



# Inspection Report on

**Campion Gardens Care Home**

**Campion Gardens Village  
Clyne Common  
Swansea  
SA3 3JB**

## **Date Inspection Completed**

05/03/2024

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## About Champion Gardens Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Champion Gardens Limited
Registered places	45
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

There are clear lines of accountability with support in place from the Responsible Individual (RI) and manager. An established team of staff have supported new staff to help them settle into their roles. The manager, senior staff and care workers know people and their families well. We saw all staff are kind and treat people individually and with respect.

Care and support is provided in a timely way. Personal plan reviews are progressing to reflect the person-centred care provided. The manager and care team provide care and support to people who lack capacity to make specific decisions. Improvements are required to the timeliness of applications being made for Deprivation of Liberty Safeguard (DoLs) authorisations.

Champion Gardens Care Home is having a lot of refurbishment work to people's individual bedrooms including the fitting of ensuite wet rooms. Other plans are in place with improvements for communal areas. Some areas regarding health and safety and the environment require some follow up information to be shared with Care Inspectorate Wales (CIW). The provider is still awaiting confirmation of a works start date to refurbish the lift. This is an ongoing area for improvement.

Staff receive training and support for their development. Improvements are still required to the frequency of individual supervision provided to staff. The provider has information available regarding the service including a Welcome Pack, Statement of Purpose (SoP) and policies.

## Well-being

People have the opportunity to do things that keep them active and make them happy. There are two activity co-ordinators in post providing a seven-day service. People are informed about what is happening. Pictorial posters are up to date and clearly show planned events. A monthly newsletter is produced with details of live entertainment events including music for health and musical instrument groups. An entertainer visited the home and clearly knew people well whilst they facilitated a very interactive session with people and the staff singing and dancing. Family and visitors told us *“X seems quite contented”*; *“X has perked up a lot since being here and refers to here as ‘My new home’”* and *“X is loving it”*.

People are supported to be a part of their community. Preparations for St David's day were in progress. 'Arts and Crafts' feature on the activity timetable and people were seen painting and drawing Welsh themed items such as a dragon and daffodils. We were told *“Nursery visits are so important to the people who live in Campion Gardens”*. We saw people's faces light up when they were told children were visiting for St David's Day celebrations. In addition to group activities we saw one to one provision of meaningful interactions and were told of other ad hoc activities such as going for a walk or visiting the coffee shop.

People are treated with dignity and respect. We observed staff being patient when encouraging people to attend activities. One person told us, *“The staff are friendly”*. Staff have a nice balance of respecting wishes and preferences whilst still encouraging participation. Natural conversations and reminiscence take place with staff sitting and chatting to people. We noted staff sensitively orientating people to time and place when they needed to. Staff display excellent communication skills with people and go over and above to support people in a caring way. We saw care recordings did not always reflect the extent of person-centred care provided. The manager told us they would address the detail within care recordings.

People's language preferences are ascertained on assessment prior to admission to the home. Currently there is not a need to provide the Welsh Language Active Offer. The manager told us *“Some staff speak Welsh and we have some paperwork available if the need arises”*.

People are supported by staff who receive safeguarding training and know what to do if there are any concerns. The safeguarding policy needs some updating to reflect the Wales Safeguarding procedures. With regards to people who do not have the capacity to make specific decisions, requests for DoLs authorisations need to be completed without delay.

People do live in an improving environment that helps support their well-being. Some further improvements are required to ensure risk assessments and some maintenance work is completed as required.

## Care and Support

People enjoy their meals in areas of their choice, such as the communal dining room or lounges. The manager told us pre-prepared meals are provided and this ensures consistency. People also have the choice of ordering food from the onsite restaurant and sometimes they attend themed lunch events. Feedback from people is positive: *“The food is lovely”* and we saw people enjoying their meals with minimal waste. People have access to plenty of fluids in their rooms or communal areas with a variety of water/squash available. We noted staff were patient when encouraging people with dietary intake.

Medications are stored in a cool room and room temperatures are recorded as required. We observed a staff member administering medications diligently with good infection control practice. A lovely manner was observed as the staff member explained the medications to people and determined what was needed. The medication administration records are completed as required and we were told regular audits take place.

The manager and RI are reviewing the current electronic care documentation system. They are hopeful a new system will enable them to write personal plans in a more outcome focused way. We saw information was available around people’s family/social history and work history. When checking daily recordings, we saw one person’s position changes for skin integrity and dietary intake was recorded in good detail. However, we noted several other daily care records around people’s position changes and daily activities were very generic and repetitive. They did not reflect the person-centred care provided. The manager said they would address the detail required in the recordings.

Personal plans are updated monthly by staff. Currently not all people are given the option to invite their representatives to their individual review meetings but we could see the introduction of this option within people’s ‘Welcome Pack’. We also saw records of review meetings that took place for two people one and two weeks after they moved in and then a month later. These meetings focus on how the person is settling into the home and managing their activities of daily living. Whilst these meetings are not provided to everyone yet, the manager is working towards this.

DoL’s authorisations should be applied for by the care provider for people who do not have capacity to make their own decisions about aspects of their care and support. Discussions with the manager regarding the submission of DoL’s notifications led to the manager completing an audit. This identified the requirement to submit a number of DoL’s requests for authorisation. The manager identified there had been an oversight with

submitting several DoL's requests. Improvements need to be made with the submission and timeliness of applying for DoLs and the subsequent notification to CIW. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

## Environment

The home appeared clean and fresh and we saw recruitment had taken place within the house keeping team since the last inspection. Ongoing décor maintenance is very evident with paintwork being refreshed on the day of our inspection. The manager told us a full-time decorator had been appointed. A courtyard area is in the process of being completed with further fencing and raised plant beds to be put in place.

