

Moundsley Hall Limited

Blenheim House

Inspection report

Moundsley Hall Care Village
Walkers Heath Road
Kings Norton, Birmingham
West Midlands
B38 0BL

Tel: 01214333000

Website: www.moundsleyhall.com

Date of inspection visit:
19 April 2016

Date of publication:
17 June 2016

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

The inspection took place on 19 April 2016 and was unannounced.

Blenheim House offers accommodation for up to 15 people with a wide range of care and support needs. This includes older people with dementia care needs. There were 15 people living at the home at the time of our inspection.

People had their own rooms and the use of a number of communal areas, including a dining area, lounge and garden areas.

A registered manager was in post at the time 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. The registered manager oversaw five locations on the Moundsley Village site, and was supported by a unit manager at Blenheim House.

The registered manager, unit manager and staff team had developed ways of working with people so their safety needs taken into account and their individual preferences and interests were met. Risks to people's safety were understood and staff took action so people safety was promoted as their safety as their needs changed. Staff understood what actions to take if they had any concerns for people's safety or wellbeing. There was enough staff available to support people so their care needs would be met. This included people having opportunities to do things they enjoyed and go to places they liked with support from staff. People were supported to take their medicines so they would remain well.

Staff had the used their skills and knowledge when caring for people so people would enjoy a good quality of life. Staff worked people so their right to make decisions and their freedoms were protected. People were supported by staff to enjoy a range of drinks and food so they would remain well. People were supported to see health professionals so they would remain well.

We saw caring relationships had been built with the staff and people were given encouragement and reassurance when they needed it. Staff supported people so they were able to make choices about their daily care. People's need for privacy and independence was taken into account by staff in the way they cared for them.

People benefited from living in a home where staff understood people's individual support and care needs and their individual preferences. Staff took action when people's needs changed and changed how they cared for them so their needs were met.

People had not needed to make any complaints about the service provided at the home for some time.

People were confident staff would take action if complaints were raised and knew how to do this.

Staff were supported through training and discussions with their managers and knew what was expected of them. People and staff were comfortable to make suggestions for improving the care provided and their suggestions were acted upon. Regular checks were undertaken on the quality of the care by the registered manager, unit manager and provider and actions were taken to develop the home further.

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's individual risks were understood by staff and staff took these into account in the way they cared for people. There was enough staff to meet people's safety and care needs. Checks were in place to ensure people received the correct medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff team which had the skills and knowledge to support them. People were received the day to day care they had agreed to. People's rights were respected where people needed support to make decisions this was done in people's best interests. People were supported to have enough to eat and drink so they remained well. People were supported by staff to access health services so their well-being was maintained.

Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff. Staff provided people with reassurance when they needed it, in the ways they preferred. People were encouraged to make choices about their daily care. Staff treated people with respect, recognised people's needs for privacy and promoted people's dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were understood and responded to by staff who knew people well. People either developed their care plans on their own or with support from staff. People's care plans and risk assessments were reviewed as people's needs changed. Staff supported people to do things they enjoyed doing and to maintain links with their families. People were confident action would be taken if they raised any concerns or complaints about

the care their family members received.

Is the service well-led?

Good ●

The service was well-led.

People and staff were encouraged by the unit manager to make suggestions for improving the care at the home. Checks were made on the quality of care by the unit manager, registered manager and provider so they could be assured people were receiving the care they needed. Where action had been identified this was undertaken so people would enjoy care which developed further.

Blenheim House

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 is 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.

Blenheim House is one of five locations on the Moundsley Village site.

This inspection took place on 19 April 2016 and was carried out by one inspector. The inspection was unannounced.

We looked at information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. We used this information to focus our inspection.

During our inspection we spent time with people in the communal areas of the home and grounds. We spoke with seven people who lived at the home and three relatives. We talked with the provider's representative, the registered manager, unit manager, one senior staff member, two care staff and a member of the catering staff.

