



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Autism Jersey Adult Services 1**

**Home Care Service**

**Second Floor  
19 Commercial Buildings  
St Helier  
JE2 3NB**

**Inspection Dates  
16 and 18 December 2025**

**Date Published  
26 January 2026**

## 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 Adult Services 1. The home care service is operated by Autism Jersey and there is a registered manager in place. The Registered Manager also holds responsibility for another home care service operated by Autism Jersey.

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
Maximum number of care hours each week	600
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
There are none.	
Additional information	
A revised Statement of Purpose was provided on 20 January 2025.	
The service has continued to maintain contact with the Commission as and when matters have arisen.	

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 four days in advance to ensure their availability. For clarity and consistency, the term 'individual' will be used to describe people in receipt of personal care or personal support, to match the terminology in the Statement of Purpose.

Inspection information	Detail
Date and time of this inspection	16 December 2025 10.00am – 12.30pm 18 December 2025 9.45am – 11.30am
Number of areas for improvement from this inspection	None
Number of care hours during the week of inspection	502
Date of previous inspection Areas for development noted in 2024 Link to the previous inspection report	4 and 10 October 2024 Four <a href="#">IRAustismJerseyAdultServices12024.10.10Final.pdf</a>

#### 3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection completed on 10 October 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:

- the Statement of Purpose has been reviewed
- welcome packs have been developed
- monthly reports are now specific to the service
- the induction programme has been strengthened.

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

### 4.2 Observations and overall findings from this inspection

The findings from this inspection show that progress has been made in addressing the areas for improvement identified during the previous inspection. The Registered Manager has maintained ongoing communication with the Commission, providing regular updates on actions taken and progress achieved.

Since the last inspection, the service has also strengthened several areas, including more robust medication competency assessments and the introduction of social story training to improve individuals' understanding and engagement. As a result of the progress made and the standards reviewed on this inspection, no new areas for improvement have been identified.

The Registered Manager maintains effective oversight of the service, ensuring that care and support are responsive to individual needs. The leadership and governance arrangements support staff to deliver support that is in line with personal plans. Individuals and their families spoke highly of the service and the support they received.

They described staff as caring and reliable, and reported feeling listened to and respected. Families expressed confidence in the service, highlighting good communication, continuity of care, and described the positive impact the support has on their relatives' wellbeing and independence.

The standards relating to safe recruitment, supervision, appraisal, care planning, and governance are all met. Robust recruitment procedures are in place to ensure that staff are safe before working with individuals. Ongoing supervision and appraisals provide staff with guidance, support, and development to provide adequate support for individuals.

Care planning records are comprehensive and person-centred, showing that individual needs, preferences, and risks are assessed, recorded, and regularly reviewed. Governance arrangements provide effective oversight of the service, with systems in place to monitor quality and drive continuous improvements.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

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 other information that has been provided throughout the course of the year.

The Regulation Officer met with the Registered Manager, support staff and other staff from within the organisation who play a part in the overall organisation service delivery, including staff who are involved in recruitment and training.

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

Feedback was requested from two health and social care professional's external to the service, with both providing an overview of their involvements. Individuals and their families also shared their experiences of the service with the Regulation Officer.

As part of the inspection process, records including staff files, policies, appraisal and supervision records, training records, the induction programme and care certificate, care records and monthly Provider reports were examined.

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

## 5.2 Sources of evidence

Follow up on previous areas for development	
Focus	Evidence Reviewed
<b>Welcome packs</b>	Welcome packs and discussion with the Registered Manager
<b>Statement of Purpose</b>	Statement of Purpose dated 20 January 2025
<b>Monthly reports</b>	Samples of 2025 monthly reports
<b>Induction programme</b>	Completed care certificate Induction programme Feedback from a recently recruited support worker
New key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	Training records Supervision and appraisal records Staff recruitment files Safe recruitment policy Incident records and debrief notes Medication competency assessment framework
<b>Is the service effective and responsive</b>	Care plans Assessments of need documents Risk assessments Statement of Purpose Discussion with Registered Manager and other staff from across the organisation
<b>Is the service caring</b>	Feedback from families/ individuals being supported Service welcome packs Trauma informed training programme and workbook
<b>Is the service well-led</b>	Feedback questionnaire Lone worker competency assessment Medication error record systems Minutes of team meetings Samples of monthly reports Training records Feedback from health and social care professionals

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

Samples of staff files for support workers who had been specifically recruited for this service were reviewed. This showed, in line with other services<sup>2</sup> operated by the provider, a consistent, safe and robust approach to recruitment that meets the standards. Staff files were found to be well organised and clearly structured, providing evidence that all safe recruitment documentation was provided prior to support staff being in contact with individuals receiving support.

