



Inspection Report on

Campion Gardens Care Home

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

Date Inspection Completed

12/08/2024

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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	29 April 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

As this was a focused inspection, to follow up previous non-compliance, we did not consider the inspection themes fully.

People are supported by staff who know them well and work towards ensuring their outcomes are met. Care is provided in a timely way. Care documentation requires updating to ensure staff have the correct accurate information to inform them of how they can safely meet people's outcomes. People have the opportunity to participate in activities in and away from the home.

Improvements have been made to the environment with repairs being made to the lift and a stair lift being installed. People can now access a secure outdoor courtyard. Further works are required as identified within the fire and legionella risk assessment.

Staff at Champion Gardens Care Home have told us they feel supported by the manager and Responsible Individual (RI). Improvements have been seen with the provision of individual staff supervision. We saw audits are completed and conclusions of these feed into the RI's quality care review report.

Well-being

As this was a focused inspection, we have not considered this theme in full.

People's individual circumstances are considered and people speak for themselves. We saw people being offered choice around day to day activities and their routine. People participate in their reviews when first moving to Campion Gardens Care Home and their feedback is documented well. One family member told us *"X has settled so well and is actually happy to be here – it is giving us such peace of mind"*. People's voices are captured within feedback forms and conversations had with the manager and RI, as part of their quality assurance processes.

People are supported to engage and make a contribution to society. We saw people are involved with community activities in and away from the home.

People get the right care and support as early as possible. We saw referrals are made to other health care professionals such as district nurses. Care is provided in a timely manner to ensure people's outcomes are met. However care documentation is not up to date nor does it reflect the level of care and support required to meet people's outcomes. The manager is aware and is working towards bringing care documentation up to date. Family feedback includes *"All the staff are fab with X and they look after everyone well"*.

People are protected from abuse and neglect. Staff are aware of what to do if they have safeguarding concerns. There is clear communication between staff and the manager. Referrals are being made to the safeguarding team as required. Some improvements have been seen to notifications submitted to CIW (Care Inspectorate Wales). However this needs to remain consistent in the absence of the manager and RI. We did note that whilst applications are being made for Deprivation of Liberty Safeguard (DoLs) authorisations, there is a delay with these being processed by the Local Authorities. The manager is completing the necessary requests and keeping a record of these.

People live in a home where ongoing improvements are made to the environment. This is with a view to supporting their well-being and promoting their independence. Further works are planned to meet the legionella/fire risk assessment. Since the last inspection the lift has been repaired. A stair lift has been installed as part of a contingency plan should the lift be out of use. This provides people with choice and promotes their independence.

Care and Support

As this was a focused inspection, we have not considered this theme in full.

The provider has processes in place to safeguard vulnerable individuals. Since the last inspection the manager has implemented a matrix for monitoring when DoLs applications are completed and alert subsequent renewal dates. These authorisations are applied for to ensure people are not restricted or deprived of their liberty unnecessarily.

Care staff ensure people are supported to achieve their personal outcomes. Care workers provide and record regular changes to people's positions, thereby ensuring skin condition remains good. We saw good recordings of diet and fluids taken and one of the inspection days was particularly warm and people had plenty of fresh drinks. When checking care documentation: two out of three personal plans did not reflect the level of care and support required. This also applied to the mobility aspect of three people's personal plans. Daily records are still written in a generic way as opposed to person centred. The manager told us person centred training and record keeping training had been arranged for the following week. The manager is also aware of the inaccuracies within personal plans and has started updating these. We spoke with the RI and suggested their quarterly visits and quality assurance checks include auditing individual care documentation. This is placing people's health and well-being at risk and we have previously issued a priority action notice. Compliance was tested at this inspection and was not achieved. The provider must take immediate action to address this issue.

People have good records of reviews completed by staff to establish if they are settling well into the home. The manager told us many families are declining to attend a formal review quarterly, some only want annually. We have advised it is still a requirement to involve people in their reviews quarterly if appropriate and to record when representatives have declined to attend. The manager will work towards this being implemented. Family feedback includes *"If anything happens, we are kept up to date"*.

A range of activities and opportunities are provided for people. An activity planner is emailed to families and notices in the home keep people informed. We observed some people spending time in one of the lounges where the television was on. Interactions between people and staff were mixed with some being of good quality, involving people and stimulating conversation and others were limited. The manager told us about twice weekly trips that take place; usually a local trip and one further afield. This includes local pub meals and days out to a museum of history and a boat trip or beach trip. One person told us *"I have been helping to make bird houses and do some planting. We go out on trips."* Another person told us how they enjoy socialising and really enjoyed the lunch clubs and a recent boat trip. *"We've been out for an ice cream. They do have quite a bill of entertainers here"*.