We looked at a range of documents and written records including three people's care records, administration of medicines records, and how staff supported people to stay well. We also looked at minutes of meetings with people who lived at the home meetings and complaint and incident records. We talked to staff about their induction and saw staff training records. We also talked to the provider, registered manager and unit manager. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took.

Is the service safe?

Our findings

People told us they felt safe living at the home because of the support they received from staff. One person told us, "(Unit Manager's name) always talks to me about my safety." The person explained staff helped them to stay safe by making sure they had the correct equipment to hand when they wanted to move. Another person we spoke with told us, "I am quite safe. Communication between the staff is good, they see your needs so you get the care you need. I feel at ease." One person told us, "I am happy and at peace."

People told us they had the equipment needed to make them safe. One person told us this gave them reassurance, and they were able to sleep better, knowing safety measures had been put in place to reduce risks to their wellbeing. Staff gave us examples of the actions they took to keep people safe. These included how their day to day approach to supporting people helped to reduce people's risks of becoming ill and actions taken to increase people's wellbeing. One staff member we spoke with explained it was important to make sure they had the right equipment so risks to people's physical health were reduced. Another staff member we spoke with told us how they supported one person who had short term memory problems, by offering them reassurance, so their well-being was promoted. A further staff member we spoke with told us how staff took into account the way how people lived together impacted on people's individual risks. The staff member gave us examples of how staff had worked with other organisations so people's safety and needs were addressed. Another staff member told us about the safety measures which had been introduced to further develop the security of the building. The staff member told us, "It's their home; (people) need to feel safe and loved." We saw staff made sure people had enough time to do as much as they could do independently in a safe way. When people were anxious staff reassured people quickly, so they would enjoy improved well-being as soon as possible. We also saw people's care plans and risk assessments provided staff with clear instructions about people's safety needs, so staff knew the best way to care for individual people living at the home.

Staff understood what actions to take if they had any concerns about the wellbeing and safety of people living at the home. This included escalating any concerns they had to the senior staff, registered manager or the provider. Staff also knew which external organisations they could contact, if this was needed, so plans would be put in place to keep people safe. One staff member told us about a time when there had been concerns for one person's safety. The staff member told us how the unit manager had involved staff in reviewing what had happened, so any lessons could be learnt. This was so any improvements required to the way staff cared for people would be identified. By doing this, the service provided was developed in ways which promoted people's safety. We saw records which showed us this action had been taken.

We spoke with one staff member who had recently started to work at the home. The staff member explained about the checks which the unit manager made before the new staff member came to work at the home. These included checks with the Disclosure and Barring Service, (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. The staff member also told us they were not allowed to start working with people until references were obtained, so the unit manager could be assured they were suitable to work at the home.

People told us there was enough staff available to care for them. One person told us they were reassured staff would come when they used their buzzer, and said, "Staff come quickly." The person told us, "There's enough staff, and they will always use agency if needed." We talked to the staff and unit manager about the use of agency staff and checked the staff rotas. We saw agency staff were always supported by a staff member who knew people's safety and care needs well. The unit manager told us they were in the process of recruiting two more permanent members of staff and the use of agency staff would reduce over the coming weeks. Another person we spoke with told us staffing was always made available if they wanted to go out and do the things they enjoyed doing. All the staff we spoke with told us they felt there was enough staff to care for people and meet their safety needs. One staff member we spoke with told us they were encouraged to discuss staffing levels with the unit manager. As a result of discussions in 2015, a team leader had been appointed. The staff member told us having a team leader meant they were always able to get advice quickly so people would receive the right care and their safety needs would be promoted.

People told us staff supported them to take their medicines how and when they wanted them. One person we spoke with told us how staff regularly checked if they needed pain relief and said staff were supportive when they asked for this. Another person we spoke with told us they managed most of their medicines independently, but had good support from staff for one type of medicine they needed, so they could access this when they needed it.

