Jersey Care Commission

INSPECTION REPORT

Autism Jersey Children's and Young Adults Services

Home Care Service

Second Floor
19 Commercial Buildings
St Helier
JE2 3NB

Inspection Dates
4, 8 and 15 September 2025

Date Published
23 October 2025

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), 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 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 and Young Adults Services. The home care service is operated by Autism Jersey and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care Service
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Categories of care	Autism, Learning disability, Children (0-18), Young adults (19-25), Physical disability and/ or sensory impairment
Maximum number of care hours each week	600
Age range of children and young people	4 – 25 years
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 28 May 2028.	
Additional information	
The Commission was advised on the absence of Registered Manager on 28 January 2025 and the interim management arrangements in place. On 25 May 2025, the Commission received an application for a new registered manager, who became registered on 28 May 2025. The Regulation Officer assigned to the service met with the Registered Manager on 29 April 2025.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory and discretionary conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced, and the Registered Manager was notified one week in advance to ensure their availability. The Regulation Officer considered this especially important as it was the first inspection since they became registered.

Due to the mandatory conditions relating to age range, the term 'children and young people' will be used throughout the report to describe those receiving care and support from the service.

Inspection information	Detail
Dates and times of this inspection	4, 8 and 15 September 2025 9.30am – 11.45am 9.30am – 1.00pm 11.45am – 1.00pm
Number of areas for improvement from this inspection	None
Number of care hours during the week of inspection	126 hours
Date of previous inspection Areas for development noted in 2024 Link to the previous inspection report	5, 6 and 11 June 2024 Four IRAutismJerseyChildrenandYoungAdults2024.06.11-Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection completed on 11 June 2024, 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, four 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 development plan was discussed during this inspection, and it was positive to note that the developments had been made. This means that there was evidence that:

- welcome packs have been developed
- more robust escalation processes have been implemented
- monthly reports are now specific to the service
- policies and procedures have been reviewed, and where relevant strengthened.

Areas for development will now be referred to as areas for improvement.

4.2 Observations and overall findings from this inspection

This inspection found that the service meets the standards reviewed on this occasion. Safe recruitment practices are followed, ensuring that only suitable people are employed. Records showed that the necessary checks had been completed to support safer recruitment decisions. Staffing levels were sufficient to support children and young people, with consistency in staff allocations noted. After being recruited, staff undergo an induction programme and receive ongoing training relevant to their roles.

The service has recognised areas which require strengthening, demonstrating its ongoing commitment to improvement. Examples of this were shared, including the recent introduction of the Care Certificate, strengthened approaches to medication management, using more detailed competency frameworks, and plans to enhance the induction programme further. There is an ongoing training programme for staff to complete health and social care vocational training.

Children's and young people's voices and preferences are respected wherever possible, including their choices about their support workers and how they spend their time. Support staff had good awareness and understanding of the individuals they supported, including their communication needs. The service manages incidents well, and staff are provided with supervision and debrief support.

Care records showed that risks were identified and effectively managed, with detailed plans implemented to meet individual needs. Feedback from a health and social care professional praised the service's strong communication practices and its role in helping children and young people to develop essential life skills. Family members expressed immense confidence in the service, describing the positive impact of the support on their child and the wider family.

The areas identified for development at last year's inspection have been addressed, and no further areas for improvement were identified during 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, the Commission reviewed all its information about this service, including the previous inspection report, a review of the Statement of Purpose, notification of incidents, and information provided as part of the Registered Manager's application.

The Regulation Officer gathered feedback from one parent. Gaining input from children and young people directly was difficult, so the Regulation Officer arranged to spend time with support workers while they were being supported. They also spoke with the service's management and other staff. Additionally, feedback was requested from four health and social care professionals; one response was received. Between 18 and 23 September 2025, the Regulation Officer observed three sessions in which children and young people engaged with their support workers.

As part of the inspection process, records including policies, care records, staff files, supervision, appraisal and staff training records, service level agreements, monthly monitoring reports, incidents and complaints were examined.

