



## Aspen House Care Home



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



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[www.aspenhousecarehome.co.uk](http://www.aspenhousecarehome.co.uk)

The inspection visits for this service took place between 23/03/2026 and 25/03/2026

### Service Information:

Operated by:	Cwmdare Homes 2 Limited
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care, Provision for mental health
Registered places:	38
Main language(s):	English
Promotion of Welsh language and culture:	The provider is not promoting the Welsh language and culture needs of people, and this requires improvement.

## Ratings:



Well-being

**Good**



Care & Support

**Requires Improvement**



Environment

**Requires Improvement**



Leadership & Management

**Requires Significant Improvement**

## Summary:

People experience positive well-being outcomes within the service. They have access to a range of meaningful activities and are supported to maintain relationships with family and friends. People receive assistance with their health needs and are able to access relevant healthcare professionals. Improvements have been made to food provision, resulting in a wider choice of meal options and planned training for catering staff.

People living at the service report satisfaction with the care and support they receive and describe positive, respectful relationships with staff. Personal plans are in place; however, further development is required to ensure they comprehensively reflect each person's care and support needs. Medication is stored securely and administered at the appropriate times.

The environment promotes people's well-being. It is secure, and people can personalise their rooms according to their preferences. Communal areas are accessible, and specialist equipment is available for those who require it. Environmental risk assessments are completed, though it is unclear whether identified recommendations have been fully implemented.

Leadership and management require significant improvement. Although some progress has been made since the previous inspection, there remain substantial concerns regarding governance

arrangements and the effectiveness of quality assurance systems.

## Findings:



### Well-being

Good

People are offered choice and have access to a programme of daily activities. People can select what they wish to eat / drink and choose whether to spend their time in communal areas or in the privacy of their own rooms. We saw an activity timetable in place, offering a variety of options for people to participate in should they wish to do so. People told us they enjoy the activities provided by the service. During the inspection, we observed people taking part in a karaoke session in the main lounge, and we were informed that external entertainers visit regularly to provide additional stimulation and enjoyment.

People benefit from regular opportunities to maintain contact with family and friends. People are supported to sustain existing relationships with those who are important to them, as far as possible. There are no visiting restrictions in place, and family members and friends can visit at times that suit them.

People live in accommodation that meets their needs. The home is clean, comfortable, and maintained to a good standard, with effective infection control measures in place. All internal and external areas are accessible, and specialist equipment, such as hoists are available for those who require it. A programme of routine servicing and safety checks helps ensure the environment remains safe. However, improvements are needed to ensure that recommendations arising from environmental risk assessments are fully actioned.

There are measures in place to help safeguard people. The manager makes safeguarding referrals to the Local Authority Safeguarding Team when required. A safeguarding policy is in place and aligned with the Wales Safeguarding Procedures, and staff spoken with demonstrated an understanding of the process for raising concerns.



Although progress has been made since the previous inspection, further improvements are required to meet regulatory expectations. We found that a pre-admission assessment is undertaken to determine whether the service can meet people's needs, followed by the development of a personal plan. A review of a sample of personal plans demonstrated some improvements since our last visit; however, some plans lacked sufficient detail and did not fully capture people's needs or specify clear actions to manage identified risks. While personal plans are reviewed on a monthly basis, there is limited evidence people, or their representatives are meaningfully involved in the review process. Additionally, we noted monitoring tools are not always completed accurately or consistently. These areas for improvement have been discussed with the provider and will be monitored at the next inspection.

People we spoke with expressed satisfaction with the care and support they receive. Feedback included comments such as, *"The staff are wonderful," "The staff treat me well,"* and *"The staff are marvellous; I have a laugh with them, they are very kind."* In addition to the positive feedback shared, we observed warm and respectful interactions between people and staff throughout the inspection.

People are appropriately supported with their health needs, including assistance with taking their medication. We found evidence of timely access to relevant health and social care professionals, and all medical correspondence is recorded and stored on file. Medication is securely stored and administered by qualified nursing staff, with individualised support plans available to guide practice. A medication policy aligned with current best practice guidance is in place, and nursing staff receive the required training. However, during our inspection, we observed an instance of medication administration that did not fully comply with best practice guidance. We raised this with the management team, who informed us this was an isolated incident and confirmed immediate action had been taken to address the issue.

The service demonstrates safe and effective infection prevention and control practices. Infection control training is an integral part of the service's core training programme, and staff follow a comprehensive policy designed to promote best practice. Staff have access to appropriate personal protective equipment (PPE) and use it correctly when delivering care and support.