Staff we spoke with told us about the training senior staff had received and skills they had developed so people would receive their medicines in ways which promoted their safety. All the staff we spoke with told us they knew what actions to take if there were any errors with people's medicines. Staff told us how they would work with external health professionals, if errors occurred, so people would regain their health as quickly as possible. Staff also told us about the regular checks which were made by the unit manager and external agencies to make sure people were receiving the medicines they needed. We saw the records staff kept about people's medicines were clear, so the risks to people's health in respect of medicine errors were reduced. We also saw people's GPs had been involved in decisions about "when needed" medicines and people's medicines were securely stored.

Is the service effective?

Our findings

People told us staff had the skills and knowledge needed so their care and support needs would be met. One person told us staff knew how to support them, and they had seen staff had the skills to support other people living at the home. Staff told us they regularly undertook training. One staff member told us about the training they had attended. They said, "It means you learn something new, and I know how to deal with situations so people's needs are met." Another member of staff told us about plans to develop their knowledge and skills further, by undertaking medication training. One staff member we spoke with explained they had undertaken key areas of training so they would know how to care for people well. This staff member told us further training had been planned, including training to improve staff skills in providing day to day care for people. We saw a staff training plan was in place. We saw the training identified for staff matched the key areas they needed so they would be able to develop the skills needed to care for people. Two staff we spoke with confirmed they would like some additional training. The staff members told us this would help them to further develop their understanding of the individual care and support needs of some people living at the home. The staff members told us they would discuss this directly with the unit manager and were confident this would be arranged.

All the staff we spoke with told us they had regular one to one meetings with their line manager and felt supported by the unit manager and the senior staff team. Staff told us these meetings were used to discuss any concerns they had for people and their own training and development. Staff told us they would be comfortable to make their suggestions to the unit manager directly. One staff member we spoke with told us, "I asked for first aid training and my name has been put forward."

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.

We checked whether the service was working within the principles of the MCA. Staff we spoke with explained how they supported people so individual people would have the opportunity to make their own decisions where this was possible. We saw this happen throughout our inspection. For example, staff gave people time to make their own decisions when they needed it. This included decisions about what people wanted to do, or where they wanted to go. We also saw staff showing people items, so they could choose what interesting things they wanted to do. The unit manager told us how they previously worked with other organisations including people's social workers, advocates and consulted people's families when decisions had to be made in people's best interests. However, we saw examples where people's families had been asked to consent to the care their family member's received. The registered manager had recognised this as an area for improvement from a recent managers' meeting, and plans were in place to drive through the improvements required. The care staff we spoke with had an understanding of the MCA and what this meant for people but they felt further training would further support them in their roles.

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 provider was following the requirements in the DoLS. Prior to our inspection the provider had submitted an application to a 'supervisory body'. The unit manager was awaiting the decisions on the application at the time of our inspection. Staff we spoke with knew where a DoL had been applied for, and understood how this affected how they supported the person. We saw staff recognised where people did not require any support from staff to make their own decisions this was respected by staff.

People told us they were able to make their own decisions about what they had to eat and drink. One person we spoke with told us, "The food is four or five star, I choose what I want." Another person we spoke with told us staff supported them to have their meals where they chose. The person told us staff understood it was important to them to be able to eat on their own and staff supported them to do this. The person went on to tell us how much they enjoyed the food which was prepared for them, and said, "I tell staff the food is good, it's like being back home again." We saw people were able to choose from a number of options for their meals. People and staff we spoke with explained people were able to request alternative food options when they preferred. Staff knew which people required special diets to maintain their health. People told us where they had allergies staff and the unit manager supported them to have the types of food they needed. Three people we spoke with told us they either had their own tea and coffee making facilities in their rooms, or were able to have drinks directly from staff when they wanted them. We saw people who chose to spend most of their times in their rooms had drinks available and within reach, so they were able to remain hydrated.

