



Jersey Care
Commission

INSPECTION REPORT

Autism Jersey Adult Services 2

Home Care Service

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

**Inspection Dates
26 and 28 November 2025**

**Date Published
22 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 Adults 2. 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 (dual diagnosis)
Maximum number of care hours each week	600
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
None	
Additional information	
For several months during this year there was an absence of a registered manager, and the service was operating with interim managerial arrangements in place. This was addressed during October 2025 when a new registered manager was appointed. An updated Statement of Purpose was received on 1 December 2025.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory 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 to take place on 14 November 2025, and four days' notice of the inspection visit was given to the Registered Manager. The Registered Manager informed the Regulation Officer that they would be away on that date, and the inspection was rescheduled to ensure that the Registered Manager would be available during the visit. It took place over two days on 26 and 28 November 2025.

Inspection information	Detail
Dates and times of this inspection	26 November 2025, 14:00 – 16:30 28 November 2025, 10:00 – 15:00
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	392
Date of previous inspection Areas for development noted in 2024 Link to the previous inspection report	14 and 21 November 2024 Three RPT_AJAS2_Inspection_20241121Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 14 and 21 November 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, three 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 all developments had been achieved. This means that there was evidence of:

- Welcome packs and agreements are being made available to care receivers and families, setting out the parameters of the support being provided and detailing the responsibilities of Autism Jersey and care receivers/families..
- The Statement of Purpose being revised and expanded upon to include clarification about the types of service provision specifically provided by Autism Jersey – Adults Services 2
- The provider reporting 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.

4.2 Observations and overall findings from this inspection

The inspection found that the service is safe, effective, caring and well led, with strong systems in place to protect people from harm and deliver high-quality, person-centred care. Safe recruitment practices are robust, with clear evidence that appropriate checks, including Disclosure and Barring Service certificates and references, are completed before staff begin work. Recruitment files are well organised, and a structured checklist ensures consistency across all stages of hiring. New staff undertake a tailored induction and probation process, covering essential areas such as safeguarding, medication management, policies, and core training.

Staffing arrangements are flexible and responsive to individual care packages, with rotas aligned to personal care plans. Most staff have completed, or are working towards, Regulated Qualification Framework (RQF) qualifications at level two or above, exceeding regulatory requirements. Mandatory training is up to date, and staff demonstrate a good understanding of safeguarding, with no safeguarding referrals made since the previous inspection.

The service is effective and responsive, supported by strong communication systems. Daily handovers, regular team meetings, reflective practice sessions led by a clinical psychologist, and monthly governance reviews contribute to consistent, evidence-based care. The organisation works closely with external professionals and family representatives, ensuring coordinated and transparent service delivery. Feedback from professionals and families was largely positive.

Care is described as compassionate, respectful and person-centred. Care receivers are actively involved in their care planning where possible, with detailed 'All About Me' assessments guiding risk management and support. Staff wellbeing is prioritised through access to counselling, reflective practice, and mental health first aid training, recognising the link between staff support and quality care.

Leadership and governance are strong, with clear policies, effective incident management, and a culture of learning and improvement. Plans to introduce structured feedback from families demonstrate responsiveness to constructive feedback and a commitment to continuous improvement.

There are no areas of improvement identified from 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, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from three care receivers' representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service. Feedback was not sought directly from care receivers during the inspection, as the presence of an unfamiliar visitor could have impacted their sense of security. The Regulation Officer therefore gathered views through staff, family representatives and care records.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and followed up in writing by email on 15 December 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
Statement of Purpose	An updated Statement of Purpose has been provided which adequately reflects the service provision
Welcome packs	The Regulation Officer viewed the welcome pack
Monthly Reporting	Three monthly reports were provided to the Regulation Officer
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Policies and procedures Training Feedback from professional, families and staff Staff recruitment Monthly provider reports Care plans & Risk assessments
Is the service effective and responsive	Mandatory conditions Duty rotas Introduction of additional training Feedback from professional, families and staff Evidence of collaborative work Care plans
Is the service caring	Supervision and appraisals log Feedback from professional, families and staff Care plans Training
Is the service well-led	Policies and procedures Training Monthly provider reports Feedback from professional, families and staff

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer met with the Human Resource team and reviewed the recruitment process for new staff. Since the previous inspection, four new starters have joined, and there is evidence of safe recruitment. The files are well-kept and easy to navigate. It was clear that appropriate checks were completed, including the receipt of Disclosure and Barring Service certificates and references, prior to the new member of staff commencing employment.


The organisation has a clear recruitment process checklist that provides clarity on the stages of recruitment, from identifying a vacancy and obtaining approval to recruit through to ensuring that safe checks are completed.

