

Voyage 1 Limited

Huish House

Inspection report

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Date of inspection visit: 05/08/2014
Date of publication: 24/02/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. Our last inspection was in February 2014 when we found the service to be

meeting all the standards we looked at. Huish House provides care and support for up to twelve people who have a learning disability, sensory impairment or physical disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

Relatives told us they felt their relatives were safe and their welfare was protected. The service protected people's rights and ensured wherever possible people were involved in making decisions.

We found staff were up to date with current guidance to support people to make decisions. Any restrictions placed on them were done in their best interest using appropriate safeguards.

Staff received comprehensive training so they could provide professional and effective care. Staff were supported to fulfil their role and responsibilities through regular one to one supervision and appraisals.

People were offered varied, balanced and nutritious meals and specialist support was available to ensure people's nutritional needs were met. We saw people being offered support and assistance to have their meals however there was a sense of people being rushed to complete their meal rather than an unhurried and relaxed atmosphere.

Relatives told us they were very satisfied with the healthcare people received. People's health needs were identified through comprehensive assessment and reviews to ensure they accurately reflected people's needs.

People told us they liked staff. We observed staff interacting with people in a sensitive, patient and understanding professional manner. Staff had an understanding of how people communicated their feelings and needs and were able to respond to those needs in a caring, non-judgemental and supportive manner. People were enabled to have control, be treated with respect and have their dignity upheld.

Relatives told us how staff established close and caring relationships with people. One relative told us their relative had become very close to a member of staff and this reflected the caring relationships staff established with people. We noted how the service had retained staff over a long period which contributed to the consistency and continuity of the relationships people had with staff.

A social care professional told us "I found the home to be a friendly warm environment that gave an overall good impression. Speaking to parents they all reiterated that they were always made to feel welcome and the homes manager was easily contactable with a good dialogue between themselves and the service user's home."

There were comprehensive assessments of people's health and welfare needs. These had been regularly reviewed and updated to accurately reflect the person's needs. People and/or their representatives took part in the reviewing of care arrangements.

The service had responded to an individual's changing physical needs making adaptations to the person's environment. Their representative welcomed how the service had been able to continue providing care and support to this individual.

There were flexible staffing arrangements ensuring there were the necessary numbers of staff to support people. A range of activities were organised with people having the opportunity to use community facilities and take part in activities of their choosing. This ensured the service provided meaningful activities suited to people's interests, abilities and preferences.

People are enabled to maintain their relationships with friends and family. One relative told us they visited frequently and were "always made to very welcome" another said "they are incredibly welcoming". They told us how they always felt able to voice any concerns.

There was a culture of empowering and enabling people in making choices and decisions about their care and how they led their lives. Staff benefit from a management style which is accessible and responsive.

People and others who have contact with the service are able to voice their views about the quality of the care provided. The provider was open to making improvements and responding to identified shortfalls where these are found.

Summary of findings

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 safe.

Staff we spoke with had a good understanding of abuse and were aware of their responsibilities in reporting any concerns about possible abuse. Staff had received training and demonstrated knowledge and understanding in recognising the nature of abuse as well as how they could report concerns to outside organisations as part of the service's whistle blowing policy. This gave staff the confidence to respond professionally to any concerns they may have about possible abuse in the home.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant people's rights and welfare in relation to their civil liberty were protected.

Good



Is the service effective?

The service was not fully effective.

People were offered varied, balanced and nutritious meals and specialist support was available to ensure people's nutritional needs were met. We saw people being offered support and assistance to have their meals however there was a sense of people being rushed to complete their meal rather than an unhurried and relaxed atmosphere.

Staff received comprehensive training providing them with the skills and knowledge to meet people's needs effectively. Staff were supported to fulfil their role and responsibilities through regular one to one supervision and appraisals.

Representatives told us they were very satisfied with the healthcare people received. People's health needs were identified through comprehensive assessment and reviews to ensure they accurately reflected people's needs.