People told us staff supported them to see health professionals when this was needed for them to remain well. One person we spoke with told us staff supported them to see their optician, regularly. Another person we spoke with told us staff were helping them to change their dentist. Staff knew about the risks to people's health and what action to take if people needed assistance. One staff member we spoke with explained how they worked with district nurses, so one person's health needs would be met. Another staff member we spoke with explained how they had supported another person to see to see a physiotherapist so their mobility would be improved. We saw people's health backgrounds and support needs were recorded in their care plans, so staff knew what action to take if anyone became unwell. We also saw people had access to health professionals such as GPs, speech and language therapists and specialist health services where necessary, so people's physical and wellbeing needs would be promoted.

Is the service caring?

Our findings

People told us they enjoyed being with staff and had developed good relationships with them. Every person we spoke with told us staff were caring. One person told us, "There could not be a better staff team. They are wonderful in every way, because of the care that's given and they listen to you, too. This place is like a new blessing." Another person told us, "Staff are lovely, they're kind, and (team leader's name) is fantastic. I love living here because the staff are so well mannered and wonderful." One person told us, "I feel I can have a conversation and a laugh with them. They are human beings and make me feel like a human being, not just a number." Relatives we spoke with told us they were always made welcome by staff when they visited their family members. Staff spoke warmly about the people they care for. One staff member told us, "It's a family. Everyone gets on, which means the residents are happy, and we have a laugh with them." We saw people were relaxed in the company of staff. Staff took time to acknowledge people and people smiled when staff chatted to them.

Staff told us how they got to know people. One staff member told us, "You sit and chat about their history and talk to relatives. You also check their care plans, so you know what people need when they walk through the door." Another staff explained how they had built trust with people living at the home and gave us an example of how one person they cared for was now happy to receive personal care from them. This was because of the trust which had developed between the person and the staff member. One staff member told us, "I love finding out about people, you talk to them about their past." The staff told us as a result of a conversation they had with one person, they were able to make them a sandwich in the way they liked it. The staff member told us, "It really brought a smile to (the person's) face, and brought back lots of memories for them." Staff we talked with understood people's life histories and preferences for how they wanted their care to be given.

People gave us examples of the day to day decisions they made about their care. This included people making their own decisions about their medicines, how they wanted their care to be given, and choices about what they wanted to wear and eat. One person we spoke with told us, "It's up to me what I do, nothing (I ask staff) is ever refused." Another person told us how they liked to carefully choose what to wear, and said the way they were supported by staff, "Means I can make the decisions." Staff we spoke with told us how they supported some people who needed help to make their own day to day decisions. One staff member explained how they supported some people to make their own decisions. The staff member told us some people needed extra time and reassurance so they could make their own choices. We saw staff supported people to make their own decisions, and reassured them when required. Staff were supportive, and encouraged people to take their time. By doing this, people were empowered to make their own choices.

People we spoke with told us staff provided them with care in ways which promoted their dignity and privacy and independence. Three people we spoke with told us staff always knocked before they came into their rooms, and checked it was alright for them to enter. We saw this happened on the day of our inspection, when we were chatting to one person who had chosen to spend time in their room. One person we spoke with told us staff always respected when they wanted their privacy, and supported them by

putting a sign on their door, so no one would enter their room. One person we spoke with told us, "Staff always take time with me in the morning so I can do what I can for my care in every way (possible)." Another person we spoke with told us their independence was very important to them. The person explained because staff respected this they were able to lead as independent a life as possible. Staff we spoke with knew what things people liked to do independently and recognised it was important for people's wellbeing they were encouraged to maintain and develop their independence. One staff member we spoke with told us how they made sure people's need for privacy and dignity was respected when they were receiving care. The staff member told us, "It's the person's decision how they want to receive their personal care, but you always make sure people's doors are shut, so they can have privacy." We saw staff had been given clear instructions in people's care plans so staff knew the best way to care for people and to promote their dignity.

Is the service responsive?

