Jersey Care Commission

INSPECTION REPORT

Aurum Home Care Ltd

Home Care Service

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Herald House
8 Hill Street
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Inspection Dates
29 April, 1 May and 9 June 2026

Date Published
14 July 2026

1. THE JERSEY CARE COMMISSION

Under the regulation of Jersey 20 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 Aurum Home Care Ltd. Aurum Home Care Ltd operates the home care service, and a registered manager is in place.

Registration Details	Detail
Type of regulated activity	Home Care Service
Mandatory Conditions of Registration	
Categories of care	Adult 60+, Physical Disability and/or Sensory Impairment, Dementia Care, Mental Health, Learning Disability, Autism
Maximum number of care hours each week	2250
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager must complete a level 5 Diploma in Leadership in Health and Social Care by 29 of June 2026.	
Additional information	
It was identified outside of the inspection process that the service had supported individuals under the age of 18, despite its registration specifying provision for individuals aged 60 years and over. This was not in line with the conditions of registration in place at that time and highlighted the need to ensure that the scope of the service is aligned with regulatory requirements. As a result, a request was submitted to vary the service's conditions of registration to reflect the needs of those being supported.	

Approval has since been granted for the service to support individuals aged 18 and over. A further variation was approved in May 2026 to include autism within the categories of care. In addition, a time-limited variation was agreed to facilitate the transition of a 17-year-old into the service in June 2026.
The service has developed a specialist provision to support individuals with autism, mental health needs, and learning disabilities.

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

The discretionary condition of registration requiring the Registered Manager to complete a Level 5 Diploma in Leadership in Health and Social Care by 29 June 2026 was discussed during the inspection. The Registered Manager confirmed that progress has been made towards achieving this qualification; however, a change in the course provider, which was outside of their control, has impacted the expected completion timeline. As a result, the Registered Manager indicated that they are likely to submit a formal request for an extension to the Commission to allow additional time to complete the qualification. The Regulation Officer acknowledged this update and advised that any request should clearly outline the circumstances and revised timeframe for completion.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was initially undertaken on an unannounced basis however, following the initial visit, it was agreed that the inspection activities would be continued on a subsequent date to ensure the availability of the Registered Manager. The inspection was therefore completed over three visits.

A focused medication inspection was carried out by a Pharmacist Inspector on the 11th and 15th of May 2026, forming a key part of the overall inspection. This report will include the findings from that medication inspection, specifically examining the safe management, administration, storage, and governance of medicines within the service.

Inspection information	Detail
Dates and times of this inspection	29 April 2026 9:03 – 10:12 1 May 2026 9:27 – 12:30 13:24- 14:36 9 June 2026 10:34 – 12:14
Number of areas for improvement from this inspection	One
Number of care hours on the week of inspection	1600
Date of previous inspection	5 August and 5 September 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_ARM-Inspection_20250905.pdf

3.2 Focus for this inspection

This inspection included a focus on these specific 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

4.2 Observations and overall findings from this inspection

The inspection of Aurum Home Care found that it continues to deliver care that is safe, effective, and person-centred. This is supported by a committed staff team and positive feedback from care receivers, as well as their relatives and involved professionals. Since the previous inspection, the service has expanded, with an increase in staffing and the development of specialist provision to support individuals with complex needs, including autism and mental health conditions.

A strong theme throughout the inspection was that the service is person-centred and provides compassionate care. Care plans were detailed and tailored to individual needs, promoting independence, wellbeing, and positive outcomes. Feedback consistently highlighted that care is delivered with dignity, respect, and kindness, and that continuity of staff supports strong relationships between carers and care receivers.

The service demonstrated good practice in care planning, risk assessment, and communication. Systems such as electronic care records and communication books support the delivery of responsive care. However, some areas would benefit from enhancement, particularly around documentation consistency, communication clarity, and rota planning.

The inspection also identified strengths in leadership and culture, with staff generally reporting a supportive environment and accessible management. Governance systems are in place, including audits and supervision processes, although opportunities exist to strengthen consistency in communication and oversight as the service continues to grow.

The main area for improvement relates to medication management. While systems are established, inconsistencies were identified between policy, training, and practice. Issues included gaps in documentation, variability in administration practices, and insufficiently robust audit processes.

