



Care Inspectorate Wales

Care Standards Act 2000

Inspection Report

Campion Gardens Domiciliary Care Agency

SWANSEA

Type of Inspection – Full

**Dates of inspection – Monday, 24 September 2018, Wednesday 26 September 2018
and Friday 28 September 2018.**

Date of publication – 5 November 2018

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Summary

About the service

Campion Gardens Domiciliary Care Agency provides care and support to people who live in Willow Court, a private development of self-contained retirement apartments within Campion Gardens Retirement Village. The service is located in a rural area, close to Swansea. The agency is owned and operated by Campion Gardens Ltd. The responsible individual and registered manager with day-to-day responsibility is Alexandra Ramsey Williams.

What type of inspection was carried out?

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 24 September 2018 between 2:30pm and 5:30pm, 26 September 2018 between 2:00am and 5:30pm and 28 September 2018 between 9:00 and 11:30am. The following methods were used:-

- We visited people in their flats.
- We spoke with four people receiving support and five relatives.
- We spoke with three care workers, the manager and the responsible individual.
- We examined four people's care records and three employee records and training records.
- We looked at a range of other records, including the service's statement of purpose and service user guide.

What does the service do well?

Although people told us they were very happy with the support they received, we did not identify any areas of good practice that exceeded practice outlined in the Domiciliary Care Agencies (Wales) Regulations (2004) and the National Minimum Standards for Domiciliary Care Agencies in Wales (2004).

What has improved since the last inspection?

Issues regarding care plans, surveys and recording that were identified at the last inspection have been addressed; care plans are more person-centred, surveys are now dated to evidence their time of completion and team meetings are being recorded to

evidence their happening.

What needs to be done to improve the service?

We have identified the following areas for improvement which the registered person should consider to further develop the service:

- The responsible individual should develop the home's active offer.

Quality Of Life

People are listened to and their preferences are understood. This is because each person was asked about their personal daily preferences before they started to receive support from this provider. People told us they were happy to tell the care workers anything they wanted to know. One person said, *“We tell them as much as we can but there’s always more if you think hard enough.”* A relative told us, *“They asked us all about dad before he went to live there. It was definitely worth it because they really know all about him now.”* We were shown assessments that had been compiled before people’s support was put in place; these documents described the person’s background and family history, together with their preferences and relevant support needs. Care workers told us that this helped them understand people in the context of the lives they had lived before they came to the service. In addition, we saw that each person was supported to be involved in decisions regarding their support. For example, people were invited to be a part of their care reviews and were asked to sign their care records to denote their agreement to the contents. One relative told us, *“Yes, we do go to the reviews because it’s nice to get an update and to ask any questions we have.”* Care workers demonstrated a commitment towards providing people with good quality support and they were knowledgeable about people’s interests and lifestyle choices. Individual risk assessments supported people’s choices by describing what needed to be done to reduce any risks to their safety and well-being. This demonstrates that people are involved in their care provision and as a result, feel listened to.

As far as possible, the provider has taken appropriate steps to safeguard people from neglect and abuse. Care workers recognised their personal responsibilities in keeping people safe. They were aware of the whistleblowing procedure and were confident to use it if the need arose. One care worker said, *“Of course we would all speak up if we saw something we didn’t like. And I know the manager would listen.”* Care workers said they would talk to their manager initially, but were confident to speak to the safeguarding office if they felt they needed to. We examined employee training records and saw that all care workers were up-to-date with their safeguarding training. This evidences that the provider ensures that people are safeguarded as far as possible.

People were able to develop relationships with care workers and the people they live with. People appeared to be relaxed in the company of the manager and care workers. Care workers were respectful in their interactions with people, demonstrating genuine affection and we saw people responding in kind. People told us their care workers were familiar to them; one person said, *“We know all the carers very well. Some of them are like family to us now,”* whilst a relative told us, *“We wouldn’t be without them now – we’ve known them for so long.”* From this, we conclude that people feel they belong and have positive relationships with the care workers who support them.