Our findings

All the people we spoke with told us they talked to staff so plans could be made so they would receive their care in ways which suited them. One person we spoke with told us, "I complete my own care plans." The person told us by doing this they were able to decide how areas of care which were really important to them were done. Another person we spoke with told us they had been involved in deciding what care they would like and said, "Staff know how to look after me. I show them what I want and they do it." Another person we spoke with told us, "I can make a lot of decisions about my life and staff follow every detail." One person we spoke with told us they had originally come to stay at the home for a few days. The person told us staff had cared for them in the ways they wanted, and they had enjoyed their short stay so much they decided to return to Blenheim House and make it their home. Another person we spoke with did not want to be too involved in planning their care, but wanted their relatives to help to make decisions. The person explained how staff had worked with their relatives so this would happen.

Staff we spoke with told us they knew the way people wanted their care to be given as this was detailed in people's care plans. One staff member explained how they checked people's care plans both to check their preferences and to find out if there were any actions they needed to care for people. This included checking to see if people had any allergies to food and medicines, so they could be cared for in ways which promoted their health. We saw people's life histories, care preferences and allergies were clearly recorded in their care plans. We also saw people were involved in developing their risk assessments with staff. We saw staff checked directly with people about how they wanted their day to day care to be given. This included staff checking with people how they wanted to spend their day and if they wanted any additional support. For example, if people wanted pain relief or additional drinks.

People told us their care plans and risk assessments were updated as their needs changed. One person we spoke with told us about some changes to their care plan they had asked for. The person told us staff had listened to them, and their care plan had been changed so their preferences were met. Three people we spoke with told us they were involved in their plans to move out of the home, so they could live more independently. Two of the people told us staff also worked with other organisations so their plans for moving out could be taken forward. Staff told us they were involved in reviewing people's planned care at regular reviews. Staff told us they also shared information at daily meetings when shifts changed, so they would be sure they knew if people's immediate care needs changed. We saw people's care plans had been updated as their needs changed.

People told us they had opportunities to do things they enjoyed doing. One person told us they looked forward to celebrations at special times of the year which staff organised, such as bonfire night and Christmas celebrations. Another person told us how they were supported by the staff to do things they enjoyed. The person told us they regularly had opportunities to do things, such as trips to local sea life centres, shopping to choose their clothes, going out to the local pubs and visits to Birmingham's botanical gardens. The person told us, "I have a good time." One person we spoke with told us they had spent some time during our inspection doing interesting things in another home in Moundsley Village. The person smiled and told us how much they enjoyed the fun things which they were able to do. We saw staff gently

reminding the person what other interesting things were available for them to do locally. We also saw staff took time to suggest fun things another person might like to do, so the person would enjoy their day. Another person we spoke with told us staff understood how important it was their spiritual needs were met. The person told us they received support from staff so they could go to church services held in the other homes at Moundsley Village, and how much they valued this. Staff understood some people preferred to do things they enjoyed on their own. A staff member told us how they supported one person to do things they enjoyed as their ability to see clearly had changed. The staff member told us the person they supported really enjoyed staff reading to them. The staff member told us they did this regularly with the person and said, "[Person's name] face lights up when I read to them." Other staff we spoke with told us some people living at the home enjoyed pampering sessions and going to the hairdressers, with support from staff. People told us and we saw some people had recently had their nails painted. One staff member told us, "It's about helping people and making their lives easier and enjoyable."

People told us staff supported them to keep in touch with their relatives and friends. People who lived at the home and relatives told us they were always made to feel welcomed by staff, and were able to visit when they wanted to. One person we spoke with told us they had asked for their care to be given at a different time one day, so they could spend more time with their relative. The person explained staff had responded to their request, so they were able to enjoy their relative's company for longer. Two relatives we spoke with told us it was important for their family member to visit another family member who was living at Moundsley Village. We saw staff had supported the person to do this, so they could keep in touch with people who were important to them.

People told us where they had a preference for either a female or male carer to support them for particular areas of care this was respected and acted upon. One person we spoke with told us how senior staff made special arrangements for this to be done in the way they preferred. Staff we spoke with knew if individual people had preferences for the gender of staff to deliver their personal care.