Bedrooms are personalised, clean and homely. We saw some bedrooms have been fully refurbished and furnished to a high standard with accessible wet rooms. Other rooms had been identified as needing improvements with a programme in place to be completed as the rooms become available. The top floor of the home is not in use at present as there is further refurbishment underway. Downstairs we were shown a lounge area with an assisted kitchen that is due to be finished in the next few months. It is evident a lot of work has been completed over the past twelve months.

People would benefit from better overall maintenance to ensure their safety. Maintenance records were viewed as part of the inspection: Gas installation safety records are completed and within the 12 months date. We were told manual handling equipment is serviced 6 monthly. We noted the electrical installation certificate expired in November 2023. The electrician was on site on the inspection day. The manager has agreed to forward the updated certificate when it has been completed. With regards to legionella checks we were told water temperatures are completed and saw a recent certificate for a cold-water storage tank inspection. Since the inspection we have been told a legionella risk assessment has been completed by an independent person with actions identified. We have requested the assessment and action plan is shared with us.

Fire safety checks including fire extinguisher, alarms and detection system checks are completed. Personal emergency evacuation plans (PEEPs) are in place. We saw a fire safety risk assessment that had been reviewed by the manager and RI. We could not be assured the original assessment had been completed by a 'competent person'. That being someone who would need to be on the IFE (Institute of Fire engineers) register as advised by the Fire and Rescue service. We have shared this advice with the manager and RI and requested a copy of the homes fire risk assessment when it has been completed by a competent person.

The home has a lift that can periodically stop working. We were told by the manager *“It can overheat and then be back in use after a couple of hours”*. We viewed several reports from the past 12 months that recommended a lift refurbishment. The manager and RI have completed a risk assessment to support the works that are required ensuring minimum impact on the people living in the home. They are now awaiting an imminent start date. We have requested to be kept up to date regarding this and the necessary notification is submitted as required.

Whilst many improvements have been seen in the environment with ongoing and further improvements planned; consideration has been given to the outstanding electrical installation certificate; requirement for a competent person to complete a fire risk assessment and the ongoing outstanding refurbishment of the lift. It has been determined that this area still requires improvement. Whilst no immediate action is required, this remains an area for improvement and we expect the provider to take action.

## Leadership and Management

There is clear leadership and governance in place at Campion Gardens Care Home. The manager has been in post for over a year and improvements have been made since the last inspection. The manager told us *“I just want to make the home the best it can be.”* Staff speak positively about the manager and the accessibility of the RI and told us how well they are supported. *“We have had so much support from the manager. They are fantastic and the owner is here too and if we need anything we just say,”* and *“The manager is great – we work as a team”*.

The RI has good oversight of the service. They visit the service regularly and we saw reports that showed their overview of the service includes gathering feedback from people who live, visit and work in Campion Gardens Care Home. The RI also completes a quality care review report.

Good recruitment processes are in place and we saw gaps in employment are explored, reference checks and disclosure and barring service (DBS) checks are completed. The manager has a system in place to monitor Social Care Wales registration and staff are registered as required.

Training and support is provided to ensure staff are competent and up to date. Staff complete a blend of online and face to face courses depending on the subject. We saw required training such as Moving and Handling, Infection control and Health and Safety are completed by the majority of staff. Person specific training such as ‘Dementia Awareness’ and ‘Person Centred Care’ are being worked towards by most staff. Staff told us *“We have on line training and if we feel we are lacking anything we get the training we need”* and *“The door is always open”*.

On checking staff files and the supervision matrix we saw that more than half the staff are not consistently having individual supervision quarterly. The manager told us *"I am working towards improving supervision – our new admin has put the diary entries into our calendar now so going forward quarterly should take place as required"*. Whilst no immediate action is required, this remains an area for improvement and we expect the provider to take action.

Information is available for staff and people to access in the form of Welcome packs and service user guides which have recently been updated. A SoP is available and is also being updated along with the organisation policies and procedures. We noted some policies need updating as it had been several years and they contained information such as the previous managers details and the safeguarding policy did not refer to the Safeguarding procedures

Staffing levels are as stipulated within the service SoP. Recruitment has taken place since the last inspection. Whilst there is still a requirement for agency staff to complement the team, we were told the agency staff are regular and know the home and people well. During the course of the two inspection visits we saw staff supporting people and having time for quality interactions.

Feedback regarding staffing levels includes: *"I love the job"*; *"Our staffing team work really well as we have new staff members and a really good established team"*.

Family told us *"They seem to have more staff recently - there are lots of staff there. Some of the carers are really lovely"*. *"They have started doing more activities now – couple of people in charge – and they send a newsletter which is really lovely"*. *"Key members of staff are very personable – X likes it when people have a lot of interaction with X... They are really good at making people feel they are at home"*.



### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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31	The provider does not consistently apply for Deprivation of Liberty Safeguard (DoLs) authorisations as required and in a timely way. The provider must ensure an individual is not deprived of their liberty for the purpose of receiving care and support by applying for the lawful authority.	New
44	The provider is non compliant with regards to health and safety. Works need to be completed to the lift as recommended by lift engineers and risk assessments should be completed by competent persons.	Not Achieved
36	Supervision and appraisals are not carried out as required. All staff to have four supervisions and one appraisal each year.	Not Achieved

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