At the conclusion of the second inspection visit, the Regulation Officer provided initial feedback to the Registered Manager and followed up on the inspection findings by email on 18 September 2025, and on 24 September 2025.

This report sets out our findings and includes any areas of good practice identified during the inspection.

[1] All Care Standards can be accessed on the Commission's website at https://carecommission.je/

5.2 Sources of evidence

Follow up on previous areas for development	
Focus	**Evidence Reviewed**
Welcome packs	Welcome packs and discussion with the Registered Manager
Escalation processes	Business continuity plan and monthly reports Key performance indicator (KPI) data
Monthly reports	Samples of monthly reports completed in 2024 and 2025
Policies	Medication policy, admissions policy, dress code policy Service level agreement with independent Clinical Psychologist and reflective practice discussion content
New key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Staffing rotas Training records Supervision and appraisal records Probationary review records Debrief records Medication competency assessment framework
Is the service effective and responsive	Care plans Risk assessments Statement of Purpose KPI data Induction programme
Is the service caring	Observations made by the Regulation Officer during support sessions Daily care records Staff handbook Feedback from parents
Is the service well-led	Feedback from a health and social care professional Service Level Agreement (SLA) Samples of monthly reports Policies Business continuity plan

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Samples of staff files showed that staff had been recruited and inducted safely and robustly to help protect the children and young people who use the service. The service adheres to its safe recruitment policy, with recruitment practices including completing an application form, collecting references, verifying photographic identity, interview notes, and checking criminal records, including checks against the children's barred list.

Criminal records checks were stored securely and available for the inspection, and a system was in place to ensure they were periodically rechecked for all staff in line with the Standards. Employment contracts were also in place, and staff members had received formal interviewing training.

There is sufficient staff employed to consistently meet the needs of the children and young people that the service supports. Effective communication with the complex needs team regarding new referrals is maintained, and staffing levels are carefully monitored. When the service has sufficient staffing capacity, the complex needs team is informed so that new referrals and care packages can be accepted. Feedback from one health and social care professional was positive. The professional noted that the service demonstrates good awareness of its capacity and ensures that commissioning services are kept informed on service provision.

All staff complete an induction programme, which has recently been updated to include the Care Certificate for support staff new to care work. The service has recognised that the current induction programme could be further strengthened and adapted to specific roles, such as having an induction programme for support workers and one for the Registered Manager role. During the inspection, one newly appointed support worker was observed working alongside the team care coordinator on their first induction day.

Records of staff progress during their probationary period gave an overview of their strengths, development needs, and objectives. The records also showed that the staff member and their line manager contributed to completing the probationary review.

Supervision and appraisals are completed in line with the Standards. Samples of records showed that when staff identified specific challenges and stressors, action plans were implemented to support and help them manage these effectively. The records also showed staff development planning, for example, one support worker expressed a desire to take on greater responsibility, and arrangements were made for them to access a higher level of vocational training.

Based on a detailed review of the training matrix, it was evident that staff development and training were well supported. The Registered Manager oversees the staff training matrix through the Head of Training and Development, who maintains an individual record of each support worker's training needs and completion. Training is delivered through a blended approach, combining e-Learning with face-to-face practical sessions. The training matrix showed a wide range of learning, dependent upon job roles, and aligned with the children's and young people's needs.

Training topics included social story development, investigation training, advanced communication, eating disorders, and mandatory courses such as first aid, food safety, and infection control. All staff have also undertaken training on understanding and supporting people on the autism spectrum using the SPELL framework and Jersey Children's First training. Safeguarding training is adapted according to roles: support workers who work directly with children complete child-specific safeguarding training, while staff with supervisory responsibilities complete mental health first aid. Some training is provided by external training providers.

The organisation has trained some staff to deliver MAYBO training. The trainer described the course content, learning objectives, and the differing training options available, tailored to staff roles and the needs of the people they support. In addition, staff have received training in trauma-informed practice and Makaton, with plans in place to extend this more widely across the staff team.