New staff, once appointed, commence an induction programme which is tailored to the needs of the member of staff and the care receiver, who will need to get to know and trust the new member of the team. An induction checklist requires the staff member and the appropriate contact person or manager to sign that the task has been completed and understood. The checklist covers, for example, fire safety and security, including door codes and identification badges, as well as administrative requirements. The new staff probationary report form is completed with the line manager and addresses multiple areas, incorporating policies and procedures, medication management, communication and core training.

Each unique care package is allocated a team member to work with the care receiver. The staffing rotas were viewed by the Regulation Officer and reflected the requirements of the personal care plan of the care receiver. Feedback from members of staff also described a flexible team who are willing to support each other and the needs of the care receiver at short notice.

The Regulation Officer met with the organisation's training manager, who took them through the training matrix for staff working within the service. Of the sixteen contracted staff, fourteen staff have completed or are undertaking training in the Regulated Qualification Framework (RQF) in health and social care at level two or above. Two members of staff are completing their probation period with the organisation, following which they intend to complete the RQF training. The training manager stated the organisation aims to train all care staff in RQF, which exceeds the requirements in the home care standards

Since the last inspection, the service has not made any safeguarding referrals to the Adult Safeguarding Team. The Regulation Officer was satisfied that staff had the appropriate knowledge and understanding of the safeguarding process, and that staff training was up to date and effective. Feedback from staff described working for an organisation that takes safety seriously. One support worker stated, *“The service takes safety seriously. The rules and procedures are clear, and staff are trained well to provide safe care.”*



A health and social care professional stated:

I do believe the service to be safe, effective, and responsive, and feel confident in reporting that the team supporting Xxx are highly person-centred in their approach.

Prior to the inspection, an updated Statement of Purpose was submitted to the Commission, which included revised information about the service and personnel. This had been an area of development since the last inspection, but it has now been achieved.

There was evidence of staff completing appropriate mandatory and statutory training with clear dates of refresher course requirements. Examples of the training completed include first aid, safeguarding adults, fire safety, awareness of mental health, infection control, data protection and Capacity and Self-Determination (Jersey) Law 2016. The Registered Manager demonstrated a good awareness and

understanding of the work completed by the statutory Learning Disability Service in relation to relationships and sexuality for people with learning disabilities, as well as the drop-in clinic provided to the service.

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.

Communication within the service was generally described as effective. Teams providing individual care packages communicate daily through handovers or via the care plan system as needs change. The care teams also meet formally on a monthly basis, with one of the support staff, stating, *“My Manager is always on hand if I need advice, and so is the on-call service. We also have regular team meetings where we can share observations and offer our advice or opinions, and suggestions are valued.”* Each month, the team leaders meet to discuss service provision and review the care being provided. Staff also participate in monthly reflective practice sessions, which are coordinated by a clinical psychologist and support both a learning culture and staff wellbeing.

Each month, the Chief Executive Officer completes a report that reviews several areas associated with good governance, including staffing numbers on duty, recruitment and retention, training and development, accidents and incidents, safeguarding, and complaints. Any previous issues raised in earlier reports are reviewed to ensure that actions have been completed or are on track for completion within the specified timeframe. This was an area of development from last year that has been achieved.

The service works closely with other care providers and shares information as appropriate to meet the needs of the care receivers. One of the support workers referred to the importance of sharing information with relevant stakeholders such as GPs, psychiatrists, learning disability nurses, family representatives and within the Autism Jersey team to ensure, “*Service delivery is safe, transparent and sustainable, allowing reviews and changes to be implemented as the need arises.*” The service's ability to work in partnership with other care professionals is echoed by one of the professionals who works with the service, who stated, “*I consistently receive effective communication, timely responses, and issues are addressed as they arise.*”



Staff feedback:

the service works well to meet people's needs. Staff and managers communicate well, and care plans are updated when someone's needs change. The team also tries hard to handle last-minute changes to schedules or support needs.

Due to the nature of the care packages delivered by the service, the cost is covered by the Government of Jersey, which commissions the packages of care through service-level agreements. Whilst there is no contract for service with the care receiver or their representative, a guide to a personalised support service is completed. This includes a 'Welcome to Autism Jersey' letter, along with details of the services provided, what to expect from support workers, care receivers' rights and responsibilities, and how to raise a compliment or a complaint (this is not an exhaustive list).

During the inspection period, the Regulation Officer spoke to family representatives to get an understanding of their involvement and views of the services provided by Autism Jersey Home Care. The feedback was positive and included descriptions of input into the care planning process.

Is the service caring?