The people we spoke with had not raised any complaints about the care provided. All the people we spoke with told us they would raise any concerns or complaints they with staff or the unit manager. People told us they were confident action would be taken if they raised any complaints. Staff knew how to support people to make a complaint. One staff member we spoke with told us if they could not resolve any complaints people had they would escalate people's concerns to the unit manager, provider, or external organisations. We saw the unit manager had a system for responding to any complaints which were made, so any lessons could be learnt.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection who was also the registered manager across the providers four other homes on the same site. The provider was currently in the process of registering managers to ensure each home had a named registered manager in post. As part of this inspection we spoke with a representative from the provider and the registered manager to see how the five homes were currently managed.

The provider had a clear management structure in place with the registered manager post being supported by additional unit managers. Unit manager from all homes on the site felt able to tell the registered manager their views and opinions at any time or at weekly management meetings. These were used to discuss what was working well and where improvements were needed. For example, staff training in understanding in people's mental capacity being assessed and consent and the recruitment of permanent staff. The unit manager at Blenheim House gave us examples of how they had been supported by the registered manager and provider. This included agreement for extra resources, so the unit manager could spend more time developing the home so people enjoyed living in a home where the service was further developed.

People told us they regularly saw the unit manager and got on well with them. One person told us, "We have a very good (unit) manager. (Unit manager's name) will always take time to spend time with me." Another person told us, "(Unit manager's name) is very effective, wants thing done in the right way and puts residents first." The unit manager told us they took time to talk to people living at the home each day, so they could check if people were well and enjoying living at the home. We saw this on the day of the inspection. People enjoyed the company of the unit manager and were pleased when life at the home was discussed with them. We also saw the unit manager supporting staff so people would receive the care they needed in the best way for them.

Staff told us they felt supported by the unit manager and regular team meetings were held where the unit manager encouraged staff suggestions and explained expectations for people's support. One staff member told us, "It's an open culture, we can say if something is not working and work out together what we think is best. You try new things, and keep talking things through." The staff member told us they had recently made a suggestion which had been put into action, so people's privacy would be further promoted. Another staff member told us they had made a suggestion about obtaining additional resources so people would be able to do extra interesting things. The staff member told us action had been taken so people would benefit from the extra resources. One staff member we spoke with told us the provider had a staff of the month award, which was used to motivate and encourage staff to give good care to people.

Monthly checks had been completed by the registered manager which included looking at the environment, medicines checks and reviewed people's care plan information. The provider also reviewed the checks and talked through any changes or improvements with the registered manager. The unit manager told us the registered manager visited the home often and spent time chatting with people and staff. Staff at Blenheim House told us the unit manager also made regular checks to make sure people were receiving the right care. We saw these checks were in place, and actions had been identified to develop the care people received

further.

The registered manager told us they were supported by the provider in updating their knowledge and continued to identify further professional training opportunities. The registered manager understood the responsibilities of their registration with us. We saw there was one notification which had not been sent to us. Notifications are about events which happen in homes which the provider is required by law to tell us about. This related to the only recent concern there had been about the safety of a person who lived at the home. The concern had been managed well by the management team and staff and the person was supported to stay safe. The registered manager was open and constructive when we spoke to them about the notification not being sent to us. The registered manager gave us assurances the risk of any future incidents not being reported to us had been reduced. We saw notifications of other significant events had been sent to us.

The provider had questionnaires available in each of the five homes which people, relatives or other visitors to the home could complete to comment on their experiences. The provider and registered manager said there had been a low response and planned to send out questionnaires direct to relatives with a view to increasing the feedback. People told us they were also encouraged to make suggestions about life at the home at regular residents' meetings. One person told us how people living at the home had made suggestions about buying some additional equipment for people to benefit from. The person told us the unit manager had purchased these items. We saw people's suggestions for developing the home were acted upon. For example, suggestions people had made about things they enjoyed doing. People told us they were comfortable to make suggestions for developing the home further.