



## Inspection Report on

**Aspen House Care Home**

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

## **Date Inspection Completed**

24/07/2024

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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	19 <sup>th</sup> July 2023
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

People living at Aspen House are happy with the care and support they receive and report having positive relationships with care staff. Care staff are responsive and treat people with dignity and respect. Medication is administered as prescribed, and people have good access to health and social care professionals. People have personal plans setting out their care and support needs, however, these are not being produced and reviewed in line with regulation.

Leadership and management systems require improvement. We found care staff are not up to date with their training requirements and are not receiving the required level of formal support. We have issued a Priority Action Notice in respect of these failings. Governance and quality assurance systems need to be developed so that the management team has better oversight of service delivery.

The environment is clean, comfortable and maintained to a good standard. However, repair works to vital facilities such as shower rooms need to be expedited to minimize impact on people and staffing.

## Well-being

People are supported to maintain their health and well-being. Medication is stored and administered safely. People have good access to health and social care professionals who offer advice and support when needed. People are encouraged to maintain relationships with family and friends. Relatives of people told us there are no restrictions on visiting and they are always made to feel welcome by a friendly team of care staff.

People are treated with dignity and respect. We observed positive interactions between people and care staff throughout the time we spent inspecting the service. Care staff are warm and responsive. We found improvements are required to ensure people receive person centred care and support and they are regularly consulted about the service they receive.

There are measures in place to protect people from harm and neglect. There is a safeguarding policy and staff know the process for reporting concerns. Staff are recruited in line with regulation to ensure they are safe to work with vulnerable people. Improvements are required to ensure staff are appropriately trained and supported. Governance and quality assurance measures need to be strengthened for issues to be identified and actioned at the earliest opportunity.

People are cared for in a suitable environment. The service is clean and tidy throughout and is suitably furnished and decorated. Communal areas are comfortable and well-presented providing a space people can enjoy. People's rooms are personalised to their preference. There is specialist equipment available for those who require it. An ongoing programme of maintenance and repair ensures the environment, it's facilities and equipment are safe.

## Care and Support

Care and support is provided by a team of care staff who have positive relationships with the people they support. Care staff are attentive and respond to people's needs quickly, providing care and support in a dignified respectful manner. People and their representatives provided positive feedback about the service and are complimentary about care staff and the management. One person said, *"The staff are good, you can have a conversation with them, I get on great with all of them"*. Another person commented, *"The carers are very good, they are all hard working"*. A relative who was visiting on the day of our inspection told us, *"The staff are polite and honest, they will do anything for the people who live here, I have no complaints, they are excellent"*. Observations we made during our inspection supported the positive comments we received. We saw people are relaxed and comfortable in the presence of care staff and appear to enjoy their company.

All people living at the service have a personal plan. These plans are intended to set out people's care and support needs and identify any risks to people's health and safety. We examined a number of personal plans and found they are not being produced in line with regulation. Currently, personal plans lack detail regarding people's personal outcomes, and information recorded does not always give a clear insight into the level of care and support people require. We found risk assessments were missing or incomplete on some of the personal plans we viewed. We did not see any evidence people, or their representatives are involved in the care planning or review processes. This is important as people must be consulted about the care and support they receive. The personal plans we viewed were all very similar, this suggesting the service adopts a blanket approach to care planning rather than a person-centred approach. We discussed this with the management team and highlighted this as an area for improvement. We would expect to see this matter resolved by the next time we inspect.

People have good access to health and social care services to maintain their health and well-being. We saw documented evidence in people's files of appointments and correspondence with health care professionals. There are systems in place for the safe management of medication. We saw medication is stored securely in line with best practice guidance. Medication is administered by qualified nurses and there is a medication policy underpinning safe practice.

Infection prevention and control measures require strengthening. There is an infection control policy and care staff use personal protective equipment (PPE) as required. However, on the day of our inspection we saw some items of clinical waste were not disposed of appropriately, this increasing the risk of cross contamination. We highlighted this as an area for improvement, which we would expect them to address at the earliest opportunity.

