

Fountain Housing Association Limited

Wisma Mulia

Inspection report

Bridge Road
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Gloucester
Gloucestershire
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Tel: 01452740432

Date of inspection visit:
24 April 2018
30 April 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Wisma Mulia on the 24 and 30 April 2018. Wisma Mulia is registered to provide accommodation and personal care to 17 older people. The service also provided community care to people who lived at Wisma Mulia through extra care sheltered housing. At the time of our inspection 17 people were receiving accommodation and personal care support and two people were being supported through extra care sheltered housing support provided by the service.

Wisma Mulia is based in its own grounds within Frampton on Severn, very close to range of amenities and the Severn canal. The service grounds contain a main house, self-contained flats and additional buildings which people can rent or use without receiving care. Wisma Mulia which means "honoured home" is closely linked to SUBUD (a spiritual movement) and has its own Latihan (which also provides a meeting hall facility) for spiritual services. This was an unannounced inspection.

We last inspected the home on 4 and 5 February 2016 and awarded an overall rating of "Good". However we rated the "Is the service safe?" as "Requires Improvement" as we found that people did not always receive their medicines as prescribed which could have a negative impact on their health and wellbeing. We carried out a focused inspection regarding people's prescribed medicines on 20 March 2017. In March 2017 we found the provider was meeting the requirements of the regulation, however further actions were required in relation to the safe administration and recording of people's prescribed medicines. At our April 2018 inspection we found improvements had been sustained and we rated the service 'Good' overall.

There was no registered manager however, there was an interim manager in post while the provider recruited a manager with the intention of them registering with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living at Wisma Mulia. There were enough staff deployed to ensure people's needs were being met. People received the support they required to meet their health and wellbeing needs. People enjoyed engaging and interacting with care staff. People were supported to maintain their independence and many people enjoyed accessing the community independently.

Care staff treated people with dignity and ensured they had their nutritional needs met and received their medicines as prescribed. Care staff were aware of and met people's individual needs. Staff spoke positively about the support and communication they received. All care staff felt the interim manager and head of care were approachable and that they had access to the skills and support they required to carry out their role.

People and their relatives felt their concerns and views were listened to and acted upon. Relatives told us the management team was responsive and approachable. The provider and care staff worked alongside healthcare professionals to ensure people's ongoing needs were met.

The interim manager, head of care and provider had systems to monitor and improve the quality of service people received at Wisma Mulia. Some staff had not received supervision as frequently as the provider planned. Where people were living with dementia care assessments did not always reflect the support they required. Neither of these concerns were having an impact on people receiving a service. Therefore, we have made a recommendation to the provider which is designed to help the service continuously improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People felt safe living at Wisma Mulia and care staff understood their responsibilities to report abuse.

The risks associated with people's care were managed and people were supported to take positive risks. People received their medicines as prescribed.

There were enough staff deployed to meet the personal care needs of people. The provider had ensured staff were of good character before they worked with people.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Wisma Mulia

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 30 April 2018 and it was unannounced. The inspection was carried out by an inspector and an expert by experience. The expert by experience's area of expertise was in caring for older people. At the time of the inspection there were 19 people living at Wisma Mulia.

We requested and reviewed a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, which included notifications about important events which the service is required to send us by law. We spoke with a GP who covered the service through a local level agreement.

We spoke with 10 people who were using the service and two people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight staff members; including three care staff, a house keeper, the activities co-ordinator, the cook, head of care and the interim manager. We reviewed five people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

We carried out a focused inspection in March 2017 to ensure the service were assisting people with their prescribed medicines in accordance with the regulations. We found the provider was meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, however while improvements had been made the service did not always follow good practice to protect people from the risk from the unsafe administration of their prescribed medicines. At this inspection we found the interim manager and head of care had implemented and embedded effective systems to ensure people received their medicines as prescribed.

People received their medicines as prescribed. Care staff kept an accurate record of when they had assisted people with their prescribed medicines. For example, staff signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's prescribed medicines. We found people were receiving their medicines as prescribed. We counted people's prescribed medicines, against their medicine administration records and other relevant records and found them accurate. People's medicine stocks were all accounted for by the head of care who carried out monthly audits.

