Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report

## Campion Gardens Care Home

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

01792235314

www.campiongardensretirementvillage.co.uk

**The inspection visits for this service took place between 17/03/2026 and 25/03/2026**

## Service Information:

| | |
|---|---|
| Operated by: | Campion Gardens Limited |
| Care Type: | Care Home Service<br>Adults Without Nursing |
| Provision for: | Care home for adults - with personal care |
| Registered places: | 53 |
| Main language(s): | English |
| Promotion of Welsh language and culture: | The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service. |

## Ratings:

| | |
|---|---|
| Well-being | Good |
| Care & Support | Requires Improvement |
| Environment | Good |
| Leadership & Management | Good |

## Summary:

People experience good well-being at Campion Gardens Care Home. The staff ensure people's choice and rights are upheld. They are enabled to enjoy activities in their home and community and do what is important to them and spend time with people who are important to them.

The team know people well and show genuine kindness and care. Improvements are required to care documentation so that care workers are informed when providing care and support. Improvements are required to the timeliness of Deprivation of Liberty safeguard (DoLs) applications to ensure authorisations are in place for people who may not have capacity to decide on where and how their care is provided.

The environment is rated good. There is an ongoing programme of decoration and refurbishment to ensure the home is well maintained, homely, nicely decorated with accessible communal areas and gardens.

Currently the interim manager is covering the absence of the registered manager. Throughout this report the interim manager will be referred to as the manager. Staff are positive about the support in place from both the Responsible Individual (RI) and manager. Overall, the leadership and management theme is also rated good.

# Findings:

## Well-being — Good

People are informed, have choices in their day to day lives and are supported to have a voice. Information is available to people about advocacy and they have representatives as required. Meetings are held for residents and their representatives as a means of keeping people updated, informed and involved with decisions about their home. Information is available in Welsh. The provider is working towards providing the Welsh Language Active Offer. Celebrations of Welsh tradition take place and staff are willing to learn Welsh if people's preferred language is Welsh. In addition to this there is an openness to celebrate other cultural events. A Nigeria day has been held previously to share learning and understanding of different cultures as many staff have moved from Nigeria. The team are hopeful to hold a similar event again.

Planned activities and meaningful interactions with staff help people have a positive sense of personal well-being. One person was involved with helping others have nail varnish applied and they told us, *"It doesn't just look good – it makes you feel good".* We saw a variety of activities. This included a musical entertainer. One person told us, *"I'm not really into the activities though I think this entertainer is wonderful".* The event created a vibrant atmosphere in the home with people and family gathering to enjoy the event. We saw small meaningful activities. People told us, *"We go out on trips once a week"* and we were told about *"Music for health workshops and schools are invited to attend events".*

People are supported to maintain existing relationships with people who are important to them. People's representatives are invited to attend reviews and we saw relatives actively involved with people in the home. We saw family members participating in activities and bringing pets in for everyone to enjoy spending time with them. Staff are respectful and have a nice balance between good humour and being courteous, kind and helpful. Many interactions showed genuine kindness and demonstrated that staff have a good rapport with people. We saw the use of good diversional therapy to distract people if anxiety was being sensed by staff. Family told us, *"I think staff are amazing – they are kind."*

People's outcomes are considered when updating and maintaining the home. Lounges and communal areas provide space for people to spend time together. Places to relax are also available in seating areas on the corridors and the newly created reading nooks. Secure garden areas are pleasant and accessible enabling people to independently choose where they want to spend time.

## Care & Support — Requires Improvement

Improvements are required with care documentation to ensure people can achieve their personal outcomes. Assessments contain inconsistencies, personal plans are not always accurate and care workers cannot easily access information to provide care safely and ensure people's outcomes are met. More information is required about how to maintain skin integrity and use appropriate pressure relieving equipment. Reviews should include people's outcomes and reflect changes to personal plans. Outcomes for people require improvement because of inconsistencies within care documentation and we expect the provider to make improvements. Nevertheless, the manager and care workers know people well. We saw personal plans are person centred and outcome focused. Staff told us about people's previous occupations and lives indicating they know what is important to them. We saw support in place for people living with dementia and how the knowledge about the person and what was important to them was transferred into an empathetic approach with the use of good diversional therapy. People told us, *"They are kind and respectful;" "They come round all the time to check" a*nd *"X answers the calls and always has time to speak to us, that's what I like about X".*

Care workers are up to date with safeguarding training and know the processes for reporting concerns. A recently reviewed policy is available and refers to relevant legislation. During the inspection we noted one incident record could not be located and a subsequent delay with a safeguarding consultation. We discussed with the manager the importance of having a process in place for when they are unavailable. Overall, incidents are managed well and family members and appropriate medical/health professionals are informed. Safeguarding information is available on the manager's notice board and we were told this was on display in other staff areas as recommended by the Safeguarding team. Deprivation of Liberty Safeguard (DoLs) authorisations are not always applied for consistently and without delay. These provide the authority for people to receive care in accommodation determined by best interest decisions when people do not have the capacity to make such decisions themselves. Care Inspectorate Wales (CIW) were not notified of authorisations submitted this year, prior to the inspection. Outcomes for people require improvement because of a delay with DoL's applications and we expect the provider to make improvements.