Concerns were also raised about the reliance on online training and the need for more structured, competency-based approaches. Strengthening medication governance, training, and documentation was identified as essential to ensure safe and consistent practice.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care and Support in the Community 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 reports, the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from two care receivers and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and Deputy Manager and confirmed the identified areas for improvement by email on 9 June 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

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

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced. Where specific improvements are required, these are set out in detail and accompanied by a defined improvement plan at the end of the report.

5.2 Sources of evidence.

Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Medication policies Risk assessments and documentation Certificates for carers Sample of rotas Training matrix including medications and medication competency
Is the service effective and responsive	Induction records Supervision and clinical supervision records Review of staff files Monthly reports Review of care receivers' care plans
Is the service caring	Feedback from home care staff Feedback from care receivers Feedback from relatives
Is the service well-led	Statement of Purpose Monthly reports Review of staff files Feedback from professionals

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

At the time of inspection, the service employed 40 staff members, with 15 new recruits since the previous inspection, reflecting ongoing service expansion. The Registered Manager advised that recruitment files are under review with the intention of strengthening processes.

Recruitment is undertaken through multiple platforms, including the service's website, social media, and Gov.je. A structured interview process is in place, incorporating a scoring system. Interviews are conducted by the Registered Manager, Specialist Manager, and/or Deputy Manager. It was evidenced that safeguarding competency is considered during recruitment, with scenario-based questions used to assess the applicants' understanding.

A sample of staff files was reviewed during the inspection. The review identified that appropriate documentation was generally present, including application forms, contracts of employment, job descriptions, identification, and evidence of entitlement to work.

References had been obtained for staff; however, several were found to lack sufficient detail, particularly in relation to safeguarding and disciplinary history. This was noted in cases where references were provided by regulated services. The Regulation Officer advised that it is necessary to request comprehensive references, including safeguarding information, where this is not initially provided.

Disclosure and Barring Service checks were completed for staff; Induction documentation was present within staff files, and induction competencies had been completed and recorded.

A training matrix was reviewed during the inspection. At the time of inspection, a proportion of staff had completed medication training, with competency assessments undertaken by designated staff members.

Training records indicated that the majority of mandatory training was completed via an online provider. It was observed that, in several cases, mandatory training had been completed entirely online and within a single day. This raised concerns regarding the depth of learning, retention of knowledge, and overall effectiveness of training delivery.

The Regulation Officer discussed these findings with the Registered Manager and sought assurance regarding training quality. The service outlined plans to introduce face-to-face training delivered by an accredited external provider, with delivery planned over a number of weeks commencing in June 2026. This approach aligns with expectations that training should be delivered through a combination of methods, not relying solely on online learning, and be structured to support understanding and competence.

Staff files were generally organised and included key employment documentation. However, it was identified that previous training certificates and qualifications were not consistently retained within staff files. The Regulation Officer recommended that maintaining copies of relevant prior qualifications would support a more comprehensive understanding of staff competence and training history.

Feedback from staff, professionals, and relatives indicates that the service is generally experienced as safe and reliable. Staff consistently reported confidence in identifying and reporting incidents and concerns, and professionals described the service as proactive in managing risk, including appropriate escalation and follow-up. Care receivers and relatives confirmed that visits take place as expected, with no missed calls reported and a consistent team of carers supporting continuity.

However, a small number of staff responses suggested that confidence in reporting concerns was not fully consistent across all roles, indicating an opportunity to strengthen assurance in this area.

The focused medication inspection identified that the service has medication policies and procedures in place, but some areas require strengthening. These include clearer guidance on managing time-sensitive, non-prescribed and covert medicines, and documenting training and competency.

Implementing a full medication return and disposal record is a required action and updating the signature list is recommended.

The service demonstrated understanding of time-sensitive medication and its management. Administration practices showed gaps, including incomplete MAR entries, lack of PRN (as required) medication protocols, and unclear handling of non-prescribed medicines and pre-prepared doses.

Incident reporting and audit systems exist, however there was missing evidence and discrepancies between records and observed practice.

Medication management has been identified as an area for improvement. While policies are in place, gaps were identified in administration practices, record keeping, and staff competency, including incomplete MAR entries, lack of PRN protocols, and inconsistencies between recorded systems and practice. Further strengthening is required to ensure safe, consistent, and auditable medication processes.