We observed one member of care staff assisting a person with their prescribed medicines. They engaged with the person and asked them if they were happy to take their prescribed medicines, which they were. The person and the staff member enjoyed a pleasant chat and discussion about activities. The person seemed happy throughout.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. However we found these guidelines had not always been followed. The head of care took immediate action to address this matter, including clearly stating the temperature range for the medicines fridge. During the course of the inspection the medicines fridge was not currently in use and no medicines were stored within it, therefore there was no risk that people's prescribed medicines would be adversely affected. Where people required controlled drugs (medicines which required certain management and control measures) they were administered in accordance with the proper and safe management of medicines.

People felt safe, secure and comfortable living at Wisma Mulia. Comments included: "My room is safe, I can lock my door if I want and I know that I can go out and about perfectly safely"; "I feel safe, secure and emotionally supported" and "Oh I feel safe, I feel blessed that my destiny led me here."

People were protected from the risk of abuse. Care staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "I would go straight to (manager) or the board (of trustees)". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They discussed how

they had previously raised concerns about another service and understood the importance of whistle blowing procedures. Care staff told us they had received safeguarding training and the provider was in the process of ensuring this training was refreshed.

The interim manager raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to the local authority safeguarding team and CQC. The interim manager ensured lessons were learnt from any incidents or concerns. For example, concerns were raised about some unwelcome visitors on the grounds of Wisma Mulia. They investigated these concerns and decided on management actions to discuss any future occurrences.

People could be assured Wisma Mulia was clean and free from infection. Care staff and housekeeping staff had access to personal protective equipment such as gloves and aprons. Housekeeping staff told us they had access to all the cleaning equipment they required and discussed how they ensured Wisma Mulia was kept clean. One housekeeper spoke positively about how they and care staff had managed an outbreak of infection in early 2018 and the actions they took to ensure people's safety and wellbeing were protected, by using barrier caring to stop the spread of infection.

The home had a maintenance worker who was responsible for ensuring the premises were safe and was maintained in accordance with fire safety and health and safety legislation. They explained that since they started working at Wisma Mulia they had sought the advice of local fire safety teams. They had taken action to ensure all staff received fire safety training and had implemented a team of fire wardens. The maintenance worker kept a clear record of all professional checks to the service and documented where actions had been completed.

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information about the support they needed to assist them to be safe. For example, one person's health had deteriorated in the months prior to our inspection. The changes to the person's health and the support they required were clearly documented. The service had sought the advice of healthcare professionals on assisting this person with their mobility needs. The person was also living with dementia which meant equipment which could be used to promote their independence with mobility was not always effective. Care staff had clear guidance on how to support this person to enable the person to enjoy activities and events as they used to.

People were supported to balance their personal wishes with their care and risk assessments. For example, one person had made a decision which care staff and the head of care believed could place them at risk of harm. Care staff had discussed the person's choice, including the potential risks to their health and wellbeing. The person had clearly made a choice and the interim manager, head of care and care staff respected this person's choice and documented the additional support they could provide them.

People were supported to self-administer their own medicine. For example, one person wished to be in control of storing and administering their own prescribed medicines. The interim manager and head of care had documented the support the person required to manage their own medicines and clear guidance was in place regarding how the person's medicines were supplied and the support care staff could provide.

We observed there were enough staff deployed to meet people's needs. For example, care staff sat with people and engaged them with activities such as a morning quiz or reading the daily newspaper. People enjoyed the time they spent with staff and clearly enjoyed the interactions.

People and their relatives felt there were enough staff deployed at Wisma Mulia. Comments included: "Staff aren't on top of you, but they are very aware."; "The staff are always busy, I understand that, but they do try and come quickly"; "They are caring people – anything you want, they're there" and "Do staff pop in? No, they expect you to go out and if you don't they come and find out why."

Care staff felt there were enough staff to enable them to safely meet people's needs and felt the interim manager ensured there were enough staff at specific times, such as at supper time, as required. One member of care staff told us, "There is no rush here, We always get the job done. We get to spend time with people." Another member of care staff said, "We have enough, we get everything done and there is always cover."

