

Fountain Housing Association Limited

Wisma Mulia

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 4 and 5 February 2016. Wisma Mulia provides residential care for up to 18 older people. They also provide extra sheltered care accommodation for four people. At the time of our visit 18 people were receiving residential care and four people were receiving personal care in extra care sheltered accommodation on the home's grounds. The service is closely linked to Subud (a spiritual movement) and many of the people living at the service follow this movement. This was an unannounced inspection.

We last inspected in March 2014 and found the provider was meeting all of the requirements of the regulations at that time.

There was registered manager in post on the day of our inspection. 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 did not always receive their medicines as prescribed. Care staff did not always keep an accurate record of when people had received their medicines.

People were extremely positive about the home, the staff and management. People felt safe and looked after well at the home. Everyone enjoyed living there and, spending time with care staff, other people and engaging with the local community. People were supported to follow their religious and spiritual needs and their independence was promoted.

Staff were supported by a committed management board and had access to training, supervision and professional development. There were enough staff with appropriate skills, deployed to meet the needs of people living at the service.

The management, staff and people had developed a culture for the service, which everyone respected and valued. The management had strong audits, with a focus on providing good quality care and promoting people's independence and lives.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. People did not always receive their medicines as prescribed. Staff did not always accurately record the support they had given people around their medicines.

People felt safe within the service, and staff knew their responsibility around protecting people from harm. People were supported to understand and take risks to maintain their independence.

There were enough suitable skilled and qualified staff deployed to meet people's needs.

Requires Improvement 

Is the service effective?

The service was effective. People were supported by well trained and supported staff.

People spoke positively about the quality and quantity of food they received in the home. People were supported to make choices, and their legal rights to make decisions were respected.

People were supported to attend healthcare appointments. Staff followed the guidance of external healthcare professionals.

Good 

Is the service caring?

The service was caring. People spoke extremely positively about the care they received and their relationships with care staff.

People were at the centre of their care, and were supported to spend their days as they choose. Staff respected people and treated them as equals.

Staff knew people well and understood what was important to them such as their likes and dislikes.

Good 

Is the service responsive?

The service was responsive. People enjoyed their social lives within the home. Their independence; religious and spiritual

Good 

needs were promoted and met.

People's care plans were detailed and were personalised to them and their needs. People were involved in planning their care.

People were confident their comments and concerns were listened to and acted upon by the home's management.

Is the service well-led?

Good ●

The service was well-led. The management had audits and systems in place which enabled them to identify concerns. Where concerns were identified, action was taken to improve the service.

The views of staff, people and the local community were regularly sought. People were involved with decisions in the home and helped implement the service's ethos and values.

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 the 4 and 5 February 2016 and was unannounced. The inspection team consisted of one inspector.

At the time of the inspection there were 22 people being supported by the service. Four of these people were supported through the service's extra care sheltered housing scheme. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with healthcare professionals, including community nurses and a local GP.

We spoke with 14 people who were using the service and with two people's relatives. We also spoke with three care staff, the systems and training manager and the registered manager as well as a member of the board who oversees the home for the provider. We reviewed six people's care files, care staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People did not always receive their medicines as prescribed. There was evidence that some staff were not always acting in accordance with the proper and safe management of medicines. For example, staff had not given three people their medicines in accordance with their prescription, however staff had recorded they had administered the medicines.

Care staff did not always keep an accurate record of when they assisted people with their medicines. For example, staff had not always signed to say when they had administered people's medicines. There was a risk people may not always receive their medicines as prescribed as an accurate record had not always been maintained.

However, we discussed this concern with the systems & training manager and registered manager who told us they had already identified these concerns, and prior to our inspection had met with care staff to discuss their concerns, to ensure improvements were made.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Wisma Mulia. Comments included: "I'm looked after and safe"; "I'm definitely safe here, it's what I like about the place"; "It's lovely here. We're safe. I've never seen anyone crying or hurt here" and "I feel safe enough". One person's relatives told us they felt their loved one was safe living in the home. They said, "I'm beginning to stop worrying [about relative]. I feel they're safe here".