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.

The service operates systems for the development and review of care plans and risk assessments. Documentation is held electronically and supported by printed copies maintained within care receivers' homes, with additional records stored at the service's office.

A sample of care plans reviewed, demonstrated that these were detailed and person-centred. Care plans included information relating to individuals' histories, daily routines, personal care needs, nutrition, emotional wellbeing, and environmental considerations. Evidence of goal setting was present, indicating a focus on supporting independence and achieving outcomes meaningful to the individual.

Risk assessments were in place and had been reviewed and scored appropriately. The service was observed to incorporate relevant information from external professionals and agencies into care planning, supporting a comprehensive approach to assessment and care delivery. Consideration of positive behaviour support approaches was evident where this was appropriate to the individual's needs.

Within the developing specialist service, it was noted that, in some instances, care plans and associated risk assessments were still being developed, reflecting the ongoing growth of this area of the service.

The service has introduced an electronic care planning system within its specialist provision. This system allows care plans and risk assessments to be accessed digitally by staff and updated in real time. The system was demonstrated during the inspection and was identified by the manager as supporting improved accessibility of information and more responsive care planning.

The Registered Manager described a range of approaches used to ensure information is accessible to care receivers, their relatives, and staff. The service produces a three-monthly blog and utilises a media team to support its online communication. For individuals who do not access digital platforms, information is printed and sent directly, ensuring inclusivity in communication.

Staff communication is undertaken through email and internal updates, including a staff blog. The service previously used a messaging platform for communication; however, this was reviewed due to concerns regarding the potential impact on staff wellbeing, particularly in relation to communication outside of working hours. As a result, this system has been discontinued.

An alternative approach has been implemented through the use of communication books located within each care receiver's home. These provide a shared method of communication for staff, care receivers, and family members, and are used alongside, but separate from, daily care records. This supports the involvement of individuals and their families in ongoing care and communication.

Records reviewed indicated that staff are supported through training and qualification pathways. Evidence was seen of relevant health and social care qualifications at levels two and three, alongside ongoing mandatory training.

Induction supervision documentation demonstrated a structured approach to assessing new staff, including evaluation of attendance, performance, teamwork, and competency, supported by feedback from shadowing periods and identified follow-up actions. Records included discussions of individual care receivers and their specific needs, with staff identifying approaches to engagement and support, indicating consideration of individualised and responsive care delivery.

Across all feedback sources, the service was described as effective in meeting people's needs and supporting positive outcomes. Staff reported that they are able to deliver person-centred care and that care plans generally provide the information required to support individuals effectively. Professionals highlighted responsive adjustments to care packages and proactive interventions. Relatives confirmed that care plans and assessments were shared and that they felt involved in care planning processes. Some staff suggested that improvements could be made to systems and documentation to further support effectiveness.

The service was described as responsive to changing needs, with professionals highlighting prompt communication and flexibility in adjusting care packages. Relatives also confirmed that care runs smoothly and meets expectations. Staff reported that they are able to support individuals in making choices and maintaining independence, and that care is generally delivered in a meaningful way. However, some staff identified areas where responsiveness could be improved, particularly in relation to communication and rota planning, including clarity of information and advance notice of schedules.

Is the service caring?

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

The service described maintaining constructive working relationships with external professionals, particularly within adult social care. It was noted that engagement with hospital discharge services can, at times, present challenges, particularly in relation to the timely exchange of information required to support continuity of care.

Arrangements were in place to support individuals' privacy, dignity, and confidentiality. The management team maintains oversight of care delivery through regular contact with care receivers and the completion of spot checks. This approach supports monitoring of care quality and provides opportunities to gather feedback.

The service described supporting staff who may be experiencing personal challenges, reflecting a values-based approach to workforce wellbeing. Initiatives are planned to further support staff engagement and morale. The service demonstrated consideration of equality, diversity, and inclusion in its approach. Efforts are made to understand and accommodate the cultural needs of both care receivers and staff.

Staff described a strong team ethos and a focus on supporting people's independence and wellbeing. Professionals and relatives both reported that people are treated with dignity, kindness, and respect, and that relationships between staff and care receivers are positive. Relatives described carers as friendly, professional, and supportive, and noted that care was delivered in a way that promotes comfort and familiarity.