The interim manager discussed that the service was using agency to cover some planned absences, whilst recruitment was ongoing. They informed us that agency usage was consistent to reduce the number of unfamiliar faces within Wisma Mulia. People expressed that they were aware agency staff were being used, however understood recruitment was ongoing.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The provider had full control of this process, which enabled them to ensure that staff who came to work at Wisma Mulia had the skills, experience and the character required to meet people's needs.

Is the service effective?

Our findings

People and their relatives felt care staff were skilled and knew how to meet their daily needs. Comments included: "It's just wonderful here – I'm well cared for, the staff are quite fab, they think up lots of things for us to do. I'm very happy here"; "It's just like her own home – the whole family are thrilled with the home. The quality of care is fabulous"; "My health needs are supported" and "The difference in her is amazing since last year – they are kind, friendly, encouraging, not pushy, they let people be themselves." One healthcare professional spoke positively about the commitment and skills of care staff employed at the home, so much so that their relative now lives within Wisma Mulia.

Care staff told us they had access to the training and support they required to meet people's needs. Comments included: "The support and training is really good here" and "I have all the training and support I need." Not all staff received structured documented supervision in accordance with the provider and interim manager's expectations. However all staff felt supported and that the interim manager and head of care were always approachable. The interim manager stated staffs needs were discussed daily; although records were not always kept of these meetings to show how staff needs and concerns were being discussed and acted upon. We discussed the possibility of documenting some of these ad hoc meetings to demonstrate how they were meeting staffs developmental needs. The interim manager stated they would take this forward.

Care staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care staff understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice.

The majority of people living at Wisma Mulia had the capacity to consent to their care and make all decisions in relation to their care and wellbeing. People's ability to consent to their care was clearly recorded within their care plans. People told us their choices and wishes were respected. Comments included: "I'm able to administer my own medications – I manage it myself"; "I can make my own drinks, my own choices" and "This is my home, I can make my own choices, I am happy here."

At the time of this inspection none of the people living at Wisma Mulia were being deprived of their liberty within the home. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The interim manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body.

People's needs were assessed before moving to the service. These assessments were detailed and showed

that people's physical and mental health needs had been assessed. Assessments included information in relation to people's nutritional needs, mobility and cognitive needs. The care plans provided staff with guidance on how to support people with their individual care needs. For example, one person's care plan documented the support one person required to assist them to be as independent as possible, including receiving checks to ensure they were self-administering their medicines safely and they were safe.

People's care plans reflected their diversity and protected characteristics under the Equality Act. People's sensory needs had been identified and staff were prompted to make sure people had access to equipment to ensure their continued independence. People's preferences were also clearly documented. For example, one person wished to have support to enable them to be involved with activities as they were at risk of social isolation. Where people required support to meet their religious or cultural needs this was clearly recorded in their care plans.

People spoke positively about the food and drink they received in the home, however some people felt the variety of menu could be improved. Comments included: "The food is excellent, varied and well cooked - some people say it's the same old thing but I think it's excellent"; "there is variety but it's not good for someone who doesn't eat much meat" and "I like everything, I've yet to turn anything away, the cooking and presentation are fine." The interim manager and head of care were aware of this and had carried out a survey of people's views. The chef was going to use these comments and their knowledge of people to create a new rolling menu which they hoped would reduce some of the repetition within the menu.

The premises were suitable to people's needs. People were able to personalise their own personal living spaces, for example one person had raised flower beds of their patio area to enable them to continue enjoying gardening. The service was making adaptations to the home by bringing in new technologies. Wireless internet was available for people throughout Wisma Mulia and the service were piloting tablet technology as an assistant aid for people living at Wisma Mulia. One person told us, "I have the internet in my room and have tested an (electronic personal assistant device) out for them. I think they want wifi everywhere which is good."

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Is the service caring?

Our findings

People and their relatives spoke positively about Wisma Mulia. Comments included: "The staff are good – kind and compassionate"; "I'm completely happy here – no one gets my goat. It really is a delightful place. If anyone gets the chance to live here, jump at it"; "The care is the best thing – it's very caring. I feel it's general but also directed at the individual. There's so much to be praised – it's difficult to find anything that I'm not satisfied with" and "It's just like her own home – the whole family are thrilled with the home. The quality of care is fabulous."

