed for six months they have supervision every three months. Appraisals take place annually with objectives being reviewed and set.

The Statement of Purpose for “Autism Jersey – Adult Services 2” which identifies the service provision and the function of the service, covers all of the organisation’s services. This results in some information not being relevant to this service and lacks the detail required to clearly describe what this service provides. This is an area of development.

Is the service effective and responsive?

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

During 2024, the organisation focused on becoming a trauma-informed service which aims to increase the understanding of complex trauma, along with ensuring staff have the knowledge and skills required to work with people affected by Post Traumatic Stress Disorder (PTSD). Since May of this year:

- over eighty per cent of permanent staff have completed the trauma-informed training
- three supervisors have completed training in trauma-informed dynamic debriefing
- Twelve staff members have been trained as trauma-informed advanced practitioners.

The emphasis on introducing trauma-informed practice follows recent academic publications that suggest the number of people with autism who report symptoms of PTSD are between 32 – 45% compared to the general population of between 4 – 4.5%. It is suggested that autistic people may be more likely to experience trauma due to autistic characteristics such as:

- sensory sensitivity
- communication and social interaction differences
- distress around changes in routines
- distress if prevented from taking part in repetitive and restricted behaviours such as stimming.

Implementing training to support people living with autism that is generated through evidence-based practice is an area of good practice.

Although the service provides a small number of complex care packages, they all require significant staff commitment and a good level of flexibility to respond to the needs of the care receivers. The Regulation Officer was satisfied that the service was responsive to the needs of care receivers and their families.

The Registered Manager described recent challenges in accessing positive behavioural support from statutory services. Positive behavioural support is delivered by skilled practitioners who work with people with autism to understand the reasons behind behaviours and introduce positive behaviours with the person and the team. Due to the limited access to support, the organisation has invested in four staff who are undertaking the level four BETC certificate in positive behaviour support through British Institute of Learning Disability (BILD), a recognised training provider in this field.

Feedback from a family member:

“The team are providing a safe service and have adapted the support they provide to meet Xxx needs.”

Is the service caring?

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

The Regulation Officer viewed care plans and risk assessments and found them person-centred, detailed and up to date. The routines of the care receiver, along with their sensory preferences, were highlighted, ensuring members of the team had access to the relevant information required to provide the appropriate care. There was evidence of care receivers and/or family involvement in developing the care plans. The Registered Manager described changes that the organisation is implementing to move away from the current care planning programme to an alternative electronic care planning system which has been designed for home care services.

The Registered Manager stated the service works closely with a number of health and community services, including speech and language therapy, mental health services, adult social work, and learning disability services. Each care receiver is registered with their own general practitioner with whom they have had long-standing relationships and who provides good quality primary care. There were examples of challenges in care receivers' experiences when using other health services, where some staff appeared to lack the understanding and knowledge in working with people who have autism.

Feedback from a care receiver:

"I have a supportive team; they help me with cooking and shopping and doing things I enjoy like going to the garden centre."

One of the staff team was very positive about the support provided by the Learning Disability service to the care receivers and the care team and described one of the outreach nurses as *"a real hero, always willing to help and support"*. However, they also expressed concern that several meetings between care receivers and some professionals are cancelled at short notice, explaining that this can be upsetting to people with autism due to pre-appointment anxiety and their need for routine.

The Regulation Officer obtained feedback from a care receiver, staff, family members, and external health professionals, and observed practice. It was evident that the service was committed to providing supportive services that meet the needs of the care receivers. There were examples of care receivers re-activating old skills, such as cycling. A risk assessment and care plan were completed, and the care receiver was introduced to 'cycling without limits', based at Les Quennevais Sports Centre, which provides inclusive cycling to all people.

A family member informed the Regulation Officer that the team providing care to their loved one is very good. They have developed a good relationship with the care receiver, who, over time, has become much more trusting and willing to accept support.

Is the service well led?

| |
|--|
| Evaluating the effectiveness of the service leadership and management. |
|--|

The Regulation Officer reviewed the training records of staff within the service and was satisfied that the minimum requirements for statutory and mandatory training were being met; this includes training in:

- health and safety
- manual handling
- food safety
- diversity, equality and inclusion
- first aid
- safeguarding
- infection control
- capacity and self-determination
- fire safety
- data protection.

