



Inspection Report on

Aspen House Care Home

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

Date Inspection Completed

19/07/2023

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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	10 November 2022
Does this service provide the Welsh Language active offer?	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 and relatives are happy with the care provided by Aspen House Care Home. Plans are person-centred and focus on positive outcomes for people. Reviews are undertaken regularly to ensure changing needs are understood and addressed. Medicines are stored and administered safely. People are offered a choice of food options. Care staff show caring attitudes towards people and offer support in a timely manner. Activities co-ordinators support people to occupy their day with positive experiences.

The service has appointed a new manager who is motivated to make ongoing improvements to the service. Staff feel well supported and listened to. The environment is clean and well maintained. Staff receive regular one to one supervision and undertake ongoing training. The recruitment of staff is completed safely. A range of policies are in place to support good practice. The Responsible Individual (RI) visits regularly to consider the quality of services provided.

Well-being

People's choices are considered and supported. Personal plans record individual likes, dislikes and preferences. Knowledgeable staff are aware of personal routines and consider these when providing care. People tell us staff take time to listen and respond to their requests. Meals are varied and individual tastes are considered. People can spend their day as and where they like. Best interest decisions are made for those people who are unable to do so. People and relatives are asked for feedback on the care provided and tell us they feel listened to.

People are supported to remain as well as they can be. Personal plans outline the key areas of care and support required. Regular reviews make sure current needs are recorded and understood. People tell us they receive support in a way that they like. Medication is given and recorded as prescribed. Records show referrals are made to health professionals and people have regular contact with their GP. A range of activities offer people the chance to positively occupy their day. Visitors feel welcome and people are supported to remain in touch with family and friends.

There are systems in place to protect people from the risk of harm and abuse. Staff are familiar with how to report and recognise any safeguarding concerns. There are a range of policies in place to guide day to day practice. Any potential risks to people are considered and plans are written to help reduce these. There are systems in place to record incidents and the service reports concerns in a timely manner. Regular checks and audits ensure the service continues to provide a good standard of care. Staff receive regular supervision and training so they can maintain the right skills and support. Recruitment checks ensure those staff employed are suitable to undertake their role.

The environment supports people's overall well-being. The building is safe from unauthorised access. The environment looks clean and welcoming. People benefit from access to a newly improved garden area, redecorated bedrooms, and communal spaces. Housekeeping, kitchen and care staff have access to sufficient equipment and supplies.

There are currently no Welsh speaking staff or people within the service. The service does not currently provide an active offer of the Welsh language.

Care and Support

Personal plans are up to date, sufficiently detailed and reviewed routinely. Plans we viewed correctly describe people's daily care needs. We found regular reviews are completed to ensure plans remain up to date and accurate. Daily records and monitoring charts show people receive the right level of care at the right time. Referrals are made to health and social care professionals when required. Staff tell us they have access to people's plans and are familiar with individual needs. Risk assessments we viewed consider any potential risks to people and strategies are put in place to reduce these. The service considers people's mental capacity to ensure any decisions made around their care is legal and least restrictive.

Medication is recorded and administered appropriately. We examined a sample of medication administration records (MAR's) and found these to be fully completed with no gaps or errors. This indicates medication is given at the right time and recorded correctly. The medication room is locked to prevent unauthorised access. Temperature checks and medication audits ensures medication remains within its use by date and is stored at the right temperature.

People's nutritional needs are considered. Personal plans document people's food likes and dislikes. People told us they are happy with the variety and quality of the meals provided. Comments include *"The food is nice"* and *"They come around every day and ask me what I want"*. One relative told us the meals are *"Excellent"* and the variety of pureed meals are *"Very good"*. On the day of inspection, we observed people being given a choice of meals and noted the food appeared to be well presented and of a good quality.

Care staff provide support in a way people like. People told us staff respond to requests quickly and provide support in a kind and caring manner. Comments include *"I love it in here"* and *"They are lovely carers"*. Relatives we spoke with told us they are happy with the standard of care provided, communication with staff is good and they feel welcome when visiting. Comments include *"Carers are amazing, staff go above and beyond"*. *"Carers are really friendly and welcoming"*, *"They have a really strong team of staff they are all kind"*.

There are opportunities for people to positively occupy their day. A newly appointed activities coordinator is available at the service five days a week. Records evidence various activities are available including arts and crafts, sensory and exercise sessions as well as seasonal events. On the day of inspection, a singer attended the service. We also saw people having their nails painted and others completing puzzles. We saw evidence of individual sessions for those unable to attend group events and the wishes of those who did not want to participate being respected.

Environment

People benefit from a well-maintained environment. All areas of the service are decorated to a good standard and appear bright and clean. Since the last inspection several bedrooms and communal areas have been re-painted and new flooring and furnishings have been purchased. We noted bedrooms are decorated with photographs and personal items to help people feel more at home. In the garden the patio area has been repaired, walls painted, and various flowers have been purchased. We were told the service plans to develop a sensory garden over time. People told us they enjoy using the garden during the warm weather and like the improvements that have been made.

The environment is safe and secure. Gas and electricity safety testing is up to date and all equipment is serviced regularly. Fire drills are undertaken routinely, and people have personal emergency evacuation plans in the event of the need to leave the building. We found treatment rooms and staff offices securely locked to ensure confidential files and medication is stored safely. The service has invested in a new fire alarm system which improves detection and response times. Staff ensure they lock away cleaning substances hazardous to health. Mobility aids and hoists are cleaned and serviced regularly. The service has been awarded a Food Hygiene score of four (good) and kitchen staff have sufficient food supplies. There are supplies of personal protective equipment (PPE) available to staff. Housekeeping staff tell us they have access to a good supply of cleaning equipment.

Leadership and Management

Sufficient staffing levels are in place and staff feel supported. We viewed a selection of staff rotas which show there are enough staff on each shift. The service is using regular agency

staff to cover shortfalls but are in the process of recruiting permanent staff members. The service has appointed a new manager who is responsible for the day to day running of the service and appears motivated to make positive changes. Overall, care staff feel they have enough time to provide care and support in an unhurried manner. Staff told us they feel valued and supported by the new manager and are confident any concerns they raise will be dealt with. Comments include the manager is “*visible*” and “*easy to speak to*”, “*The new manager is really good; she has made positive changes*”, “*I feel positive about the future of the service*” and “*It’s much better here*”.

The service safely recruits, trains and supervises staff. Recruitment files we viewed look well organised and include all the required information and checks. Staff are registered with Social Care Wales, the workforce regulator. Care staff complete a range of ongoing training courses to ensure they remain sufficiently skilled. Since the last inspection we saw all staff had received at least one individual supervision session to discuss professional development and practice issues. Overall, the training matrix we viewed and discussions with staff evidence the service offers ongoing training so staff can meet the needs of those people they support.

Policies and processes support the smooth running of the service. We found policies and procedures are current and up to date. Staff we spoke with have a good working understanding of policies and can easily access this information. The statement of purpose for the service accurately describes how care is to be delivered. The manager has good oversight and has taken swift action to address any areas of concern or poor practice. Reports shows the RI visits the service at least every three months to gather feedback from people, staff, and relatives. A quality of care report is completed every six months to evidence what the service is doing well and any areas in need of further improvement.

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
36	The service does not provide regular supervision or training opportunities	Achieved
16	The service does not consult with people or relatives when completing reviews.	Achieved

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