People enjoyed positive relationships with each other and care staff. The atmosphere within Wisma Mulia was friendly, inviting and lively in the communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. During the morning of one of the days people and care staff enjoyed a quiz. Care staff had formed a team with some people living at Wisma Mulia. It was clear throughout that people and staff valued the time they spent with each other. One member of staff explained how they liked to have their breaks with people. They said, "I have my break in the sunroom. If I need space I can get it, however it's nice to be with them, to talk with them."

People were supported to make decisions around their care and treatment. People's wish to be involved or informed of any changes to their care needs had clearly been documented. For example, one person stated they wished to be informed of any changes to their care plan however did not wish to be involved. One person told us: "I have a care plan. I've been through it when I first came here." Another person said, "I think there is probably a care plan for each individual. I don't get involved but I can talk about anything I want."

People valued their independence highly and appreciated that the home encouraged them to retain as much independence as possible. One person told us, "I can go out and walk, they don't need now to ask where I'm going, they know I'll be back for tea. They tell me to go and enjoy myself. I can do anything and that's important. I'm independent and can get around by myself."

People's dignity was respected by care staff. For example, when people were assisted with their personal care, staff ensured this was carried out in private. People living at Wisma Mulia felt they were treated with dignity and respect and their wishes were respected. One person told us, "I definitely feel respected here."

Care staff told us how they ensured people's dignity was respected. All staff members told us they would always ensure people received personal care in private and would ensure they were never exposed. Comments included: "We always provide care in private and offering people the choice they need" and "It's all about people and their choices. We support them to get up when they wish. It's up to them."

Is the service responsive?

Our findings

People's care plans were current and accurate and reflected their changing needs. Care plans provided clear guidance for staff to follow on how to assist people with their daily needs. For example, one person's care plan provided guidance on how to support and enable the person to independently meet aspects of their care. Where people required more support, such as with their mobility, the support they required had been recorded to provide clear guidance for care staff to follow.

People and their relatives were involved in reviewing their care if they chose to do so. Many of the people living at Wisma Mulia chose to move to the service. Some people moved to Wisma Mulia due to Subud and to follow their spiritual needs. One person told us, "came to see it (the home) and said oh yes! I can live here. I had a complete feeling that I could live here happily and it's all gelled." People's relatives spoke positively about being involved in their loved ones care. One relative told us, "They go the extra mile to sort out their needs. If there's a problem they sort it out sensibly, just as if it's a family. They keep the family informed. The care plan has involved the family and has been reviewed. They are open to suggestions and are flexible and responsive. My relative has lost their sense of enjoyment in food, however the kitchen notices their likes."

Where people could discuss their wishes and views on their care, their care plans were person centred, concise and clear. However, two people were living with dementia and their care plans did not always document their views or where decisions had been made in their best interest. People's ability to consent to their care had not always been reviewed and the information amended in their care plans when their ability to make a decision had changed. While people's care plans did not always reflect the care people received, it was clear that people were not being placed at risk as staff knew these people's needs and preferences. The interim manager, head of care and care staff were able to discuss people's care needs and the support they provided. We discussed people's care records with the head of care and interim manager, who agreed care plans for people living with dementia required attention. The head of care had identified this through care plan audits and plans were in place to make this improvement.

We recommend that the provider seeks recognised best practice and guidance and advice on the care planning of people living with dementia.

Care staff responded effectively when people's needs changed. For example, care staff had identified one person was struggling with their mobility and was at risk of social isolation in their own accommodation within Wisma Mulia. The person was supported to move into the main house of Wisma Mulia which would mean staff would be closer for the person and they would benefit from more stimulation. We spoke with the person who told us, "I have a lovely room here."

The head of care explained how they were purchasing kitchen utensils such as bowls which people living with dementia may find beneficial. They had identified this need, as one person had been struggling with their fluid intake. They had plans to trial these utensils and identify the benefits they had for people.

People enjoyed a lively and active life living at Wisma Mulia. Comments from people included: "I am not an

activity person – it's a bit regimented for me. I avoid anything like that – I'm free. But I'm never bored"; "I do some of the activities – the staff are fab, thinking up things for us to do" and "I join in all the activities, I like crosswords and dominoes."