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.

A discussion was held with the Registered Manager to review governance arrangements, including monitoring systems, audit processes, and quality assurance.

The Registered Manager confirmed that responsibility for oversight of compliance, auditing, and quality review sits with the Compliance Manager, who undertakes monthly audits and produces provider reports in line with regulatory requirements. These audits were reported to be up to date, with systems in place to monitor compliance and quality across the service. The Regulation Officer recommended that, in line with the ongoing development and growth of the service, consideration is given to introducing regular governance meetings, such as monthly governance or management meetings involving managers and deputies. These meetings would provide an opportunity to review and share findings from audits completed by the Compliance Manager, as well as to discuss service development, safeguarding matters, and other key areas of practice, supporting improved oversight and continuous service improvement.

The management structure was described, outlining clear allocation of responsibilities across the service. This includes oversight of financial management, and operational management within specialist service provision.

The Registered Manager provided information regarding the current needs of care receivers, including individuals living with dementia.

It was reported that care planning documentation is under review, specifically the ‘About Me’ document, which is being developed further. This aims to incorporate more detailed information relating to individuals’ personal histories, preferences, and backgrounds, to support staff in delivering care that reflects individual needs.

The discussion also included consideration of welfare and cultural needs, which are taken into account as part of care planning and delivery.

The Registered Manager described the procedures in place to manage late visits. Where a visit is anticipated to be delayed by more than 30 minutes, a member of office staff contacts the care receiver to inform them of the delay.

The service reported challenges in recruiting a staff member to manage rota responsibilities. At the time of the inspection, this function was being undertaken by the Registered Manager. It was noted that newly recruited staff are expected to assume responsibility for rota management.

The service operates a two-week rolling rota, providing staff with an indication of their working patterns. The Registered Manager reported that efforts are made to maintain consistency of staffing teams, supporting continuity of care. Staff are allocated two days off per week, although these may not always be consecutive due to operational requirements.

The Registered Manager confirmed that systems are in place to support staff through regular supervision. Formal supervision is undertaken every three months, and appropriate records are maintained.

Audit and oversight arrangements also require strengthening to ensure regular review, clear documentation of findings, and evidence of learning and improvement. The Pharmacist Inspector recommended that governance systems are further developed to ensure that medication practices are consistently monitored and that any discrepancies between policy and practice are identified and addressed promptly.