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

The service was described by one member of staff as “*very caring and person-centred, both to the client and the staff.*” The Regulation Officer was given examples of how the organisation caters for the health and well-being of staff. As stated above, a clinical psychologist is commissioned by the service to provide reflective practice sessions for staff, who can also access one-to-one sessions if required. The organisation also contracts with a specialist health provider, which provides access to open-access counselling. The Registered Manager informed the Regulation Officer of the importance of supporting staff to provide high-quality care to care receivers. There are a number of staff who have completed the mental health first aid training / awareness, of which one of the staff stated, “*I believe the service is caring, that they do a lot for those we care for, not only that, they make sure that staff are okay with many of us put through mental health first aid so that we know the signs and can help and signpost those that require hel.*”.

The Regulation Officer reviewed the care records of the care receivers. There was good evidence that, for those care receivers who had the capacity to do so, they were actively involved with their care planning process. Each care plan included a detailed assessment entitled ‘All About Me’, which covered multiple areas of the individual’s life story, including, for example, background information, mobility, personal safety, fire safety, finances, daily living skills, work and education, goals, medication, and food/nutrition/meals. The comprehensive detail within the document drives appropriate risk assessments and care plans. The care plans are reviewed and amended every six months or as required.

Care receivers within the service live in their own accommodation with personal support provided by the service. Meals are planned and prepared at home with the assistance of support staff. The care receiver has direct input into the choice of food, and whilst they may be encouraged to follow a healthy diet, those with the capacity to make their own decisions may opt for food they like rather than food that is best for them.

In conversation with family representatives, the Regulation Officer was informed that the service completes appropriate risk assessments for daily activities. The continuity of care was also viewed positively, with one family member stating, “*Xxx has a consistent team of staff. They are aware of their care needs and how to respond to them.*” It was also noted by one family member that, following COVID-19, the care receiver has become less social and prefers the safety of their home and care planning and supported activities are gently implanted to help address isolation.



Family Representative.

The team are caring and supportive and have Xxx wellbeing at heart.

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.

Since the last inspection, the Commission had received two notifications, both of which were appropriate and appropriately handled by the service. The Regulation Officer discussed the internal process for dealing with incidents, accidents, or near misses with the Registered Manager. The monthly review captures incidents and accidents, identifying outcomes, learning themes, and actions that are followed up on at the next month's review.



Staff feedback:

Management has been approachable and supportive since I started. The few issues raised by other staff members have been acted on swiftly, and management appear to listen carefully and respond appropriately to concerns.

Feedback from family representatives was generally positive regarding service communication, specifically in relation to contact and information with the care team and team leader. One family representative described the senior team as approachable and made a comment that the Chief Executive Officer was approachable and had advocated for developing the current package of care and is a “*caring and insightful professional / individual.*”

Other family representative feedback stated, “*communication from AJs generally could be improved, and it would be good to be invited to give feedback on an annual basis.*” In reviewing the monthly report for the service dated October 10, 2025, under the heading 'Feedback from relatives/representatives', the following statement was noted. “*Consider using some structured questions to ask visitors/relatives about the quality of the care service.*” The review continued by stating that the Operations Services Management Team would establish a programme to roll out an agreed questionnaire twice a year. The Regulation Officer views this as a positive approach that, once implemented, will help address the feedback raised by the family representative and will be reviewed during the next inspection.

The organisation has a comprehensive suite of policies that are accessible to staff who sign to say they have been read and understood. The Regulation Officer reviewed a small selection of policies in detail, including the Medication Policy, Safeguarding Policy and Safe Recruitment Policy. Each of these policies provided clarity regarding the policy's aim, its target audience, and the procedures to be followed. A selection of policies can also be found on the Autism Jersey website, which is accessible to the public.

A staff member stated.

I have worked for AJ'S for over 8 years, and in that time I can honestly say they have been an absolute pleasure to work for.

During the inspection, the Regulation Officer was assured that the staff team had a working understanding of Significant Restriction on Liberty safeguards and the importance of ensuring decisions made on behalf of someone who lacks the capacity to make a specific decision will be made in their best interest in accordance with the Capacity and Self-Determination (Jersey) Law 2016.

The conditions of registration imposed by the Regulation of Care (Jersey) Law 2024 on the service are being met. However, there had been a delay in appointing a Registered Manager following the departure of the previous manager. This was discussed, and the need for a swifter response in the event of a similar situation in the future was understood.

Staff have bi-monthly supervision and annual appraisals. Feedback from staff was positive towards their managers, one member of care staff said, *“The leadership team is friendly and supportive. Managers are available, listen to feedback, and help create a workplace where staff feel appreciated. They continue to look for ways to improve and keep standards high.”*

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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