



# **Inspection Report on**

**Campion Gardens Care Home**

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

## **Date Inspection Completed**

05/03/2025

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## About Campion Gardens Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Campion Gardens Limited
Registered places	45
Language of the service	English
Previous Care Inspectorate Wales inspection	31 July 2024
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

### Summary

The management team at Campion Gardens Care Home consists of the Responsible Individual (RI), the manager and a newly appointed deputy manager.

Staff know people well. Care documentation has been updated to a good standard. A variety of activities are arranged alongside meaningful one to one interactions.

The environment has ongoing improvements to the décor and furniture which make the home aesthetically pleasing and enjoyable to spend time in. Works around the fire and legionella risk assessment have been completed or are close to completion. The provider plans to increase the number of rooms within the home to accommodate an increased number of people. The provider must follow correct procedures to ensure planned changes to the registration of the service are approved by Care Inspectorate Wales (CIW) as required.

Staff feel supported by the management team and a positive culture exists within the home. Training and individual supervision is provided and attended as required. Regular team meetings take place with open communication and a two-way process for sharing information. The RI and manager have good oversight of the home and work towards making it an improving service meeting the outcomes of people living there.

## Well-being

People engage meaningfully with their community and people around them and are supported to access seasonal events in the community. Newsletters are informative and are available and on display in the home. People enjoy trips to the theatre and other days out. They also meet at lunch clubs at the onsite restaurant and have entertainers providing music for health workshops and choirs attending too. We saw children from the onsite nursery visit to take part in St David's day craft. Nursery visits are popular with people meeting in the dining areas to enjoy this time. We heard people telling family about the nursery visits. In addition to the planned activities, we saw interactive game sessions and person-centred one to one sessions. This included people enjoying a walk in the grounds with support from staff. We could see people are supported to do what is important to them. Family told us *"The care home have been really good – X really wants to go out to be with nature and they support with this"* and *"They have been incredibly inclusive over Christmas – they had lots of Christmas events for them and families were allowed to join in as much or as little as we wanted"*.

People are supported to have a voice and where people have limited capacity to make decisions for themselves the appropriate authorisations are in place. One person told us *"Yes, I feel listened to – they do their best"* and family told us *"X's voice is being heard – they are being so good – leading on what X wants"*. People have access to advocates or representatives and best interest decision processes take place when required.

People are safeguarded by staff who are knowledgeable of processes to follow and are open and transparent. Safeguarding training is up to date for all staff and staff spoke positively about the open communication at the home and support in place from the manager and the RI and the 'open door' policy that is more than evident. The provider has made an application to the CIW registration team to increase the number of rooms within the home. They have however increased their numbers ahead of this being approved (to accommodate someone requiring emergency support) and this has been identified as an area to improve.

People are treated as individuals. Choice is provided as to routine, diet and personal care preferences. We saw people's wishes being fully respected to ensure holistic health and well-being. People described staff as *"having a heart of gold"*. Referrals are made to professionals as required for specific health checks or guidance.

## Care and Support

Quality care and support is provided to ensure people achieve their personal outcomes. We saw improvements with people's personal plans. They are up to date and written in a more person centred way reflecting people's family, work and social background and reflecting what is important to people now. Good quality quarterly reviews are held where people and their representatives can give feedback regarding the home and their experiences. The manager intends to enhance these further by incorporating people's individual personal outcomes into this process. Good support with personal hygiene is provided for everyone. Training is focused on how people can be supported particularly people who are living with dementia and may need more consistency and time to engage in personal care activities. When talking to care workers about people living with dementia they told us: *"It is not just about giving care - it is about getting their opinions and their personal life back – making their own decisions"* and *"We are here for them. We have the time- we have to go back to them and re offer care and support"*.

Timely referrals are made to professionals as required. We saw recordings of people's weight. Audits are completed and the process of referring for advice is clear. We were told by several family members about the timeliness of referrals to health professionals for assessments or investigations and the importance of these. *"X needed an appointment really badly for a scan – this was met in a timely way"*.

