



**Jersey Care  
Commission**

## **Summary 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**

## SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

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.

This 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.

## IMPROVEMENT PLAN

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

The full report can be accessed from [here](#).