The activities coordinator was passionate about providing tailored activities. They described plans for developing a new, dedicated activity centre on the site which will mean that the garden room, currently the focus of group activities, can revert to a quiet and relaxing space for people who prefer not to be involved. The activity co-ordinator talked with every person and created an activity profile with them, taking into account their interests and skills.

The activities coordinator talked to new people when they moved into the home and produced an activity profile for them, recording their interests and skills. A relative shared with us that their relative had been an artist and the home encouraged them to maintain the interest through the art class. The relative explained that the tailored activities such as arts and crafts had had a positive impact on their loved ones wellbeing. They said, "The difference in her is amazing since last year – (activity and care staff are) kind, friendly, encouraging, not pushy, lets people be themselves."

The provider had a complaints policy. People and their relatives told us they knew who to contact if they had concerns around the service. Comments included: "If I have a worry, I go to the manager or key worker, they would try to sort it"; "If I had a problem, I'd go to the manager or the head of care for a health problem. I have confidence in them" and "If there are problems or concerns, they would be listened to and responded to" The interim manager had received one complaint since the start of 2018. This was in relation to a noise complaint, which had been raised to the board of directors. The service was looking at interim arrangements to try and resolve the concern whilst promoting and respecting everyone's wellbeing.

Is the service well-led?

Our findings

Since our last inspection in March 2017 the service had undergone a change in the day to day management of Wisma Mulia since the retirement of the previous registered manager. The home did not have a current registered manager, however was in the process of appointing a new manager. In the interim an interim manager was running the service with support from the head of care. The interim manager had support and supervision from a representative of the board of trustees who also visited the service to ensure people and care staff were happy.

People and their relatives told us that the service was well managed and the interim manager and head of care were approachable. Comments included: "They are very good, kind and thoughtful"; "They are great and they'll do what you ask"; "This is a care home first and foremost and the care and management are good" and "It's a good place – I know it's being re-organised but it's running smoothly meanwhile."

Care staff spoke positively about the leadership and support they received. Comments included: "I like working here very much, the whole atmosphere is very good. I get all the support I need and it's all very well organised"; "I think we get all the support we need" and "We get all the information and support we need. You get a good handover when you come on shift too." Care staff had access to team meetings where any concerns, changes and discussions over staff conduct and practices were held and recorded. Recent staff meeting minutes showed that medicine management practices, confidentiality and safeguarding were discussed.

The head of care carried out audits on the management of people's prescribed medicines. These audits were completed monthly and had been analysed. The head of care was able to evidence that the number of missed records when administering medicines and medicine administration errors had been reduced. These audits had enabled the head of care to ensure themselves that people's medicines were administered as prescribed and that improvements had been sustained.

The head of care had a system to audit people's care plans. Each person had a responsible key worker. This member of staff was responsible for reviewing and updating the individuals care records. The head of care provided a letter to each member of staff confirming the actions which were required and followed up on these actions to ensure they had been completed. The head of care had not always documented the timeframes that these actions needed to be completed by, however planned to record this immediately following the inspection. The audits were working and were ensuring that people's care records were current, accurate and reflective of people's needs.

The interim manager reviewed all incident and accident forms to ensure people's needs were responded to and that any potential trends or concerns could be identified and acted upon. Audits of accident forms showed the action taken for each person, including referrals to healthcare professionals in relation to dietary and mobility needs. These audits showed there were no trends or concerns between incidents. These audits enabled the interim manager to ensure people's changing needs were met as effectively as possible.

People and their relative's views regarding the service were sought, discussed and acted upon. The interim manager and head of care had carried out surveys on people's views on the service they received, including activities and mealtime provisions. At the time of our inspection the head of care was collating people's views on the meals. These views were going to be passed to the catering staff to help inform a discussion on the improvements which could be made to meals within Wisma Mulia.

People ran their own residents community meetings with support from staff. These meetings were chaired by one person living at Wisma Mulia, who gave everyone a chance to discuss all aspects of life in the home, including the activities programme. Activities and changes to the service had been discussed at these meetings. For example, recent minutes showed people were happy with activities and had agreed a plan to organise a talent contest.

The service sought and acted upon the advice of healthcare professionals. For example, local authority quality monitoring officers had come to the service to do a quality audit. They had made recommendations. The interim manager informed us how they had taken on board these comments and changes had been made to information provided to people and their relatives.