## Environment

**Requires Improvement**

Aspen House is located near the town of Pontypridd and is registered to provide care and support for up to 38 people. The home is arranged over three floors, with lift access available to support people with mobility needs. People benefit from a choice of communal areas as well as the privacy of their own rooms, which they are encouraged to personalise. Communal lounges are situated on each floor and are appropriately furnished and decorated. Each floor also contains communal bath and shower facilities equipped with specialist adaptations for those who require them. In addition, all bedrooms are fitted with en-suite toilet facilities. The outdoor space has been developed to be both secure and accessible, providing people with the opportunity to enjoy fresh air and outdoor activities.

People are protected as far as possible from the risk of infection because the environment is maintained in a clean and hygienic condition. Cleaning activities were observed during the site visit, and we were informed that domestic staff follow daily cleaning schedules. The laundry facilities are appropriate for the size of the home, with a clear 'in/out' flow system in place to minimise the risk of cross-contamination. The kitchen holds a Food Standards Agency rating of four, reflecting good hygiene standards. Cleaning products are stored safely and in accordance with Control of Substances Hazardous to Health (COSHH) regulations.

Regular servicing, maintenance, and repairs of facilities help ensure the safety and well-being of people using the service. We saw evidence of routine servicing of key utilities, including electricity, gas, and fire safety systems being carried out by external contractors. Specialist equipment, such as hoists and the lift, are maintained in accordance with the manufacturer's recommendations. Environmental risk assessments for fire and legionella have also been completed. However, we noted there was no evidence that priority actions identified within these assessments had been addressed. We advised the provider that this is an area requiring improvement, which will be reviewed at the next inspection.



## Leadership & Management

## Requires Significant Improvement

The service operates a robust recruitment process to ensure staff are suitable to work with adults at risk. All required pre-employment checks are completed, including references from previous employers and Disclosure and Barring Service (DBS) checks. New staff undertake an induction programme that prepares them for their roles, and staff told us that this induction was beneficial in helping them settle into their duties. Records reviewed during the inspection confirm all care staff are registered with Social Care Wales (SCW) and nursing staff hold valid registration with the Nursing and Midwifery Council (NMC). Staff have access to ongoing training opportunities, and records indicate most staff are up to date with the service's core training requirements. Management informed us the service is currently in discussion with the Local Authority to access the Social Care Workforce Development Programme, with the aim of further enhancing training provision.

Staff are required to receive formal supervision at least every three months. However, the records reviewed indicate that not all staff are currently up to date with this requirement. We discussed this with the manager, who acknowledged the shortfall and provided assurance that measures are in place to address and rectify the issue.

Governance and quality assurance at Aspen House require significant improvement, as current arrangements have not provided the Responsible Individual (RI) with sufficient oversight or driven necessary improvements. The manager has not received required supervision, and the RI shows limited understanding of their regulatory duties. Although the RI has completed quarterly visits, the interactions recorded are superficial and lack meaningful analysis, with reports missing key information, such as concerns reported to Care Inspectorate Wales (CIW) that were not reflected. The six-monthly quality-of-care review also fails to meet regulatory requirements, lacking analysis of significant events, learning, and senior oversight. Audits are undertaken by the manager but there is no analysis provided which means patterns and trends go unnoticed. Weak governance has contributed to a poor staff culture, with many staff feeling unsupported, unheard, and experiencing low morale. Due to these failings, a Priority Action Notice has been issued requiring immediate improvement.

The service has comprehensive policies and procedures in place to promote safe and effective practice. During our inspection, we reviewed a cross-section of policies, including Safeguarding, Medication, and Infection Control. We found these policies align with current statutory requirements and best practice guidance. They are subject to regular review and updated as necessary to ensure continued compliance and relevance.

## 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 adverse impact on people arising from this breach of the regulation. However, there remains a potential risk to people's health and safety if care documentation does not fully and accurately reflect their assessed care and support needs	23/03/26
We did not identify any negative impact on people arising from this breach of the regulation. However, it is essential that people, and where appropriate their representatives, are actively involved in the review of care documentation. This ensures that people's voices are heard and that the care and support they receive aligns with their preferences and assessed needs.	23/03/26
We did not identify any direct impact on people as a result of this regulatory breach. However, there is a risk to individuals if areas identified as hazards within risk assessments are not addressed in line with the advised control measures.	23/03/26
We did not identify any direct impact on people as a result of this regulatory breach. However, there remains a significant risk if care and support are not delivered in a manner that protects, promotes, and maintains individuals' safety and well-being.	09/07/25

Summary of areas for Priority Action	Date identified
There is a major risk to people using the service as a result of this regulatory breach. The service has experienced a sustained high turnover of managers in recent years, which appears to be directly linked to insufficient guidance and support. This instability has had a detrimental impact on the staff team and has	23/03/26

contributed to additional regulatory failings within the service.

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