## Environment

People live in an environment which is suited to their needs. The home is set over three floors with lift access to the upper floors for those with mobility problems. People's rooms are equipped with ensuite toilet facilities and are personalised to people's preference with items such as photographs and decorations, which makes the environment feel homely and familiar. As well as their rooms people can access communal areas where they can interact with others and participate in activities. There is a team of domestic workers who are at the service daily. They follow a cleaning schedule to ensure the home is clean and tidy throughout. The kitchen has been awarded a score of four by the Food Standards Agency which implies hygiene standards are good.

People are safe from unauthorised access as entry to the home is secure. Visitors to the service have to sign in when they enter and sign out on departure. The home is maintained to a good standard. There is a dedicated worker who is responsible for the day-to-day upkeep of the home. We saw up to date safety certification for equipment and utilities. There is a fire risk assessment and people have personal emergency evacuation plans in place. We saw the shower on the middle floor is currently out of order. We were told this facility had not been working for a considerable amount of time. We discussed this with the management team who assured us they would address the issue as a matter of urgency.

## Leadership and Management

Improvements are required to ensure care staff are supported in their roles and are trained to meet the needs of the people they support. Care staff we spoke to said team morale is low, which is leading to staff turnover. This is putting people at risk as staffing levels at the service are already low. The service is heavily reliant on agency staff. If more staff leave, there is a potential impact on continuity of care. We looked at records relating to staff supervision and appraisal and found staff are not receiving the required levels of formal support. We also saw staff are not up to date with their training requirements. The service has an obligation to ensure staff feel supported in their roles and receive relevant training. Due to this breach of regulation, we have issued a Priority Action Notice. We would expect the provider to address the matter with immediate effect. Governance and quality assurance measures need to be developed further to help support the smooth running of the service. We saw the Responsible Individual (RI) visits the home regularly and speaks to people and staff. However, there appears to be lack of oversight with regards to service delivery. Quality of care reviews have failed to identify issues at the service. For example, personal plans not being produced and reviewed in line with regulation and staff not receiving the required levels of training and formal support. They have also failed to provide analysis of significant events such as complaints and safeguarding matters. This is important as it encourages the service to reflect and develop. We saw a CCTV system had been installed at the service. However, this had been done without informing people or their representatives which is a regulatory requirement, and a requirement of the services CCTV policy. We also saw the service was not using a dependency tool to identify the level of support people require. This can help alleviate staffing pressures by identifying if more staff are required or if the current staff team can be better deployed. We discussed this with the management team and told them this is an area for improvement. We would expect them to address the matter by the next time we inspect.

Written information about the service is available for people to view. There is a statement of purpose and user guide which provide information about the home and service provided. We examined these documents and found they require minor adjustments, for example indicating the use of CCTV within the home. Other written information we viewed included a cross section of the services policies and procedures. We found these to be comprehensive and aligned with current statutory and best practice guidance. We saw policies and procedures are kept under review and updated when necessary.

### 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
36	The provider is not compliant with Regulation 36(2)(c)&(d). This is because staff working at the service are not up to date with their training requirements and have not received the required levels of formal support. The provider must ensure staff training and supervision meets regulatory standards.	New

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
6	the provider is not compliant with regulation 6. This is because lack of proper oversight of service delivery is putting people at risk	New
15	The provider is not compliant with regulation 15(1)&(6). This is because personal plans have not been produced in line with regulation. There is lack of detail regarding how on a day to day basis the individual's care and support needs will be met and lack of information relating to steps which will be taken to mitigate any identified risks to the individual's well-being. Personal plans are not person centred and have not been produced in conjunction with people and their representatives.	New
16	The provider is not compliant with Regulation 16(4). This is because personal plans are not being reviewed in line with regulation. People and their representatives are not being included in the review process.	New
56	The provider is not compliant with Regulation 56(1)(b). This is because clinical waste is not being stored in line with guidance set out in the services infection control policy and best practice guidance	New

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