Quality Of Staffing

People's individual support needs are understood. The provider took information from as wide a source as possible in order to support each person appropriately and took information from their friends and relatives so that care workers were aware of people's support needs when they started receiving support from them. At the last inspection, we noted that people's care records were basic and contained unnecessary information, so we recommended that the manager reviewed the system in place to make them more person-centred. We checked on this inspection and found that the issue had been resolved; care records were now more personalised and reflected people's individual support needs. All irrelevant references to issues that did not affect people had been removed, and each person, or their family member or representative, had signed the documents to denote their agreement to the contents. In order to remain current, all care records were reviewed every month, or more frequently wherever the person's support needs had changed. In addition, people and their families were invited to be involved in their relative's care reviews to ensure their opinions were heard. One relative agreed with this and added, *"It's always nice to be involved. It's good to know how things are going."* From this, we conclude that people can expect to receive the right care and support at the right time in the way they want it.

The home is working towards a Welsh language active offer. This means being proactive in providing a service in Welsh without people having to ask for it. On discussions with people receiving support, their relatives, the responsible individual and care workers, we saw that there was no demand currently for Welsh speaking support. However, the responsible individual agreed with the necessity of providing an active offer in the event that the home supported anyone who did prefer to communicate in Welsh. We therefore recommended that the responsible individual considered bilingual signage around the premises, and the statement of purpose and service user guide to be made available bilingually so that people would not have to ask for them. We also saw that the responsible individual was researching Welsh classes for employees, which will mean that Welsh speaking people would be able to make informed decisions about their care and support.

Quality Of Leadership and Management

There are suitable procedures in place to monitor care workers' recruitment, training and support. We viewed a random selection of employee recruitment records and saw that all the required employment checks were in place before new employees started to support people. This included reference checks, photo identification and Disclosure and Barring Service (DBS) checks. Employee training records evidenced that employees were up-to-date in their essential training, and supervision records showed that care workers and senior staff were regularly given the opportunity to discuss any issues they wished to raise. We noted that supervision meetings and recordings have been developed; each care worker now completed a 'reflection' of their work before their meeting, was observed by a senior manager in their work, met with the training manager to ensure they were up-to-date in their essential training and finally met with their line manager for a general discussion about their work. There was another element that provided a forum for following up on any issues that were raised as a result of any supervision meeting. This illustrates that the provider has developed good processes to monitor employee recruitment, training and support.

We were shown a number of systems designed to assess the quality of support people received. This included:-

- Meetings for people and relatives to raise any issues they wished to discuss; from a recent record, we saw that everyone who attended was generally happy with aspects such as the food provided and the standard of their rooms.
- Various audits analysed staffing issues, safeguarding issues, the quality of care provided to people, the environment and record keeping. A checklist covered all aspects required on each occasion so that any issues that arose were resolved in a timely manner and any unresolved actions were carried over into subsequent meetings.
- A complaints policy and procedure was available and people and relatives we spoke with told us they knew how to make a complaint if they needed to. We noted that there had been no complaints received since the last inspection.
- Regular audits by the responsible individual were used to check the overall quality of

support provided in the home, and asked for people's opinions regarding any improvements that could be made.

- Surveys were provided to care workers, people in the service and their relatives. We saw completed surveys from people in the service and their families. Both sets of results were extremely complimentary.

Overall, this confirms that people can expect to receive care from a service committed to continuous improvement.

People see accountability and know there is a manager who is overseeing the service to maintain and improve practices. People also knew the responsible individual well and it was evident that both these managers regularly made themselves available to anyone receiving support, together with their friends and relatives; we saw the manager talking to people throughout the inspection and noted that they were never rushed, and each person appeared to be happy to have the contact. This demonstrates that people can expect to have regular contact with the management team who are overseeing the care and support they receive.

Quality Of The Environment

This inspection focused mainly on people's quality of life, quality of staffing and quality of leadership and management. The quality of environment is not a theme which is applicable to a Domiciliary Care Agency.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by contacting us.