Requires Improvement



Is the service caring?

The service was caring.

People were given the opportunity and enabled to make choices and decisions about their lives wherever possible. The service identified people's abilities and strengths in how they could be involved in making decisions.

The service made every effort to empower people to make choices respecting people's rights to privacy and independence. This meant people whenever possible were fully involved in the care they received.

Good



Summary of findings

Staff interacted with people in a sensitive, caring and patient professional manner. They recognised and were aware of how people chose to behave and live their lives. Giving the individual responsibility and control over situations. This meant staff enabled people to make choices and be in control, and respected people's rights and dignity.

Staff demonstrated knowledge of people's individuality. They were able to respond in a caring way by knowing how people communicated their unhappiness and the varied ways people communicated their needs and choices. This meant whenever possible an individualised service was available to people.

Is the service responsive?

The service was responsive.

There were good arrangements for the staffing of the home with people having one to one staffing where this was needed. There was flexibility about staffing based upon the activities people were undertaking on the day. We observed staff responded to people in a timely and responsive manner. This meant people's needs could be met and they received care when they needed it.

There were comprehensive assessments of people's health and welfare needs. These had been regularly reviewed and updated to reflect accurately the person's needs. There were arrangements for people and their representatives to attend regular meetings to discuss their care.

People had the opportunity to undertake a range of activities and to use community facilities. The home provided a welcoming environment so people could maintain their relationships with family and friends.

Good



Is the service well-led?

The service was well-led.

The manager promoted a culture of enabling people's independence and providing a personalised individual service. There was an open and supportive environment for people who used the service and for staff. This meant people and staff were enabled to voice their views and be part of the service and how it was run.

The quality of the service was effectively monitored to ensure continuous improvement. The service learnt from accidents and incidents and made changes to the care provided, engaging with other professionals, where there was an identified need.

Good



Huish House

Detailed findings

Background to this inspection

We inspected the service on 5 August 2014 and spoke with two people living at the home. Because of people's limited verbal communication we were unable to speak with other people but spent time observing how staff interacted with people. We spoke with five care staff, four relatives and contacted seven professionals (health and social care) to ask them about their experience of working with the service.

We looked at a range of records including five care plans, daily records of people's care and treatment and policies and procedures related to the running of the home. These included safeguarding adults, training and staff supervision.

We used the Short Observational Framework for Inspections (SOFI) when looking at the care and support provided. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR

is information given to us by the provider. This enables us to ensure we are addressing potential areas of concern. We reviewed the information we held about the home including where we had been told by the provider about serious incidents and safeguarding concerns.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience (ex by ex) is a person who has personal experience of using or caring for someone who used this type of care service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Relatives we spoke with told us they felt their son or daughter were being cared for in a safe way. One told us “I have no concerns about their safety or welfare.” Another said “We have nothing to worry about they are safe and well looked after.”

We asked some staff about their understanding of safeguarding and what may be considered abuse to demonstrate their knowledge. They gave examples of what is considered abuse from physical abuse, rough handling to failing to provide the necessary care. They told us how they at times needed to use distraction techniques where an individual or others were at risk of harm. This demonstrated staff we spoke with had the necessary knowledge about protecting people from abuse.

The PIR told us there were specific training for managers on safeguarding and “See Something Say Something” procedure in place giving staff and visitors information about how to voice concerns and whistle blowing. We saw these notices when we visited the service displayed on a noticeboard. A staff member confirmed they knew about these policies and one told us it had been part of their induction.

Staff were able to tell us about their responsibilities in reporting any concerns about possible abuse. The provider had a comprehensive Safeguarding Adults policy and procedure in place. Staff were aware of the provider’s whistleblowing policy and their right to report any concerns outside the organisation. All of those we spoke with told us they had completed safeguarding adults training which had included the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This was confirmed by training records we saw.