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "I know all the processes. I've never had any concerns here. I also believe the residents would speak their minds too". Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "I would definitely go to CQC, or whistle blow if I felt things weren't dealt with. Although I have every confidence they would be". Staff told us they had received safeguarding training.

People told us there were enough staff to meet their needs, and they never had to wait long for assistance. Comments included: "Staff are great; they come when I call them. I've got a call bell and I don't have to wait"; "If I want a member of staff, they come quickly"; "If I ever press my bell someone comes, there is always someone to help" and "The staff are always around and alert".

Staff felt there was always enough staff to meet people's needs, as well as assist them with appointments and social activities. One staff member said, "We always have enough, if someone is unwell and needs more support, the manager always brings someone in". Another staff member told us, "We manage well; we have time to spend with people, throughout the day. Definitely not an issue here".

The atmosphere in the home was lively, with people engaging with each other and staff throughout the day. Staff were quick to assist people when they needed assistance. The registered manager ensured there was always enough staff deployed based on the needs of people living at the home.

Staff had assessed people and identified their risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation, nutrition and hydration risks. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. Risk assessments were in place for people who were at risk of falling, or needed equipment such as walking sticks, wheel rollers and wheelchairs to assist them with mobility.

Where required risks assessments had been carried out for people to be supported to maintain their independence. For example, one person enjoyed gardening and wanted a garden area outside of their room, with raised bedding plants. Staff assessed any risks with the person, and ensured they were aware of these risks and how they could be managed. The person spoke proudly about their garden space. Additionally, staff worked with people to decide the equipment they wanted in their individual accommodations, such as kettles, cookers and toasters. People were involved in all decisions regarding the equipment and the support they required in the home.

People were cared for in a safe and well maintained building. Staff knew how to act in the event of a fire alarm. For example, on the day of our inspection the home's fire alarm was activated. Staff ensured everyone was kept safe and identified the alarm was a false alarm. The registered manager and systems & training manager ensured all fire and moving and handling equipment were checked and maintained regularly to ensure they were fit for purpose.

Is the service effective?

Our findings

People and their relatives spoke positively about care staff and told us they were skilled to meet their needs. Comments included: "The staff are amazing"; "The girls are wonderful to me, they do so much for me"; "The most lovely staff, who remember things. They help me clean my room"; "Nothing is too much trouble for them. Staff always know what to do" and "The staff are angels, they can't do enough, any one complains about them, well they should be shot". A healthcare professional told us, "It's a good home. The staff are very proactive".

People's needs were met by care staff who had access to the training they needed. Care staff told us about the training they received. Comments included: "I'm comfortable here. There is low turnover, it's a fantastic place to work" and "Definitely feel we have the skills to meet people's needs". Staff told us they had the training they needed when they started working at the home, and were supported to refresh this training. Staff completed training which included safeguarding, fire safety and moving & handling. The systems and training manager had an annual development plan for all staff. This plan took into account people's individual needs, such as their mobility, to ensure staff were trained to have the relevant skills and knowledge to meet the needs of people living in the home.

Staff told us they had been supported by the registered manager to develop professionally. Two staff members told us they were being supported to complete their Qualifications Credit Framework (QCF) level 3 diploma in health and social care and Level 4 diploma in leadership and management respectively. Both staff members spoke positively about how they were supported to complete this training. One staff member said, "I'm doing my NVQ level 3, I needed to do a maths and English test, and the systems and training manager took time to help me with this". Another staff member said, "You have the training you need. It's funded by the home and set up by the training manager. They set me on it when I joined the management team".

People were supported by staff who had access to supervision (one to one meeting) with their manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "The manager does one and so do the management team. You can say what you think. I talked about end of life skills. I thought my skills weren't where they should be. Management put me on a course". Staff told us they felt supported by the registered manager, and other staff. Comments included: "It's a great place to work. We all want to be here when we retire" and "Completely supported".