Staff are given protected time to complete training, and records show that vocational qualifications are actively encouraged. Three staff have almost completed a Level 3 Award, with two more expected to complete by the end of the year. This strong commitment to staff learning and development is clearly one of the organisation's strengths. Delivering training beyond its workforce may also allow the organisation to share its expertise more widely. While this is not a regulatory requirement, doing so could enhance awareness and understanding of autism across the wider community and its impact on individuals.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Since the last inspection, the service has developed a bespoke guide for parents of children and young adults who may be considering the service. The guide is highly informative, describing the aims of the service and what to expect from support workers. Together with evidence of staff training, these aims and expectations were observed in practice and confirmed by both support workers and families. The information within the guide was reflective of the findings of the inspection.

Visit schedules are forwarded to parents in advance, so they know which support workers will provide support at any time. Parents reported that staffing teams are consistent with support workers who are carefully matched and appropriate to the individual needs of their children. They felt this approach contributed to positive experiences and reflects a child and young person-centred, well-considered service. One family commented that the service had taken time to get to know their child and actively included them in the induction sessions. They described this as giving them confidence in the service and demonstrates a collaborative care approach.

Support workers spoken to and observed during the inspection also described consistency in providing support to children and young people. From the Regulation Officer's perspective, support workers clearly understood the individual's needs, communication methods, health requirements, behaviours, and personalities. They had developed positive relationships with those they were supporting and their families.

One family member commented.

> The support provided means we can do things that might not have been possible. It's been life changing for all of us and we are grateful for the support and the people who provide it.

Feedback from support workers indicated that children and young people had made progress, including improved communication skills, calmer demeanour, and a greater ability to express and plan their preferences. The Regulation Officer observed support workers encouraging children with spelling and engaging in activities that supported young people to progress with their sporting abilities. One health and social care professional said the service focuses on promoting and increasing independence and enhancing social skills.

Incidents are managed effectively, with staff receiving appropriate supervision and debriefing support. Records reviewed showed the support provided, and staff confirmed that these processes are consistently implemented. Following an incident reported to the Commission, the service reviewed the individual's risk assessment and made adjustments to ensure their safety and dignity while maintaining access to activities. As a result, the individual could continue participating in an activity important to them, but in a more private setting. This showed the service's commitment to balancing risk management with providing meaningful, person-centred opportunities.

The Registered Manager recognised that the existing medication competency framework required strengthening. They have enhanced the process, ensuring it is more meaningful and assessment focused. The revised framework was reviewed, and staff competency was evaluated against the requirements set out in the medication policy, providing a more comprehensive assessment of support workers' knowledge and practice. It also includes assessments of common medication errors and captures the learning outcomes identified as a result.

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

Samples of records, including support plans, risk assessments, and daily notes, are intensely focused on child and young person-centred support. The language used within care records was positive when describing children and young adults and focused upon maximising and strengthening their abilities. Families are closely involved in planning care and support, with clear communication regarding progress and care arrangements.

As was seen during the inspection, children and young adults are routinely given opportunities to make choices, and their wishes are respected as far as possible. The Regulation Officer observed support workers using age-appropriate language when speaking with children and young adults. They demonstrated a good awareness of facilitating communication when they were trying to tell them something.

As observed during the support sessions, care and support are tailored to individual needs, preferences and routines. The service actively balances safety and risk; during one observation, the Regulation Officer noted that a support worker supported one child's freedom to explore the outside environment while maintaining close supervision of their whereabouts.

On another occasion, a support worker used various strategies to encourage one young adult to join their planned session but fully respected their choice not to continue.

The Regulation Officer observed support staff interacting with individuals in a respectful and genuine manner. Their support extended beyond meeting practical needs, and they also provided encouragement, praise, and emotional support.

Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

The service operates under a service level agreement (SLA) with the Government's commissioning service and receives all referrals through the Complex Needs Team. While the SLA sets out the expectations and responsibilities between both services, no written agreements were evident, as the Standards require. This was discussed with the Registered Manager, who responded within a few days by creating documentation to share directly with parents, which could be included as part of the welcome pack.