The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. The basic principle of the act is to make sure people whenever possible are enabled to make decisions and where this is not possible any decisions made on their behalf are made in their best interests. The DoLS provide a legal framework to prevent

unlawful deprivation and restrictions of liberty. They protect vulnerable people in care homes and hospitals who lack capacity to consent to care or treatment and need such restrictions to protect them from harm.

A social care professional told us how the service worked within the principles of the Mental Capacity Act and how the manager had a good understanding of the act and their responsibilities. They told us they had been informed about a possible safeguarding incident and had “no concerns about the safety and wellbeing of people using the service”.

The service had notified us about a number of DoLS applications which had been authorised. The manager was aware of the court ruling which widened the people that may be effected by DoLS and had made a number of applications. We looked at two people who had DoLS in place and were satisfied the conditions of the authorisations were being followed. A social care professional told how the manager understood the MCA and “worked within the principles of the act”.

Individuals had been assessed as to their capacity to make decisions. An assessment had been undertaken for one individual who required major dental treatment which established this individual did not have capacity to make this decision. A best interests decision had been made with the involvement of professionals and their representative. This showed how the service met legal requirements in making decisions and acted in individual’s best interest and protected people’s rights.

Staff told us how they involved people in wherever possible making choices and decisions. These could include decisions around daily living, activities and what individuals wanted to eat and drink. We observed people being offered choices. On one occasion an individual was asked if they wanted to go horse riding. The person indicated through signing they did not, this was respected and they were asked what they wanted to do and the person indicated they wanted some food. The staff member then helped the person get the food they wanted. On other occasions we observed people being asked what drink they wanted and choosing a dvd. There were pictorial cards available for those people who could use this method of communication. A staff member told us how for one person the best time to ask them to make a decision was “any time after a bath and several cups of tea”. For another person they were shown photos and could only

Is the service safe?

cope with being offered two choices”. This showed how the service enabled and interacted with people to ensure they were empowered wherever possible to make choices and decisions.

There were risk management systems in place. These identified specific risks for individuals and how they could be alleviated or managed. For one person this was about their behaviour which could place them or others at risk of harm. Strategies were in place to alleviate or respond to this identified behaviour. Staff were able to tell us about these strategies. One told us how one individual, when agitated or distressed, responded well to being in the sensory room and particularly liked music and lights. They said this was one of the ways they used to alleviate risk to this individual. Another staff member told us how people indicated their distress or agitation through their behaviour such as biting, screaming or other vocal sounds. They were able to give specific examples of people who behaved in this manner. They were then able to respond and alleviate any risks to the person’s safety and wellbeing through this behaviour escalating. This showed how the service ensured people’s safety when managing behaviour and associated risks.

The risk of abuse to people were minimised because the provider had a robust recruitment procedure. We asked staff about checks which had taken place as part of their recruitment. They told us references had been taken up which had included one from their previous employer and criminal record checks had been undertaken. This showed the service followed legal requirements when employing people to work with vulnerable adults.

Staff told us they felt there were sufficient staff on duty to support people. They told us where people required one to one support perhaps in the home or when out in the community this was always available. The manager told us staff was always under review and this also formed part of people’s annual care review. They told us requests would always be made to funding authorities if additional staff was required for an individual if their needs changed. During our visit we observed staff supporting people on a one to one and staff were always able to respond promptly to people needs.

Is the service effective?

Our findings

Staff we spoke with were all very positive about the training they had received. One told us “There is a lot of training which is kept up to date.” They told us they had completed a range of training which included moving people, first aid, health and safety and how to administer epilepsy medicines when people had seizures. Staff had received autism awareness training and two staff told us they would have liked more in depth training on this topic. The provider told us in their PIR they were looking at providing “inclusive communication environment” training for staff to work on improving communication and understanding. This showed staff received the necessary training so they were able to support people in an effective and skilled manner.

All staff received non-violent crisis intervention training. This taught staff how to respond to aggressive or potentially harmful behaviour in a passive but supportive manner with no use of restraint. One staff member told how they had used this method when moving an individual to a safe place.

