



## Inspection Report on

**Campion Gardens Domiciliary Care Agency**

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

**Date Inspection Completed**

18/04/2024

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# About Champion Gardens Domiciliary Care Agency

Type of care provided	Domiciliary Support Service
Registered Provider	Champion Gardens Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">14 March 2023</a>
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

Champion Gardens Domiciliary Support Service provide support to people in their own homes within Willow Court apartments. The team is consistent and calls are provided in a timely way ensuring continuity for people in receipt of support. Care workers are relaxed and jovial with people whilst being respectful at the same time. The team of staff consisting of the care workers, care co-ordinator and manager know people well.

Good care and support is provided with 'what is important to people' being the focus of the care calls.

Staff complete an induction when starting employment and receive training as required. New starters have monthly meetings prior to quarterly supervision being provided. Improvements have been seen to the frequency of individual supervision. Recruitment is ongoing with current staffing levels being as required to meet people's outcomes. The manager and Responsible Individual (RI) have good oversight of the service and are accessible.

## Well-being

People are treated with respect and their dignity is maintained. Meaningful interactions take place between care workers and people receiving the service. People's homes, privacy and routines are respected.

People have a voice and their individual circumstances are considered. Care workers provide people with choice as to how their outcomes are met. People are involved in decisions about how they mobilise depending on how they feel (in accordance with their manual handling plan). They are provided with choice about what they would like for their meals and how they would like it and permission is requested prior to care interventions. People are involved in their personal plan reviews and are comfortable to provide feedback about the service they receive. Currently the provider does not have a requirement to provide the Welsh language active offer due to people accessing the service not requiring it. This will be reviewed if this changes.

People are safe and protected from abuse. All staff are up to date with safeguarding training. We saw care workers are trained in manual handling and first aid and delivered care safely and effectively. Staff know what to do in the event of any concerns. We saw people have a good relationship with their care workers and are comfortable to raise concerns.

People do what is important to them and have the opportunity to be part of their community within Champion Gardens village. If people wish to attend any events or spend time in the communal areas they are supported to do so.

## Care and Support

The provider has accurate and up to date assessments and personal plans. These are accessible to people and their care workers. A copy of people's care documentation is also stored securely in an office, accessible only to staff.

People's personal plans inform care workers what is required to ensure their outcomes are met. We also saw a one-page profile which detailed what is important to people. Personal plans are written in a way that is not outcome focused with reference to 'needs' and 'problems' as opposed to outcomes. The manager agreed some work is required for the care documentation to reflect the person-centred care provided. Reviews of personal plans take place at least quarterly and people and their representatives (when requested by the person) are involved. We saw good recordings of reviews.

People are provided with good quality care and support. We observed care workers using personal protective equipment (PPE) as required. People are supported sensitively with the use of manual handling equipment in accordance with their personal plan. We heard encouraging comments *"You are walking fantastic"*. Medication is administered as prescribed. We saw medication administration records are completed as required and people are given the level of support as identified in their initial assessment and personal plans. People told us *"I am happy now X is here – X does things how I like"* and *"No complaints whatsoever."*

Care calls are provided at the times agreed for the length of time required. We checked recordings of staff arrival times at care calls. We saw these varied very little with a maximum of a 15-minute difference seen. People have continuity with a team of approximately five care workers providing support. One person told us *'I love it – they are excellent, very caring and the same team of girls come in'*. The manager's audit also confirms no evidence of late or missed calls. We observed calls are not rushed and people are given the quality of time they need. Staff told us *"We have a small team and they are excellent so I would say consistency and continuity is our strength"*.

## Leadership and Management

There is clear leadership and governance in place. The RI has oversight of the service and completes quarterly reports of visits. A six-monthly quality care review report is also available. These show the RI speaks to people in receipt of the service, their family and staff. The manager is available and accessible. Audits are completed by the manager that demonstrate their oversight and quality assurance processes.

Staff are supported to have the knowledge, competency and skills to provide good care. Care workers receive an induction which includes required training such as fire safety, moving and handling and person-centred care. Staff told us *“The induction is going well. I have been learning a lot of things and I feel well supported”* and *“I love working here”*. We saw individual supervision records that evidence new staff have monthly meetings for the first three months and thereafter staff receive quarterly supervision. This consistency has improved since the last inspection.

Recruitment processes are good. Disclosure & Barring Service (DBS) checks are in place prior to people commencing employment. Identification checks are completed and ‘right to work’ documentation is valid and in place. References are applied for and staffing levels are adequate for the level of support provided to people at present. Rotas seen showed this and the care co-ordinator told us *“Staffing levels are adequate for where we are at, at the moment...”*

People and staff have access to information about the service including a Statement of Purpose (SoP) and policies. We saw communication is good within the service with regular team meetings being held. Handover sheets are accessible to staff and we observed staff communicate well and regularly with the care co-ordinator. We were told the manager is also accessible and available and met with us on the day of the inspection. Care workers told us they have out of hours contact details for support and they also confirmed they are in contact with family members as required.

### 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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N/A	No non-compliance of this type was identified at this inspection	N/A
36	Staff have not receive supervision and appraisals in line with regulations.	Achieved



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