Environment

As this was a focused inspection, we have not considered this theme in full.

Premises are secure from unauthorised access. We saw the provider has a 'sign in' process for visitors. People's information is mostly stored in an electronic format and is password protected.

At the last inspection we identified areas that required 'priority action' to ensure people's health and safety is maintained. Whilst there are still areas of work to be completed many improvements have been made. Refurbishments works have been completed to the lift with ongoing maintenance and repairs as required. Since the last inspection a passenger stairlift has been installed. This means if the passenger lift is out of use, people's preferences as to where they spend time is supported and their independence levels are sustained. People told us *"It's so much better – the stair lift is very good – we wouldn't be without it."*

Ongoing improvements are required to ensure people's safety is maintained. A fire safety action plan is underway. Dates are currently being arranged for works to be completed to the fire doors and the provider is awaiting a survey. Other works have been completed to meet the action plan. We did note the current fire policy is dated 2021 and requires some updating. We noted people who smoke do not have their own individual smoking risk assessments. We were told consideration is given to this in the home's general fire risk assessment. The manager will look at this. Since the last inspection some works have been completed in line with the legionella risk assessment. Of those works remaining we have been told dates have been booked. A detailed action plan is in place and a nominated member of staff has full responsibility for the legionella prevention checks and maintenance. Staff designated as responsible persons are yet to complete legionella awareness training. This includes the RI and manager. A detailed action plan is in place in line with the risk assessment. This is placing people's health and well-being at risk and we have previously issued a priority action notice. Compliance was tested at this inspection and was not fully achieved. The provider must take immediate action to address this issue.

The provider enables people to have a sense of purpose and ownership with the new accessible and secure courtyard area. We saw people getting involved with some gardening and maintenance. One person was described as having *"a new lease of life"*. We saw people enjoying social time in the sun in the secure courtyard garden. Another secure outdoor area has been developed and is awaiting furniture and planters. In addition to these outdoor areas additional rooms have been refurbished meaning the number of people living at the home has increased. We saw other décor and furnishings have been updated with ongoing plans in place.

Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

Arrangements are in place for the effective oversight of the service. The manager and RI gather feedback from people who live and work in the home. Staff told us they are well supported and are positive about the manager and RI, their availability and support in place from them. We saw the RI meets with staff, people and their representatives and keeps a good record of the feedback gathered. Improvements have been seen with the quality assurance processes with the RI considering staff recruitment records and training. This oversight should also consider people's personal plans in line with the inaccuracies identified within people's personal plans.

The service provider ensures staffing levels are adequate and staff are provided with appropriate supervision. We saw care delivered in a timely way. Feedback includes: *"Staffing levels are good and in line with the number of residents we have"; "We have enough time to support people and provide care – once in a while we can be short if short notice is given"*. Staff now consistently receive supervision quarterly and receive an annual appraisal. Whilst the manager has regular meetings with the RI and feels well supported, we did note there are not records of regular individual supervision being provided for the manager. This will be followed up at the next inspection.

Regulatory bodies are not consistently notified of significant events as required. Whilst improvement have been seen this is not consistent: A safeguarding notification was completed retrospectively upon request and some outstanding DoLs notifications. We have discussed with the manager and RI the process of adding other online assistants so they can complete notifications in the absence of the manager and RI. This remains an area for improvement and we expect the provider to take action.

Information about the service is available for people to access. This includes a Statement of Purpose and policies. We saw the disciplinary policy had been updated in line with recommendations from the safeguarding team.

Overall, since the last inspection improvements have been seen within the home. The recruitment of a deputy is in process; However consideration should be given to the fact the manager is managing two services with the number of residents in the home increasing as the refurbishments of rooms is completed. This will be considered further at the next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
44	The provider remains non compliant with regards to health and safety. Action plans to be completed in line with risk assessments, to ensure the safety of people living in Champion Gardens Care Home.	Not Achieved
21	Care and support is not provided in accordance with individual's personal plans. Inaccuracies are evident in the care documentation and it should be updated accordingly.	Not Achieved

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
60	The service provider does not consistently notify Care Inspectorate Wales (CIW) of events as required. This must be done in a timely way, without delay.	Not Achieved
36	Supervision and appraisals are not carried out as required. All staff to have four supervisions and one appraisal each year.	Achieved
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.	Achieved

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