Medication is stored as required and people receive medication as prescribed. Room and fridge temperatures were within the required parameters. Both rooms had sinks for handwashing however they were not easily accessible. Medication administration records include information about people but some require photographs for identification purposes. We saw medications administered in a safe and sensitive way. Diligence and knowledge around the medications being administered was demonstrated.

## Environment

Good

The provider ensures effective systems are in place to maintain and manage the home. We saw gas and electric certificates are within dates and future checks are booked as required. All lifting equipment maintenance certificates were seen and completed within the past six months. This is except for the stair lift which was being prioritised following the inspection. Water testing was booked in line with the legionella risk assessment and we saw regular checks of water temperatures and cleaning of shower heads. We emphasised the importance of completing and recording the flushing of unused outlets. Both the fire and legionella risk assessments are available and dates for renewal are booked as recommended. Fire equipment checks are completed such as extinguishers, emergency lighting and the alarm system.

Security arrangements are in place to protect people. There is a signing in process for visitors. Closed-circuit television (CCTV) is in place in communal areas. There is a policy and people and their representatives are consulted about this prior to moving into the home. We did note however that CCTV is not always referred to within people's DoL's authorisations. The RI and manager are aware to ensure this is the case at the point of assessment.

People live in an environment which meets their needs. The home appears clean and fresh. A food hygiene rating of five (a very good rating), was awarded in March 2025. Areas are accessible with comfortable places to sit along corridors and in communal lounges. Reading nooks have been created in the home with a view to stocking with books and providing small areas for people to spend time quietly reading. People's bedrooms are clean and personalised to the level people wish. The provider has an ongoing programme of decoration to ensure it is aesthetically pleasing for people living and visiting Campion Gardens Care Home. Furniture and furnishings are matched accordingly and in keeping with people's needs, preferences and requirements for safety to be met. One lounge has been further updated with access to a secure patio garden. The RI told us of plans to use this area for gardening activities with raised planters in the future. Another secure garden area is accessible from another lounge and dining area. One person told us *"Oh, this is a lovely place. They keep it well."*

## Leadership & Management — Good

The service provider's oversight and governance arrangements help ensure a positive culture in the home. The RI has an active presence. Staff told us they feel supported by the RI and interim manager. Feedback includes *"It gets better every day"* and *"I'm ok with the way the home is being run – nothing to improve right now".* Quality assurance processes include a record of the RI quarterly visits which have feedback from staff working at the home and people and their representatives. Outcomes of meetings with the manager, environment checks and staff recruitment file checks are also considered. Whilst wider surveys are distributed and considered this data is not seen within the quality care review report. Neither is feedback from other professionals such as district nurses or nurse assessors or feedback/conclusions from the safeguarding team in relation to referrals. Considering the areas for improvement identified in the 'Care and Support' theme we would expect care documentation to also be considered in the overall oversight. The RI takes these points on board to further develop their oversight and quality care review report.

People are supported by staff with the necessary expertise, skills and qualifications to meet their care and support needs. Staff recruitment processes are good with gaps in employment explored, Disclosure Barring Service (DBS) and reference checks obtained prior to staff commencing employment. Training records show staff are up to date with on-line required training. Discussions and reflections around training are recorded in staff supervision records. Face to face practical training such as manual handling, fire and first aid is also provided. Some staff were not up to date with practical training but we were told these dates were booked imminently. All staff receive regular quarterly supervision. Initially, monthly meetings are arranged for new starters. Disciplinary processes and reflection can be seen within staff records; however, these also need to be followed up in individual supervision so continuous learning and reflection can be evidenced. Staff have opportunities to attend team meetings. Information is available to staff and the service policies have been updated earlier this year. Those seen are informative and accurate.

Staffing levels appear to meet people's outcomes in a timely way with staff being able to have quality time with people. The RI and manager identified a dependency tool (used previously) that will be suitable to ensure their staffing levels are adequate to meet the dependency of people they support.
To conclude, staff feedback includes *"It's a positive environment – I am happy coming to work every day".*

# Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

| Summary of Areas for Improvement | Date identified |
|---|---|
| People's liberty may be deprived without the necessary authorisations in place to support best interests decisions made around people's accommodation and care and support needs. | 17/03/26 |
| Inaccuracies in care documentation mean care workers do not always have the information available, to provide care and support safely. This can impact on people's outcomes meaning their health and overall well-being is at risk of not being met. | 17/03/26 |

**CIW has not issued any Priority action notices following this inspection.**

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