Two staff members who had recently been recruited told us about their induction. They said how it had “given us a lot of time to spend reading support plans, policies and procedures”. One told us “It is nice to have the time upstairs before coming down here.” They told us they had spent two weeks shadowing other staff. One told us “It was really good and we were able to get to learn about people through their support plans”.

Staff told us they received regular one to one supervision as well as team meetings. There were also yearly self-appraisals. Records we were shown confirmed staff had received regular one to one supervision and appraisals. This meant staff received support and monitoring of their performance in order to fulfil the duties and responsibilities of their role.

We observed people and staff interacting during a mealtime. People had been offered a choice of meal sometimes through the use of pictorial prompts. Alternatives were available for people who required a special diet or because of risks around choking. People were offered a choice of drinks and used adapted cups to enable greater independence.

People’s support plans included information about nutritional needs, preferences and any specific dietary needs. A relative told us they had discussed with the manager about their relative being given vitamin supplements and this had been discussed the person’s GP. A health care professional told us they had undertaken assessments around people’s nutritional needs and were confident referrals would be made if people required this service. They told us the manager was very supportive and “we improved the standards of care around eating and drinking a great deal thereby reducing the risks to residents”. The professional had also provided specialist training to staff. One staff member told us they had received training from the speech and language team around supporting people with food and drink. This showed there were effective arrangements in place to ensure nutritional needs of people would be met.

The provider told us they had received support from a nutritionist and followed guidance about offering a healthy, balanced diet and promoting choice. An in house drinks and snacks policy had been implemented to ensure people with complex needs were effectively supported. We observed how one individual was able to indicate they wanted a snack from their “snack tin”. One of the people we were able to talk with when asked is the food nice replied “Yeah”. With help from one of the staff they told us on Fridays how they had fish and chips. Another person told us the food was nice.

During the lunchtime we saw staff supported people in having their meals. There were a number of staff available to observe and support people where it was needed. However there was a sense of people being rushed. People were not given time to sit if they wished to as soon as they had finished one part of their meal another was offered. We saw staff immediately take plates from people with one staff member saying “have you finished” and taking the plate without waiting for a response. During part of the meal there was one member of staff for four people and we saw they were almost constantly getting up and down to take plates, make drinks, etc. Immediately after the meal people were prompted to use or taken to the toilet. This meant there was not a relaxed and unhurried atmosphere during this mealtime.

Relatives told us they were very satisfied with the healthcare people received. One told us they had been fully involved in decisions about dental treatment in that the

Is the service effective?

person did not have capacity to agree or understand the need for such treatment. They told us the manager had responded well to specific concern following a fall and the seeking of treatment for the individual. Another relative told us they were always involved in reviewing health needs as part of an annual review. They said “We are always involved in their health care and able to make sure they get the care they need”.

People’s support plans contained information about health needs and showed where people had been reviewed with regard to specific conditions such as epilepsy. One relative told us how the service ensured their relative, who had a specific health condition, was regularly seen by a specialist and attended the hospital appointments when they were needed. People have access to community based health

service. We were told by a staff member they always took people to the GP surgery or called a doctor if they had any concerns about an individual being particularly unwell. A GP told us how the service “Usually make timely and appropriate requests for advice and medical help.” This showed how the service ensured people’s health needs were met.

There were “hospital passports” in place these were used if an individual was admitted to hospital and provided information about the person’s needs. This ensured people’s needs could be met while a person was cared for by staff who did not know them. There were arrangements in place in the event of emergencies such as fire. This meant people would receive the necessary support and care in the event of an emergency.

Is the service caring?

Our findings

Representatives told us how the service respected people's rights and choices. How staff established caring relationships with people. One representative told us their relative had become very close to a member of staff and this reflected the caring relationships staff established with people.

A social care professional told us "I found the home to be a friendly warm environment that gave an overall good impression. Speaking to parents they all reiterated that they were always made to feel welcome and the homes manager was easily contactable with a good dialogue between themselves and the service user's home."