Medication is administered safely. We saw medication administration records are completed when medication is administered. Audits are in place and we completed a controlled drug balance check. Good practice of medication administration was observed with good infection prevention control practice and lovely explanations and personalised interactions. Room temperature recordings are not completed and the second medication storage room was very warm. We did note half of the medication records did not have a photograph of people on the front sheet and handwritten medication was not signed by two staff to verify the accuracy. The manager assured us this was discussed with the medication management team and would be followed up by them. In the interim they are working towards making the identified improvements required.

Staff communicate well with people. Empathetic responses and reflection techniques were observed. Family told us *"They are so good at communicating with me.....they seem to employ really kind people"* and *"We have much better quality time together now"*.

## Environment

There are effective systems in place to ensure the safety and well-being of people. We saw an electrical installation certificate and gas annual service that was within the valid period of being checked. Most lifting equipment including the stair lift had the necessary checks as required for the Lifting Operations and Lifting Equipment Regulations (LOLER 1998). We did note the passenger lift was out of use when this check was completed. The lift had since been serviced and plans were in place for the LOLER checks to be completed imminently.

Improvements have been seen overall with the environment. We saw a completed legionella action plan. Responsible staff have attended training. The fire action plan is almost complete with the required professionals involved for final sign offs and the last fire doors are due to be fitted imminently. An updated fire policy is available and smoking risk assessments are in place for people along with updated personal emergency evacuation plans (PEEPs). A recent food hygiene inspection was completed and the provider maintained a rating of 5, that being very good.

People live in a home that is comfortable with nice décor. Ongoing decoration and updating of the furniture in the home is evident and people benefit from a clean, airy and freshly decorated environment. Furniture is in good order and chosen to suit the individual areas of the home. A further lounge area is now accessible to people where sometimes people can enjoy the piano and some Sunday worship time. The piano was purchased following feedback from people saying they would like to enjoy some time to sing hymns. People can access a secure outdoor area with further plans to develop another accessible area. There are also areas to relax in seats in the corridors. We were told: *"X literally calls it home," "I am happy and everyone is nice"* and *"I am sure it is the best care home in the UK"*.

## Leadership and Management

There are clear lines of accountability and the RI, manager and deputy manager are accessible to people, staff and visitors. There is an open-door policy and staff told us they feel very supported. Since the last inspection the provider has added an online assistant to their CIW account so notifications of incidents can consistently be made to CIW in a timely way. We have seen an improvement in the submission of these overall.

Processes for staff recruitment are in place to ensure staff are suitably vetted and trained to support people. Staff identification, disclosure and barring service (DBS) checks and right to work checks are completed prior to staff commencing employment. We did see some inconsistency with the checking of gaps in employment and ensuring two references are always obtained. The manager agreed to check these and ensure these are completed retrospectively. Care worker registration with Social Care Wales is monitored by the manager. Records and staff feedback confirm staff receive training and individual supervision as required. This includes monthly supervision initially as part of the induction and probation period. Staff told us they feel supported. *"Management is fantastic"* and *"Staff are gaining in confidence"*. A positive culture is evident within the home. Team meeting minutes show openness is encouraged and staff feel safe to speak out. Staff told us *"Staff meetings are good; we share information"*.

During the inspection process an updated Statement of Purpose (SoP) was requested. This was completed in line with the requirements and the manager told us an application had been submitted to CIW to increase the number of rooms in the home. We were then informed by our registration team that an emergency admission had been taken ahead of the approval of the application. The provider is therefore not providing the service in accordance with the SoP, by exceeding the number of people they are registered to provide care and support to. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

Quality assurance processes are in place. The RI has good oversight of the home and visits regularly. Quality assurance processes consist of feedback from staff, relatives and people living at the home. Well-being outcomes are considered within the quality care review report around people's voices being heard, their ongoing health being maintained and people living in accommodation that best supports their well-being.

## 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
There are risks to people's health and well-being if the application for increasing the registered numbers at the care home is not followed and assurances and checks are not completed prior to this being agreed.	26/03/2025