



Inspection Report on

Aspen House Care Home

**Aspen House Care Home
37 Coedpenmaen Road
Pontypridd
CF37 4LP**

Date Inspection Completed

31/03/2025

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About Aspen House Care Home

| | |
|---|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Cwmdare Homes 2 Limited |
| Registered places | 38 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 31 January 2025 |
| 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

This inspection was conducted to determine if areas of non-compliance identified at a previous inspection have been resolved.

People receive care and support from a team of care staff and nurses who treat them with warmth and kindness. People we spoke to say they are happy with the service they receive. We observed positive interactions between staff and people and saw care and support being delivered in a relaxed manner. Since our last inspection there have been significant improvements in medication management arrangements and there is ongoing work being completed to ensure care documentation is up to date and reflective of people's needs.

The service has recently had a recruitment drive and is now carrying a full compliment of staff. We saw improvements have been made in relation to staff development and support with the majority of staff compliant with their training requirements and receiving regular supervision.

Well-being

People are supported to maintain relationships with family, friends and those they live with. Interaction with others within the home is promoted. People's family and friends can visit when they choose. One person told us, *"My husband came to see me today. He can pop in when he wants to"*. People also have positive relationships with staff and provided us with complimentary feedback using words like *"Lovely"*, *"Great"* and *"They do a good job"* to describe them. Observations we made on the day of our inspection supported the positive comments we received. We saw staff interacting well with people treating them with dignity and respect.

People are offered choices in daily activities. Activities are on offer for those who choose to participate. The manager told us a new activities coordinator has been employed and will be commencing employment shortly. We saw a noticeboard displaying activities and were told there was a 'pet therapy' session arranged for the day we were inspecting.

People live in accommodation which meets their needs. Infection control processes are in place, and domestic and laundry staff keep the environment clean and tidy. People's rooms are personalised to their preference. There are communal areas people can access to participate in activities and spend time with others. Specialist equipment is available for those who need it.

We did not consider this theme in full We will be looking at people's well-being outcomes in detail when we complete our next full inspection.

Care and Support

At our last inspection we found personal plans did not always reflect people's needs and were not being produced in line with regulation. At this inspection we saw there is ongoing work being completed to ensure all people living at the home have an up-to-date personal plan which is reflective of their needs. Prior to admission to the service an assessment is completed to determine if people's needs can be met. Following this a personal plan is devised. Personal plans we looked at are outcome focused and contain a good level of information detailing the best ways of supporting people to achieve their personal outcomes. Progress in this area will be looked at our next inspection. We saw risks to people's health and safety are also considered with risk assessments detailing strategies for keeping people safe.

People receive their medication as prescribed in accordance with national guidelines. At our last inspection we issued a Priority Action Notice as we found medication management arrangements were not safe. At this inspection we found significant improvements have been made. Medication is securely stored and can only be accessed by authorised personnel. Medication administration record (MAR) charts are completed correctly with signatures when medication has been administered. Controlled drugs are safely stored and administered and people who are prescribed time critical medication receive it at the required time. 'As required' (PRN) medication is administered in line with best practice guidance. The manager completes monthly medication audits to help identify and action any issues and measures have been implemented to ensure any unwanted medication is safely disposed of in a timely manner.

People are protected as much as possible from the risk of infection because there are effective infection prevention and control measures in place. We saw staff wear the appropriate personal protective equipment when delivering care and support. Staff receive infection control training and there is a policy promoting safe practice. Domestic staff follow cleaning schedules to ensure the home is clean and tidy throughout. The Food Standards Agency have awarded the service a score of 4 which implies food hygiene standards are good.

We did not consider this theme in full. We will be looking at care and support in detail when we complete our next inspection.

Environment

We did not consider this theme in full at this inspection. We will be looking at the environment in more detail at our next inspection.

We completed a visual inspection of the premises and found People live in an environment which meets their needs. People's rooms are sufficient in size and personalised with items of importance, which helps create a homely feel. There are communal areas where people can relax, interact with others and participate in activities. People we observed in communal areas appeared comfortable and relaxed, this suggesting they are happy with the environment. The service is suitably furnished and decorated throughout. There are sufficient toilet and bathroom facilities which have specialist equipment available for those who need it. This includes moving and handling equipment such as hoists and specialist baths. The environment is warm and clean. There are domestic and laundry staff at the home daily, ensuring good standards of cleanliness and hygiene are maintained.

Leadership and Management

There are sufficient numbers of staff providing care and support to people living at the service. We were told a dependency tool is used to determine staffing levels. On the day of our inspection, we saw staffing levels were reflective of the services target staffing levels. At our last inspection there were a number of staff vacancies, and the service was heavily reliant on agency staff. These vacancies have now been filled which should ensure people receive better continuity of care going forward.

People are supported by a staff team who are trained to meet their needs. An ongoing programme of training and support is provided to ensure staff remain suitably skilled. We looked at training records and found staff are mostly up to date with their training requirements. Staff told us the majority of training is delivered online and more face-to-face training would be beneficial. We discussed this with the manager who told us the service was considering implementing more face-to-face training. All nursing staff are registered with the Nursing and Midwifery Council (NMC) to ensure they are fit to practice. Care staff are registered with Social Care Wales (SCW) the workforce regulator.

At our last inspection we found not all staff were receiving the required levels of formal support. Since then, improvements have been made. Staff we spoke to told us they regularly have supervision with their line manager. We looked at records relating to staff support and found most staff are up to date with their supervisions and have received an annual appraisal.

We did not consider this theme in full. We will be looking at leadership and management arrangements in detail when we complete our 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 |
|---|-----------------|
| We did not identify any risk to people due to a breach of this regulation. However, there is a risk people will not receive person centred care and support if people and their representatives are not consulted on the care and support provided. | 29/07/2024 |

| Summary of areas for Priority Action | Date identified |
|--|-----------------|
| There is a significant risk to people's health ,safety and wellbeing as a result of the issues identified. | 04/02/2025 |
| We identified a moderate risk to people due to a breach of this regulation. This is because systems to monitor the services performance are not fit for purpose. Regulatory failings from the last inspection have not been addressed and the service does not appear to have suitable mechanisms in place to identify areas which require improvement. We would expect the provider to mitigate these risks by implementing sufficient measures to achieve effective oversight of service delivery. | 29/07/2024 |
| We found care and support plans do not always reflect people's current care and support needs. In one instance we found a persons eating and drinking care and support plan had not been updated for a year following a SALT assessment. It appears this person has been receiving the wrong consistency food and drinks for a year, putting this person at risk of harm. Risk assessments are not always sufficiently detailed and some assessments and care and support plans have not been completed on time. | 29/07/2024 |

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