Representatives told us how they always felt involved in the care and support people received. One told us they were always informed about the welfare of their relative and any concerns and how "we have always been consulted and are part of any important decisions which have to be made". Another said "We are always involved in any treatment decisions and attend reviews where we discuss the care they need." One representative told us they had discussed their relative having more opportunities and choices in undertaking activities they particularly enjoyed. They told us the service had responded to their suggestions and had made real efforts to provide these quite specific activities.

The provider told us in their PIR "Staff go above and beyond their roles supporting individuals on home visits, holidays abroad, building open and trusting relationships with individuals and families.

The service had a dignity champion. This was a member of staff who took a special interest in promoting dignity and ensuring all staff were aware of good practice in protecting and promoting of dignity in care. We were told an information pack was to be issued which would set out good practice. Staff were able to tell us how they respected people's dignity. This being through ensuring people were given opportunities to make choices, involving people in decisions as much as they were able and not "being done to". One staff member told us dignity was about seeing people as individuals and everyone being different and "respecting differences".

We observed staff when engaging in conversations with people did so in a professional and dignified way. On one

occasion when an individual was sitting on the floor the support worker checked the person was alright asking if they wanted any help. After each question they gave the person time to respond. They were accepting of this behaviour (sitting on the floor) and recognised this was how the person behaved and their choice in terms of feeling safe and comfortable. We asked the staff member about this behaviour and they were able to tell how the person indicated their discomfort and unhappiness if they were not comfortable remaining on the floor.

We observed staff interacting with people in a patient, sensitive and caring manner. We saw staff asking people if they were alright and giving people time to respond to questions and make sure people were able to take the lead. On one occasion a staff member asked a person if they wanted a snack and the person on saying yes led the way to the kitchen to get their snack. The staff member asked which snack the person wanted and they chose one. The staff member then checked out where the person wanted to eat their snack and the person walked to the lounge area. On another occasion a person was asked if they wanted to show us their room. The person said yes and the staff member gave her time to lead the way to their room. This meant the person was the one taking us there, giving the individual responsibility and control over the situation. This demonstrated how staff enabled people to make choices and be in control, respecting people's rights and dignity.

We observed how staff made efforts to include people such as when one person was choosing a dvd to watch the care worker involved another person in the discussion and choice. Informing people what was happening and why. Staff involved people in activities and told people what was available so they were able to make a real choice. They checked out with people what they wanted and made sure they understood the choices available to them.

Staff demonstrated knowledge of people's individuality. They were able to tell us how people communicated non verbally their unhappiness or anxiety. This could be, we were told, one person holding their hand over their face when they were unhappy or another person using specific vocal sounds. We noted how there was an acceptance of one person's choice to remain in their room but also how they were always offered opportunities for activities. Their representative told us the service respected their relative's choices and were "always very respectful".

Is the service caring?

A social care professional told us their client had improved in terms of their well-being. They said how “the transformation was remarkable”. The person was more engaging, more settled and less aggressive. This was because the service understood their needs and preferences and was able to meet those needs. They also told us the individual had been involved in their care review.

We were told by the manager how there was access to an advocacy service and one person in the service had an independent advocate. This was to help them in making decisions and representing the person’s views. A social care professional told us their client had an advocate and had had an independent mental capacity advocate (IMCA) when a decision needed to be made about a DoLS application.

Is the service responsive?

Our findings

Throughout our time in the service we observed staff responded to people in a timely way. Staff were available, when required, to support people and assist or enable people to move around the home safely. We saw one individual, who was visually impaired, had a mental capacity assessment and subsequently through a best interest decision a pressure mat placed at their door. This alerted staff when they left their room so they could monitor and provide support if this was needed. We spoke with their relative who was very positive how the service had responded to the person's deteriorating sight and made adaptations to support the person in remaining in the home.