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (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 lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff showed a good understanding of this legislation and were able to cite specific points about it. One staff member told us, "It's about choice and decision making. We can never assume someone can't make a

decision. We have to assess, and if someone doesn't have the capacity to make a decision, then we focus on best interest decisions".

People's consent was sought. For example, staff ensured people had consented to their care and to having their pictures taken in the service. A record of this consent was kept on people's files. People told us they were supported to make choices, and staff did not act without their consent.

The registered manager was aware of Deprivation of Liberty Safeguard (DoLS). 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). No body living at Wisma Mulia was being deprived of their liberty, and everyone at the service were free to access the surrounding grounds and also enjoyed accessing the local community. One person said, "I love going for walks around Frampton".

People spoke positively about the food and drink they received in the home. Comments included: "I enjoy the food, it's good quality", "The food is very good, I like the meat" and "The food is pretty good, not perfect, but very good. I'm a bit picky".

Food and drink was available for people throughout the day such as crisps, biscuits, cheese and pineapple skewers. People also had the facilities to make themselves a drink if they required. One person told us, "There is always plenty available, and it's all really nice".

The atmosphere at lunch time was calm and pleasant. Staff talked to people in a respectful way. People enjoyed talking to each other and staff whilst their meals were being served. Menus were available on the table and staff ensured people had time to make a choice. People were given choices over the size of portions they wished to receive. One person was sat on a table by themselves, staff asked this person if they wanted to move to another table, however the person told them they were happy where they were sat.

People's dietary needs and preferences were documented and known by care staff and had been clearly recorded. Staff understood these needs and took them into consideration when offering people choice. A number of people living within the home were vegetarian. Staff always ensured there were two meal options for people to enjoy, which included a vegetarian option. People told us their relatives could also join them for a meal in the home, and could be accommodated in the home's sun room if they wanted their meal in private.

People were supported to maintain good health through access to a range of health care professionals. Records showed health care professionals had been involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, community mental health nurses and speech and language therapists. People were supported to attend healthcare appointments by a member of staff. Records of people's appointments and healthcare needs were clearly recorded. One person told us, "If I need assistance they always help out". A GP, who attends the home every week, was positive about the service. They told us, "It's a wonderful home. The staff are very caring. They call for help and implement what's recommended. Never had a problem with the service".

Is the service caring?

Our findings

People were incredibly positive about the care and support they received at Wisma Mulia. Comments included: "It's perfect here. The staff are lovely"; "It's lovely here. We're all very happy"; "Everyone is so positive here. I enjoy my time here"; "Wonderful place. All kind to you. I am definitely looked after and I'm support to do a lot myself" and "It's a very nice home. I know there is a queue of people waiting to come here".

Relatives and health care professionals spoke positively about the service. One relative told us, "It's fantastic. I think it's amazing. Everything is great. It's very personal". Another relative said, "It's always very friendly. It so fantastic they [relative] got here". One healthcare professional told us, "It's a good home with a lovely atmosphere. The residents always seem happy". Another healthcare professional said, "It's a very caring, lovely home".

People were supported by genuinely caring staff. Staff assisted people with their daily needs and took time to talk with them. Staff treated people as their equals and there was a calm and pleasant atmosphere. For example, people and staff enjoyed coffee and lunch together, making drinks for each other and talking about their day. People clearly enjoyed the time they spent with staff and knew all the staff well. One person said, "It's very relaxed here. One big community". Staff also spoke positively about the time they spent with people. One staff member told us, "There is a great atmosphere here. It's got an atmosphere I haven't seen before. I like spending time with people, supporting people's personal choices. We make sure people are happy".