Enhanced criminal records checks are carried out as part of pre-employment screening and repeated for existing staff thereafter. Samples of these records were seen and found to meet the standards. The organisation has systems in place to ensure that standards are met relating to staff induction, supervision, appraisals and training. The induction programme has been strengthened this year, which meets one of the areas for development identified at the previous inspection.

The induction programme incorporates the Care Certificate for all support staff who are new to the role and without experience. This was reviewed for all staff progressing through their induction. The records showed a combination of theoretical learning and practical observations across core aspects of care and support.

A recently recruited staff member confirmed their induction experience and told the Regulation Officer, “*My induction has included an introduction to the service, policies and procedures, and mandatory training relevant to my role. I have felt well supported so far and able to ask questions when needed*”. A bespoke induction timetable for another new staff member was also reviewed. This demonstrated a structured programme delivered over a reasonable timeframe, incorporating formal learning with practical, hands-on experience.

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<sup>2</sup> Autism Jersey Children’s and Young Adults Services and Adult Services

This was provided to the new staff member in advance, so that they were fully informed about the content and structure of their induction programme.

Samples of supervision records were reviewed; although their content was not reviewed in detail, they showed that regular supervision arrangements are in place. Appraisal records showed that both the Registered Manager and support workers discussed identifying strengths, progress against previous objectives, and agreed upon new objectives. The objectives then inform and provide a structured focus for future supervision discussions. The appraisal process is also used to recognise staff development, as one staff member's potential for growth had been recognised.

Training and development are considered strengths within the organisation. In addition to mandatory training, staff receive other training that is directly relevant to supporting individuals within the category of care on the service's registration. The Head of Training and Development maintains comprehensive and up to date records of each staff member's training completion, which is routinely shared with the Registered Manager. Training is provided through a blended approach, incorporating discussions from specialists, practical training and e-Learning modules.

There is a development plan for support staff to complete vocational training as required by the standards. Currently, eight support staff have completed a Level 3 Award, seven have a Level 2 Award, and other staff are registered to start both awards in January 2026.

The Registered Manager described the positive impact of social story training in practice with certain individuals. This included the way in which this training has been applied to improve communication with individuals, and examples of adapted text messages to maximise understanding were seen. The Registered Manager explained how language and the ways in which staff communicate with individuals have been adapted and enhanced because of the training provided by a specialist within the field of social stories.

Incidents are managed effectively, with staff receiving appropriate support at the time of an incident, as well as follow up support. Records showed clear management oversight, including immediate responses and effective communication with support staff following incidents.

The service has a clear and accessible incident flow chart in place, which provides guidance to staff on the actions to take when an incident occurs. The incident log was reviewed which contains details of incidents, actions taken in response, notifications made to the Commission and a synopsis of each event. This allows the service to identify themes and aims to reduce the risk of further incidents reoccurring.

### **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 previous inspection, the service has created welcome packs and service guides for individuals using the service. This meets a previously identified area for development, and the Registered Manager provided the Commission with updates on their progress and implementation following the last inspection. Feedback from families and individuals receiving support confirmed they had a clear understanding of what to expect from the service and felt that it met their needs and expectations.

The service places a strong emphasis on matching support workers to individuals based on their individual preferences, requests, personalities and interests. The Registered Manager shared examples where individuals had expressed specific preferences for their support workers, which were respected and arranged accordingly. One individual told the Regulation Officer that in response to their preferences, a new support worker is being sourced to better support them. They described that their views around staffing had been fully acknowledged and respected by the service.

The teams supporting individuals are intentionally kept small to promote consistency, which the Registered Manager recognises as essential for the well-being of individuals. The Registered Manager highlighted the potential negative impact that sudden staff changes can have and attempts to minimise disruption as far as possible.

Feedback from individuals receiving support and their families confirmed consistency with support workers. Feedback from two health and social care professionals felt that there are variations in staffing availability on occasions. When new support workers were introduced, they were informed in advance and fully involved in the shadowing and induction process.

From an individual:

I always meet new staff as part of their shadowing introduction. I am involved, they listen to me, and I tell them what I need.

From an individual:

I love it, I love Xxx my support worker and I enjoy seeing Xxx. We always do nice things.

From a relative:

They always let me know if there are new staff shadowing, and they make sure staff are inducted to Xxx before they provide support. There's a consistent staff team and I always know who is providing support to Xxx.

The Registered Manager described the wide range of support, from 24-hour support packages to as little as four hours of community support per week. They maintain an overview of everyone's support needs, and highlighted that some individuals require minimal ongoing assistance, others need a moderate level of support, and some require an enhanced level of support to meet their needs safely and effectively.