Staff told us how they had daily handover meetings between shifts where they were updated about how people were and any particular changes in their care needs. We saw there were handover and communications records which recorded any changes. There were specific records around behaviour and accidents and incidents. Staff told us they felt well informed about people's care needs and always felt they were aware when there had been changes in what help and support people needed.

There were comprehensive assessments of people's health and welfare needs. These had been regularly reviewed and updated to reflect the person's current needs. Records showed specific care needs which included people's likes and dislikes and preferences. Staff were able to demonstrate knowledge of these. One told us how they supported a person in a particular way when assisting with personal care because "this is how they like it". Another staff member told us they had got to know a person's choices as to the food they liked and how the person had to have certain things on their sandwiches or they would not eat them.

People's relatives told us how they were involved in reviewing the care needs of people they supported. One told us "I am always involved in care reviews and asked about my views as to the care and support my relative

needs." Through the use of non-verbal communication, such as pictures or prompt cards, people had been involved in making decisions about their care. There were "people we support meetings" where individual attended to talk about their care. We saw records of one meeting where pictorial cards had been used to get the person's views about food choices and activities they wanted to undertake.

People were able to undertake a range of activities which included swimming, going to local café, horse riding and attending a local college. One relative told us they had encouraged the home to look at different activities for their relative and this had been done resulting in the person having more opportunities to go out of the home. People if they choose could be accompanied to go to their family homes for weekends or take holidays accompanied by staff. One relative told us how much they appreciated staff bringing their relative home at weekends and other occasions.

The manager helped one person tell us how they had gone to Euro Disney for holiday. They told us they did a number of activities which included going to college and learning cookery, horse riding, going to the theatre and the cinema. The individual indicated how they liked these activities. The manager was able to help the person explain, through the use of signing, what the individual liked to do and how they was able to regularly see their parent. The individual indicated how they went shopping and enjoyed coffee and cake when out shopping.

One relative told us they visited frequently and were "always made to very welcome" another said "they are incredibly welcoming". They told us how they were always felt able to voice any concerns. One told us how they raised a number of "small issues" and had been very satisfied, with an "excellent response" and felt "listened to". Another told us "I always feel I can approach them if I have any worries or concerns". All of the relatives were aware they could make a formal complaint if they wished. One told us if they were really not happy they would write to the provider.

Is the service well-led?

Our findings

A relative told us “The philosophy of the home is each individual is treated for specific needs and given the opportunity to do as much as they can within their capabilities.” Staff told us they found the manager supportive and “someone they could go to if they wanted advice or support”. One staff member said “She is very good and knows what is happening in the home” and another said how professional and thorough she was.

Staff told us supervision was discuss good practice and raise issues about the quality of the care people received. Staff told us how they felt there was a culture in the home of enabling people and ensuring people wherever possible made choices in their lives. We observed throughout our inspection staff engaging with people in a positive and enabling way.

The manager told us the service was about being “person centred and providing a personalised service”. They told us it was about “having an open culture through a democratic management style. Always being accessible to staff, to observe and feedback on good and poor practice, to demonstrate the standards of care and support expected “leading by example.” On a number of occasions during our inspection we observed staff interacting with people in an empowering way, offering choice, respecting individual behaviour and lifestyle choices.

The manager told us in their PIR how they planned to attend local forums of professionals for networking and training to gain more knowledge and ideas to bring back to the team to help build support and develop the service.

There was a system in place for recording of accidents and incidents specifically related to falls and injuries. Where necessary referrals had been made to other professionals, such as physiotherapists and falls clinics, in order for the service to manage the identified risk and support the individual.

There was a comprehensive system of quarterly auditing and monitoring of the service. We saw where these audits had been completed and actions taken where shortfalls had been identified. This showed how the service monitored and sought to improve practice and the provision of care in the home.

An annual service review had been undertaken seeking the views of people using the service, family, friends and professionals. This had provided very positive comments about the quality of care. Actions had been set as a result of the comments received including improvements of the premises and décor, maintaining relationships with families and others who have contact with the service, continuing providing fresh home cooked meals with choices to suit individual preferences.