People were supported to live their life as they wished. There was a clear focus on personalised care and ensuring people enjoyed living their life to the fullest. One person told us how they went up in a glider at a local airfield for their hundredth birthday. They explained they had been a pilot since they were a teenager. They told us, "I was stationed at Aston Down during the war, for my hundredth birthday I went gliding. I loved it". A staff member explained that staff took the person to the airfield when they were feeling low. They spoke to staff at the airfield who arranged for the person to go up in a glider and was made an honouree member of the gliding club. People from Wisma Mulia and the gliding club were invited to a presentation within the home to mark the occasion, People we spoke with talked positively about this day. The person told us, "It was lovely. I'm planning to go up again in the summer". A relative told us, "It really doesn't feel like a retirement home. People are really supported to live".

People were supported by care staff who knew them, their needs, preferences and relationships. Staff spoke positively about the caring relationships they developed and shared with people. For example, staff knew about people's life histories and what made them happy. One staff member talked about how one person liked to go walking in the local community. A staff member also told us, "We know people and their families inside out. We care for them, and help them have everything they want".

People were supported to maintain their personal relationships. One person told us how they were supported to spend time with their family, and how staff would enable them to have a meal in privacy with

their relatives. One relative had written a letter of compliment to the service following the home hosting a big family meal for the person. We spoke with the person who told us, "It was really nice".

People were able to personalise their bedrooms and flats. One person enjoyed art work and was able to display their work where they wanted in their bedroom. Another person spoke about how staff supported them to adapt their bedroom to their preferences. They told us, "I had a raised toilet seat, which meant my bathroom door didn't close. I asked [the maintenance man] if they could re-hang the door. They did this immediately". Another person told us how staff assisted them to move to new accommodation at Wisma Mulia. They told us, "I got so much help removing furniture and putting up shelves. I get the support I need and I am extremely pleased to be here".

People were treated with dignity and respect. We observed care staff assisting people throughout the day. Care staff told us how they ensured people's dignity was respected. One staff member was assisting someone in their bedroom, they ensured the person's door and curtains were shut to protect their dignity. Staff told us how they supported people to be as independent as possible.

The service operated a call out system which was an extension of the care all staff showed people. This was a role shared by members of the management team and senior care staff. As part of the system no person goes to hospital alone. If a person's relative is not able to go with them to hospital, then a member of staff would accompany them to ensure they had continuous company.

People were supported to make advanced decisions around their care and treatment. People were also supported to complete advanced care plans which documented how they wished to be cared for and any preferences they had. For example, one person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to be cared for at Wisma Mulia and not go to hospital for any treatment which may prolong their life and not improve the quality of their life. A Do Not Attempt Cardio Pulmonary Resuscitation form was in place which stated they did not want to receive active treatment in the event of heart failure.

Is the service responsive?

Our findings

People's care plans included information relating to their social and health care needs. They were written with clear instructions for staff about how care should be delivered. People's care plans and risk assessments were reviewed monthly and changed to reflect people's needs where changes had been identified.

People's care plans were personalised and contained information on people's life histories and preferences. We saw detailed life histories which care staff used to understand what was important to people. People had clearly been involved in writing their care plans. For example one person had documented their life history, including important events in their life, including key memories and relationships. They had been supported to update their life history to include the achievements they had done whilst living at Wisma Mulia. Staff spoke about the importance of ensuring people's care records were current, reflective of their needs and personalised. One member of staff told us, "If we're [staff all off]ill, other staff need to know our residents as people, who they are, their goals, histories. They've all got a life to live".

People's relatives told us they were informed of any changes in their relative's needs. For example, one relative spoke confidently that staff would contact them if their relative was unwell. They said, "Nothing is a problem to them, they contact us, always keep us informed".

Staff responded when people's needs changed, or if they became unwell. For example, staff were concerned about the wellbeing for one person on the day of our inspection and ensured the doctor visited and checked on the person. We observed staff gave the person time and encouragement to have their lunch with other people and ensured they were kept comfortable. A healthcare professional told us, "The staff are proactive. If they are concerned about anyone they do contact us".

