Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report

## Campion Gardens Domiciliary Care Agency

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

01792 235328

**The inspection visits for this service took place between 12/01/2026 and 22/01/2026**

## Service Information:

| | |
|---|---|
| Operated by: | Campion Gardens Limited |
| Care Type: | Domiciliary Support Service |
| Provision for: | Supported Living |
| Registered places: | 0 |
| 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 | Requires Improvement |
| Care & Support | Good |
| Leadership & Management | Requires Improvement |

## Summary:


Campion Gardens Domiciliary Care Agency provide care and support to people in their own homes. The service operates on a small scale with a compact staff team, and this is reflected in the consistent staffing observed during the inspection.

People are positive about the service they receive, and it enables them to have their well-being maintained and their independence in their own homes. Information available to them requires updating to ensure people are clear about who is providing the service they are in receipt of and how they can contact them. The theme of well-being requires improvement considering this.

Care and support provided is good. This includes practice observed around medication and infection prevention control practice. Improvements are required to aspects of care documentation including personal plans and risk assessments.

Improvements are required to the overall supervision of the management of the service to ensure policies, processes and systems support the effectiveness of the service. Since the inspection the Responsible Individual (RI) has compiled an action plan to address the areas raised and is proactive in achieving this in a timely way. This will be reviewed at the next inspection.

# Findings:

## Well-being — Requires Improvement

People are treated with dignity and respect and supported to make choices regarding the care and support they receive. Overall people were positive about the service they receive to enable them to remain living in their own homes, as independently as possible. We observed positive interactions between staff and people they support. People told us; *"I find it very good to be honest"*; *"I am very pleased with their service"* and *"I have three or four carers – they are very pleasant and nice – Anything I ask them to do, they do with a smile".*

People do not consistently have the information required about the service they receive. The provider does not have a written guide with information about the service available to individuals. They are required to produce and provide this and ensure it is reviewed annually and updated as necessary. The service provider's Statement of Purpose (SoP) does not accurately reflect the service name and the service provided and is not updated as required.
Outcomes for people require improvement because this information enables them to make informed choices. We expect the provider to make improvements.

On the whole people are safe and protected from abuse and neglect; however, improvements with information provided to people could further enhance this (as detailed above). A safeguarding policy is in place though this does require updating to reflect the Safeguarding procedures. Staff receive safeguarding training and report any concerns to the management team. This consists of the interim manager, Responsible Individual (RI) and care co-ordinator.

People are supported in their own homes to maintain their safety as far as possible. People's own environments and outcomes are considered to ensure the service can be provided safely.

## Care & Support — Good

People experience respectful, dignified care aligned with their assessed needs, including manual handling plans developed by occupational therapists. Care workers offer people choice and support meal preparation patiently and in line with individual preferences. Most care documentation is current, although one risk assessment was missing. Overall care delivery is good because staff support people's outcomes well. People receiving care are mostly satisfied with call times and support, with only one person requesting a change in schedule. This has been followed up by the RI since the inspection feedback. We observed care staff deliver calls in a timely manner and not appear rushed or short of time.

Regular reviews take place, and people and their representatives are encouraged to share their views. People told us; *"They are great – the support is worth the world"*, *"The staff are lovely – I don't worry and nothing is too much trouble for them"*, and *"Timing is fine – it's okay. I usually have the same three…They give me the help I need".*

Care documentation lacks a person-centred approach. All six personal plans contained pre-populated text, and negative language was used such as 'suffering from' and 'has problems with'. The 'About Me' section was incomplete for some individuals. Risk assessments function more as checklists rather than clearly identifying risks and detailing how these should be managed. This aspect of care documentation has the potential to impact on people's outcomes and was identified at the last inspection, so this is likely to continue. We expect the provider to make improvements.

People receive medication as prescribed. We observed good practice around administration. Whilst there is medication related guidance this is not accurate nor up to date. And there is not a medication policy in place that aligns with the protocol the care workers follow. The RI has agreed to review these documents and ensure there is one clear policy in place for staff to follow. This will be included in the review of all the service policies

Staff use personal protective equipment to manage the risk of infection. Care workers were observed using PPE as required with good handwashing practice.

## Leadership & Management  Requires Improvement

Whilst the service has a shared manager, the RI has not ensured dedicated and consistent management time for the domiciliary support service alongside the care home. Management hours are not clearly defined and tend to vary according to immediate demands. As a result, the manager does not have sufficient protected time to implement actions or oversee and support the service and it's staff. This lack of structured management oversight is reflected in key areas. Care documentation lacks person-centred detail, risk assessments are not fit for purpose, and core documents, including the Statement of Purpose and user guide, are outdated or unavailable. Policies require significant revision, and the absence of dedicated team meetings for domiciliary staff limits opportunities for communication and feedback. Outcomes for people require improvement because lack of supervision of the management of the service has the potential to impact on staff and those in receipt of the service. We expect the provider to make improvements.

Quality assurance processes in place include medication audits and RI visits. Feedback is gathered from people working at and in receipt of the service. We did note an inaccuracy in the quality care review report, regarding care documentation. The RI has a plan to review all care documentation with the interim manager and care co-ordinator. Spot checks to assess staff competency are not currently undertaken, though the RI intends to introduce these.

Staffing is provided in line with people's requirements to meet their outcomes. Care workers report their workloads are manageable. Most staff are safely recruited, although one file showed missing employment checks and an unverified reference. Individual supervision is generally provided, and mandatory training is mostly completed; however, staff have requested face to face training specifically for dementia and other areas. This could be reflected in individual learning plans.

Overall staff spoken with are positive about the support in place for them. They tell us they have a good work life balance. Feedback includes *"Everyone is very friendly – the management is very friendly – the management are always there if you need more training or support".*

Since the inspection visit and feedback, the RI has compiled a comprehensive plan as to how the identified areas for improvement can be met and sustained.  Dates for achieving these are within the plan and this will be reviewed at the next inspection.

# 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 are not always in possession of service information such as that within a Statement of Purpose. This includes the name of the service provider and the contact number should it be required. The Statement of Purpose is not accurate nor up to date. | 12/01/26 |
| People are not informed, as the provider has not produced a written guide with information about the service. This can affect how informed people may feel and the decisions and choices they may make. | 12/01/26 |
| People's well-being outcomes are not considered in their personal plans, therefore, how people will be supported to achieve their outcomes and wishes is not clear. Care documentation is not person centred and risk assessments do not identify risks and how they can be managed. | 12/01/26 |
| People may be supported by a team that does not benefit from consistent management support and oversight. This has the potential to impact on the implementation of processes and policies. | 12/01/26 |

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

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