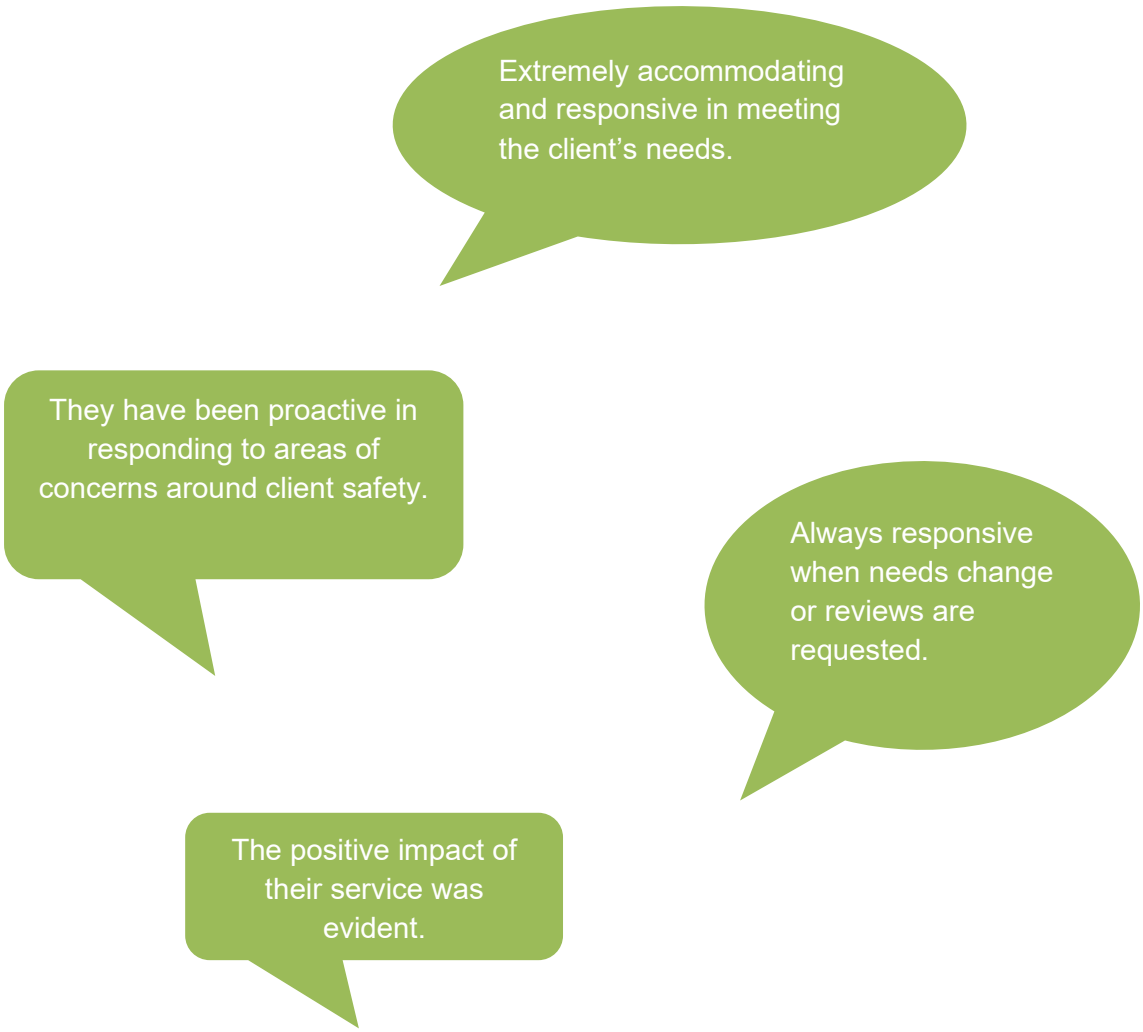
Medication management has been identified as an area for improvement within the service. While systems and processes are in place to support the safe administration of medicines, the inspection identified inconsistencies between policy, training, and practice that require strengthening. In particular, improvements are needed to ensure that documentation, and governance arrangements are fully aand consistently implemented. Addressing these areas will support safer, more effective medication practices and provide greater assurance that medicines are managed in accordance with regulatory standards and best practice.

Feedback from staff, relatives and professions, indicates that the service is supported by a positive and generally effective leadership structure. Staff widely reported feeling supported, valued, and able to approach management, with many staff also describing a strong team culture and open communication. Professionals described communication with leadership as accessible and solution-focused and noted that the service is receptive to feedback and willing to adapt. Relatives also expressed confidence in contacting management and felt assured that concerns would be addressed.

What care receivers said:

When asked about communication within the home/service relatives said:

A professional's view:



IMPROVEMENT PLAN

There is one area for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 **Ref:** Standard 6.12 Regulation 14 **To be completed:** by 15/08/2026	Medication will be managed in compliance with legislative requirements, professional standards and best practice guidance.
	Response by the Registered Provider: Following the medication inspection, Aurum Home Care Ltd undertook a comprehensive review of its medicines management systems, policies, procedures, documentation, training and governance arrangements. A revised Medicines Management Policy has been implemented alongside new policies and procedures covering Controlled Drugs and Over-the-Counter (OTC) medication. New documentation has been introduced including medication inventory records, OTC medication administration records, self-medication assessment forms, pharmacy return and disposal records, and a staff medication policy sign-off register. Medication governance arrangements have been strengthened through enhanced audit processes, improved documentation requirements, clearer guidance regarding non-prescribed medication, disposal procedures, stock control and staff responsibilities. Staff have been issued with the revised policies and are required to confirm their understanding through a formal sign-off process. Medication competency assessments and monitoring arrangements have also been reviewed and strengthened. Aurum Home Care Ltd is satisfied that these actions address the issues identified during the inspection and provide a more robust, safe and auditable medicines management framework which is compliant with legislative requirements, professional standards and best practice guidance.

To ensure there is clear evidence that the required improvements have been made, the following action will be taken:

- The Provider must submit written confirmation to the Commission when the areas of improvement have been achieved

These actions will be used to track progress, confirm completion, and provide assurance that the necessary improvements have been achieved.

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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