There are a small number of recently appointed trainee support workers who have some outstanding training to complete. Staff feedback also confirmed a supportive organisation willing to back staff with training requirements to benefit care receivers or help them in their role.

Feedback from a member of staff:

“Autism Jersey is a learning organisation that reflects to improve.”

A monthly report is prepared as part of the governance requirement stipulated in the Commission’s Regulations and Standards. Three of the provider’s monthly reports were viewed during the inspection. The reports were generic across the organisation rather than focused on this service. Some areas had not been reviewed, specifically feedback from care receivers, relatives/representatives and staff. It is documented that there is an intention for the organisation to approach My Voice Jersey, an independent advocacy service, to lead on feedback from care receivers and families receiving direct support. This initiative is stated in each of the monthly reports viewed. The Registered Manager informed the Regulation Officer that My Voice will be approached early in the new year. Whilst the aim of having an independent service gathering care receiver and family feedback is positive, this should not have stopped the organisation from collecting its own feedback. The provider must improve the monthly reports to be specific to this service, and ensure appropriate feedback from care receivers, relatives/representatives, staff and health and social care professionals is sought and recorded. This is an area of development.

Staff feedback was positive regarding the support, approachability, and knowledge of senior managers. When discussing formal supervision, it was apparent that staff felt able to approach managers for support or advice as required, stating that there is an open-door policy.

The Registered Manager described the importance of positive team building within the organisation, with time and resources being made available for six monthly team-building events. The Registered Manager stated that the events were appreciated by the teams and helped maintain a positive culture within the organisation.

DEVELOPMENT PLAN

There were three 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: 6 months from the date of this inspection (21 May 2025)</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> <p>Response by registered provider: Welcome Packs will now be completed by end of April 2025 and available for distribution.</p> |
| <p>Area for Development 2</p> <p>Ref: Standard 1.1</p> <p>To be completed: 6 months from the date of this inspection (21 May 2025)</p> | <p>The Statement of Purpose must be revised and expanded upon to include clarification about the types of service provision specifically provided by Autism Jersey – Adults Services 2.</p> <p>Response by registered provider: A meeting is planned for 18th March 2025 to review and update the Statement of Purpose for Adult Service 2.</p> |
| <p>Area for Development 3</p> <p>Ref: Standard 9.2</p> <p>To be completed: 6 months from the date of this inspection (21 May 2025)</p> | <p>The provider must report monthly on the quality of care provided, including feedback from care receivers, relatives/representatives, staff and health and social care professionals, ensuring compliance with registration requirements, standards and regulations relating to this service specifically</p> <p>Response by registered provider: Questionnaires are now complete and ready for distribution for care receivers, relatives/representatives, staff, and health and Social Care Professionals. It is planned to start this in April 2025.</p> |

Appendix 1 – Sources of Evidence

| Follow up on previous areas for development | |
|--|---|
| Focus | Evidence Reviewed |
| <ul style="list-style-type: none"> • Additional specialist training | Staff training matrix Staff feedback |
| <ul style="list-style-type: none"> • On-call arrangements | On-call rota Staff duty rota Feedback |
| <ul style="list-style-type: none"> • Staffing levels | Staff duty rota Number and complexity of Care packages Feedback |
| <ul style="list-style-type: none"> • Care plans and risk assessments | Reviewed care packages and risk assessments |
| <ul style="list-style-type: none"> • Access to complaints policy | Viewed on organisational Website |
| New key lines of enquiry | |
| Focus | Evidence Reviewed |
| Is the service safe | <ul style="list-style-type: none"> • Policies and procedures • Training • Fire safety • Feedback • Staff recruitment • Monthly provider reports: health and safety • Care plans & Risk assessments • Infection control measurements |

| | |
|---|---|
| <p>Is the service effective and responsive</p> | <ul style="list-style-type: none"> • Mandatory conditions • Duty rotas • Introduction of additional training • Feedback • Evidence of collaborative work • Care plans |
| <p>Is the service caring</p> | <ul style="list-style-type: none"> • Supervision and appraisals log • Feedback • Care plan |
| <p>Is the service well-led</p> | <ul style="list-style-type: none"> • Policies and procedures • Training • Monthly provider reports • Feedback |

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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je