The Registered Manager described that the type of support is determined by a combination of factors, including assessments of needs, personal preferences, goals and objectives. Based on these discussions support is appropriate and person centred. Discussions with the Registered Manager, along with feedback from individuals receiving support, and family members, showed that the service aims to maximise independence and promote choice. Support is provided without being overbearing, ensuring that individuals are encouraged to develop skills, and still live as independently as possible.

Since the last inspection, the medication competency assessment framework has been strengthened to make it more effective and meaningful in practice. Staff medication competency assessments are completed at least every six months, or more frequently as required. The service maintains a record of all medication errors, demonstrating a positive and transparent approach to the identification and reporting of issues, as well as ongoing learning to improve practice.

### **Is the service caring?**

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

Feedback from family members and individuals receiving support was overwhelmingly positive about the quality of support provided. They described the support as meaningful and person-centred, expressing confidence in the staff's understanding of autism and their ability to provide consistent and respectful support that positively impacts not only the individuals' wellbeing but also that of their family. Overall, a high level of satisfaction was expressed with both the service and the staff team.

Comments included;

*"We have nothing but praise for Autism Jersey, they are a great team of kind and hard-working people. They have made a huge difference to our lives as a family."*

*“The support workers are lovely and have given Xxx the confidence to reach out and make friends. They are wonderful, understanding and always willing to adapt and help us out.”*

*“The service is perfect, the staff that help me are brilliant, they make sure I’m looking after myself. They don’t force things, but they point me in the right direction. I feel they’re really helpful in my life.”*

*“Everything is focused around Xxx and they provide excellent support, we couldn’t ask for anything better. They always involve Xxx and they’ve introduced Xxx to things we didn’t think would be possible. They keep me updated and let me know what Xxx is doing. I have confidence with the consistent staff team and Xxx is really flying now.”*

A review of support plans and risk assessments confirmed that a pre-admission assessment, along with the completion of 'all about me' documents, was in place, demonstrating an understanding of each individual's needs prior to receiving support. Additional information was provided by the referring health and social care professional. Care and support plans were found to be highly personalised, and where relevant, incorporated specific language unique to the individual to aid their understanding. Risk assessments were comprehensive and detailed, with evidence of the individual's involvement in their development. Support plans were written to address key aspects of the individual's support needs, reflecting a good understanding of their requirements.

The daily records were detailed and thorough, with one example highlighting the depth and breadth of support provided by support staff over a 24-hour period. Long-term goals for individuals were recorded, indicating that their aspirations had been identified and plans were in place to support them in achieving their objectives.

Makaton training has been provided to the staff team to enhance their ability to communicate with individuals who have specific communication needs. The Registered Manager explained the benefit and impact of trauma-informed training that had been provided to the staff team by an expert in the field earlier in the year.

They said that they felt the course had been beneficial in helping staff understand how past experiences and environmental stressors may affect behaviour and emotional well-being.

### **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.

Consistent with the findings from the other home care service, for which the Registered Manager is responsible, this inspection identified that this service is also well-led. This shows consistent management approaches across both services. The Registered Manager explained how they maintain a good level of oversight of individuals' welfare with structured support arrangements in place to ensure they remain informed about the quality and effectiveness of care provided. They explained that, in line with individual preferences, they meet with some individuals on a regular basis, which enables them to receive direct feedback about individual experiences.

Minutes from team meetings were reviewed, which included discussions about individuals and their support needs, as well as team leader meetings that included elements of reflective practice. Exit interviews are held when staff leave the service; one staff member was complimentary about their experience working for the service and indicated that their reason for leaving was a desire to work in a different area of care.

Feedback from two health and social care professionals indicated that, at times, some fundamental practices, such as the use of visual timetables, had not always been considered for individuals. They also felt that communication across the service could be strengthened, and the way team meetings are held could be improved. They were advised to raise these matters directly with the service.

The Regulation Officer shared this feedback with the Registered Manager, who advised that they would contact the health professionals to discuss the issues openly.

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. The Registered Manager described the value of monthly reviews and shared an example of improvements and developments being implemented to increase individual and family feedback, based on the discussions and findings from May 2025.

There have been no formal complaints raised since the last inspection. The complaints process is outlined in the welcome pack, which also includes information about the independent advocacy service. Feedback from family members suggested that they have confidence in expressing concerns directly to the staff team, who support their relatives. One individual told the Regulation Officer that they felt confident approaching both the Team Leader and the Registered Manager to raise any concerns and trusted these would be addressed. They provided an example of this in practice and stated that they appreciated their views had been listened to, respected, and improvements had been made.

This feedback reflects an accessible, supportive, and responsive service, which demonstrates that individuals' concerns are not only addressed but also valued, showing that the service prioritises individuals' experiences. The Registered Manager recognises the vulnerability of some individuals using the service and describes the strategies in place to ensure their needs are safeguarded.

## **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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