People spoke positively about their social lives at Wisma Mulia. Comments included: "The staff take me shopping, and there's lots to do"; "There is lots to look forward to. We have bingo, entertainment. I enjoy my time here. I never feel bored" and "Staff help us to go out, they take us out if we want to go further afield".

People were supported to follow activities and interests which were important to them. For example, one person was a keen gardener and enjoyed reading. They had their own patio which the registered manager and staff had helped them set up. They told us they weren't keen on bingo, and staff had supported them to go to the local library and get some reading books. The person told us, "I like gardening and reading. I've got 10 books which I'm really looking forward to". Staff had enabled another person who really enjoyed bingo to visit the local Bingo hall. The person talked positively about it. They said, "I enjoy going to Gloucester, to Gala bingo. I'm due a big win".

People were supported to follow their spiritual and religious needs. The service is closely linked to Subud (a spiritual movement) and many of the people living at the home followed this movement. The home had a Latihan Hall, which was used for Latihan and also for community functions. Latihan is a form of spiritual practice, with its expression of good will towards others. A number of people living in the home were

spiritual and engaged in Latihan twice a week. One person told us how they wanted to come to the service to enable them to meet their spiritual needs. They spoke positively about how they came to Wisma Mulia for a short stay, to allow them to get a feel of the atmosphere and see if they would be happy living at the service. They said, "They've been very supportive". A local member of clergy also visited the home and people could be supported to meet their religious needs. In addition to Latihan taking place twice a week, there is a monthly Holy Communion, one person was supported to attend a Christian Community meeting and volunteers from the local village pick up people and take them to local churches and Quaker meetings; a Quaker group from a nearby town also use the home's facilities for their meetings.

People enjoyed a range of activities at Wisma Mulia. The home had an activity co-ordinator and all care staff had one day a week where they provided activities to people in the home. One staff member told us how they organised bingo in the home. They said, "I do bingo once a month. We have a budget to buy prizes and feedback from residents on what they want to win. Staff also donate prizes. We have a good uptake from residents. We print large tickets as well, so everyone can be involved. It's lovely, because if a resident wins twice, they give the second prize away".

The activity co-ordinator told us about events they planned at Wisma Mulia. They told us how some people's relatives lived across the world and had asked them to send postcards to the home, so they could plan people to travel the world virtually. For example, a map was displayed in the garden room and the activity co-ordinator set up themed meals. This included having different food, such as a Mexican lunch and paella evening. People's relatives were also invited to these events. The activity co-ordinator said, "The residents really enjoy it. It also brings back a lot of memories for people and lots of discussions". The activity co-ordinator also promoted local community engagement in Wisma Mulia. The service held a weekly cinema, which people from the local community could attend. Additionally people from the community were supported to attend the home's summer fete and set up their own stalls. Volunteers and entertainers also the home. For example, a local village knitting group visited the home every week, and others came to recite poetry and read with people living at Wisma Mulia.

People enjoyed accessing the local village and canal area independently. People talked positively about living in the community and were asked for their views not just about Wisma Mulia but the surrounding area. One person discussed the possibility of a bench being located between the service and the canal to enable them to sit. This idea had been discussed with the local council.

People and their relatives knew how to complain, and everyone we spoke with felt their comments and views were taken seriously. The registered manager and the systems and training manager kept a record of complaints. All complaints were acknowledged and investigated. For example, one relative complained that some clothing had become lost. The registered manager apologised and offered to reimburse the person for the lost item. The management board looked at every complaint to see if improvements could be made in the service. For example a comment was made regarding a power cut at Wisma Mulia, which led to the home's generator being replaced and a new improved generator installed.

Is the service well-led?