The Registered Manager and Care Coordinator both provided an overview of their day-to-day responsibilities, and their level of engagement with children, young adults, their families, external professionals and the staff team. Both clearly understood their respective roles and areas of delegation, which showed a positive and collaborative working relationship where the leadership and management functions are consistent and carried out effectively. This was further validated by a health and social care professional who works closely with the service, confirming that the team operates cohesively and openly.

I have found the communication from the service to be positive, supportive and helpful to establish care packages that best match a young person's needs

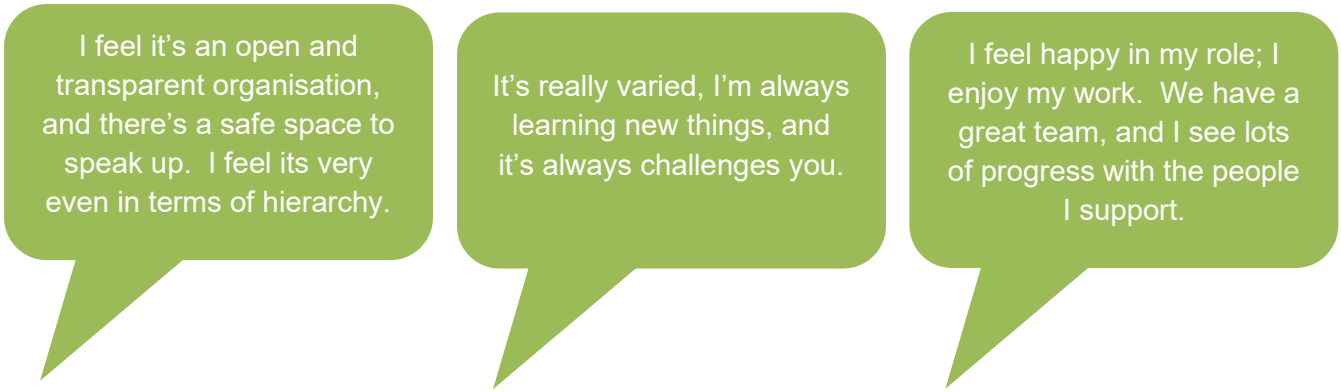
The health and social professional described how staff collaborate with other agencies to ensure that all children and young people can be supported. They also expressed that staff provide regular feedback to social workers regarding the progress of interventions and the outcomes being achieved. This approach allows for timely reviews and adjustments to support strategies where required.

The inspection process provided an overview of the children and young people it supports, demonstrating a clear understanding of their needs, family circumstances, and the input required from health and social care professionals. Staff actively engage in multi-agency working and consistently attend Child in Need meetings alongside children's social services, the complex needs team, and education providers. This ensures that relevant information is shared promptly and that care planning remains joined up and responsive to the needs of each child or young person.

The above information demonstrates that the service is effectively led and managed, meets parents' and external agencies' expectations, and ensures that children and young people receive well-coordinated support. Governance processes are in place, and the senior leadership team oversees the operation and effectiveness of the service. Monthly quality monitoring reports are produced, and samples were reviewed, including service activity information. Strengthening these reports with more analytical content could enhance their effectiveness, as it was noted that the same information regarding outstanding actions for medication competency assessments was recorded in both the January and June 2025 reports.

Staff feedback indicates that the service provides a supportive working environment; they reported receiving regular supervision, annual appraisals, training and opportunities for debriefing after incidents. Support workers provided examples of this in practice and reported they felt their wellbeing was prioritised by the service.

Staff commented:



There have been no formal complaints raised since the last inspection. A couple of minor concerns were raised informally and recorded on the internal log; one was beyond the organisation's control, ensuring all issues were communicated to the broader management team. The complaints process is outlined in the welcome pack, which also includes information about the independent advocacy service.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an improvement plan is not required.

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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