Our findings

The home had a strong community ethos which had been generated by the registered manager, the management board, staff, people and representatives of the local community. This ethos had been discussed as the registered manager wished to clarify the values which worked together to ensure Wisma Mulia was a great place to live and also to establish a shared vision for both people and staff. Everyone involved had agreed the values of the home which included kindness, patience, empathy, compassion, respect and hospitality. People were involved in defining what each of these words meant to people living and working at Wisma Mulia. People and staff signed a community agreement, based on these values. People told us they were aware of these values and felt it was a positive development. Staff values were clearly documented in their job descriptions and were known by staff. One staff member said, "There is a strong ethos that everyone gets on as a family, which the registered manager promotes. It's empathy and compassion as staff and people". Another member of staff said, "We agreed on these values. Everyone was involved".

Wisma Mulia had a 'family notice board' which contained pictures and information from people, staff and the management. People told us they enjoyed this idea. One person said, "Important information is on that board". Information for people such as the complaints policy, religious sermons, information from local commissioners and the services Wi-Fi were also displayed.

The views of people, their relatives, staff and local professionals were sought by the management board to make improvements to the service. Records showed people had been positive about the home and had discussed the quality of care, staffing, food, activities, people's involvement and choice. We saw questionnaires received from healthcare professionals were wholly positive. Comments from these questionnaires included: 'Providing people freedom, independence and full attention', 'If I were to need residential care in future, Wisma Mulia would be my first choice'; 'I can't rate it too highly. It's outstanding' and 'A credit to the community'.

The registered manager held 'Community Meetings' which enabled people to discuss their views on Wisma Mulia and anything they would like to improve. As well as this, a person living at Wisma Mulia also attended the home's board meetings to ensure people's views were listened to and respected. We spoke with a board member for Wisma Mulia. They told us, "I am a liaison between the home and the board. I go in and keep people informed. I support the manager. It's a very big job and I give him some support". They also told us how they talk to people, make sure things are okay, and also suggest ideas. One person said, "They [board member] comes and visits. It's clear our view matters".

The management board had an emergency plan which detailed the actions staff would need to take in the event of the home flooding. As well as this the registered manager told us that Wisma Mulia would also act to provide temporary accommodation and support to people living in the local community in the event of an emergency. An emergency plan had been implemented alongside local authority services.

People and relatives spoke positively about the registered manager. Comments included: "They're superb";

"They're fantastic, we were a bit concerned about our them [relative] we checked with the manager, they were aware and all was okay", "[registered manager] is a superstar" and "The boss looks after me, he brought me a cup of tea and some biscuits". Healthcare professionals talked highly about both the management and staff of Wisma Mulia.

The registered manager and systems and training manager had systems to monitor the quality of service people received. These systems included audits regarding people's care plans, the environment, incidents & accidents and the management of medicines. Where concerns had been identified the management took appropriate action. For example, concerns we identified during this inspection around the administration and recording of people's prescribed medicines had already been identified and were being addressed by the systems and training manager. These concerns had been discussed at staff meetings with ensuring people's medicines were managed correctly.

Staff and management had discussed team working within the service and the home's values in the team meetings. Where good practice had been identified by the management this was also discussed with staff. Staff told us they felt supported in the home, and their involvement to develop the quality of the service was promoted. One staff member told us, "I'm incredibly supported. It's a family place; we're always asked what we think". Another staff member said, "Very supportive. It is so good here".

The registered manager and systems and training manager had a clear vision for the service. They discussed that Wisma Mulia was a service in a period of long term transition, and they saw the future of the service in providing more extra care sheltered housing for people in the future. They had worked with people living at Wisma Mulia and local authorities, responsible for council tax and welfare benefits which enables people to remain living as independently as possible and have access to finances which help them maintain their living arrangements. The service provided residential care for 18 people, and extra care sheltered housing for 4 people. The management board and staff explained there was no difference in how people were supported and they were confident that the service could adapt to people's changing needs. The registered manager had information from the local authority and local clinical commissioning group regarding residential care and extra sheltered housing, and were working with all external bodies to ensure people received the service they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	People did not always receive safe care and treatment. People did not always receive their prescribed medicines. Regulation 12 (f) (g).