

## Barchester Healthcare Homes Limited

# Windmill Manor

### Inspection report

2 Fairviews, Holland Road  
Hurst Green  
Oxted  
Surrey  
RH8 9BD

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Tel: 01883718120

Website: [www.barchester.com](http://www.barchester.com)

### Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Windmill Manor is a care home providing personal and nursing care to 50 people with nursing needs, most people living at the service were living with dementia. The service is registered to support up to 60 people. People received care in one purpose-built building with communal areas and outdoor spaces.

### People's experience of using this service and what we found

People, relatives and staff said there were not always enough staff to meet people's needs. We observed instances where low staffing numbers impacted on people's care, particularly at mealtimes. There were limited checks in place to monitor staffing and the tool to calculate staffing numbers did not always reflect people's needs. Records relating to creams and topical medicines were not accurate, we received confirmation of action taken after the inspection to address this.

People said they felt safe with staff and plans were in place to assess and mitigate risks. Medicines were administered to people by trained staff. The home environment was clean and staff were trained in infection control. Background checks had been carried out on new staff to ensure they were suitable for their roles.

Staff worked closely with healthcare professionals to meet people's needs and we received positive feedback from professionals about staff competence and communication. People liked the food that was prepared for them and their dietary needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People got on well with staff and we made observations of pleasant caring interactions which showed kindness and compassion from staff. Staff respected people's privacy and dignity when delivering care and people were encouraged to do tasks themselves to promote their independence.

There was a range of activities at the service which were suited to people's needs. Care was planned in a personalised way with regular reviews, which people and relatives said they were involved in. People's wishes and preferences regarding end of life care were documented. People knew how to complain and any complaints had been investigated and responded appropriately.

There was a variety of checks and audits in place and aside from where we found shortfalls in records relating to staffing and creams, audits were effective in identifying and addressing any issues. People and staff had regular meetings to involve them in the service and we saw evidence of work with the community and other organisations to improve people's care experiences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 17 May 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to staffing numbers. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Windmill Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by three inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Windmill Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service including feedback shared with CQC and information within statutory notifications. Statutory notifications are reports of events or incidents providers are required by law to tell us about.

We sought feedback from commissioners and placing authorities. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections.

#### During the inspection

We spoke with seven people, six relatives and three visiting healthcare professionals. We also spoke with the registered manager, the regional director, the clinical development nurse, the chef, two nurses, two senior care staff and three care staff.

We reviewed care plans for seven people and looked at four staff files. We reviewed a variety of documents related to the running of the service including incident records, complaints, meeting minutes and records related to staffing. We looked at a variety of checks and audits as well as information about staff training.

#### After the inspection

We received email evidence from the provider which we considered when preparing this report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not always sufficient numbers of staff deployed to safely meet people's needs.
- People and relatives said there were sometimes not enough staff. One person said, "There aren't enough of them [staff]." A relative told us, "They [staff] do an excellent job, but I don't think there are enough staff as the needs of people are different."
- Staff feedback was mixed, some staff said they felt there were sufficient numbers of staff others said they were sometimes stretched. Staff on the first floor described how 15 people out of the 24 there needed two staff to support them with personal care. There were five care staff and a nurse deployed on this floor which staff said meant they were sometimes stretched, particularly if people were unwell or their needs increased.
- The majority of people living at the service were living with dementia and most were unable to use a call bell, which heightened risk if they did not have regular checks or supervision in place.
- In the four weeks before the inspection, there had been 10 incidents in which people had been found on the floor. Of these 10 incidents, four occurred in communal areas and were not witnessed by staff which showed staff were not present or providing supervision at the time. There had also been 4 minor injuries where people were found to have sustained an injury without an explanation. Whilst these incidents and injuries had not resulted in serious harm, the frequency of them showed there was a heightened risk to people due to a lack of supervision.
- The provider's tool to calculate staffing numbers did not always accurately reflect people's needs. One person had fallen four times in four weeks, but the tool listed them as 'medium' risk in relation to mobility. Staff told us another person required close supervision because of risk of falls, but their calculation on the dependency tool listed them as 'low' risk in relation to mobility. These examples showed the system used to calculate staffing numbers did not always reflect people's needs.
- Our observations showed the shortfalls in staffing numbers sometimes impacted on care delivery. The floors were large with long corridors, which impacted on staffs' ability to provide supervision to both people in communal areas and people who spent times in their rooms.
- In the afternoon, 11 people spent time in the first floor lounge with one staff member supervising them and preparing drinks. One person told us they wanted to speak to staff but they were occupied with the task of making drinks. Other staff on the floor were entering and leaving the lounge but were not able to stop and spend time with people because they were taking drinks to people in their rooms. This impacted on the level of care and interaction people in the lounge received.
- At lunchtime on the first floor, two people waited at their table for 45 minutes before staff were available to assist them to eat. The registered manager told us there was a 'whole home approach' to meal times and

we observed activities staff, as well as the registered manager, supporting people during lunch. Our observations showed this approach had not ensured all people received support to eat in a timely manner.

- After the inspection the provider told us they had recruited additional staff to support at lunchtimes, reviewed their staffing tool and would ensure staffing levels were maintained. We will require further action to ensure people's experiences improve.

The lack of sufficient staffing numbers to support people safely was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed recruitment checks on staff to ensure they were suitable for their roles. Staff files contained evidence of a variety of checks of the background and character of staff to ensure they were suitable to work in a social care environment.

Learning lessons when things go wrong

- Systems were in place to learn lessons when incidents occurred.
- Incidents were routinely documented and analysed. Additional measures were introduced where people had fallen or been involved in incidents. For example, a person had fallen and equipment and sensors had been introduced to reduce the risk of this happening again.
- Each month falls and incidents were analysed by management for any patterns and trends in order to learn from them. However, as we have reported incidents had not always prompted reviews of staffing levels.

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans were implemented to keep people safe, but daily records were not always accurate.
- People told us they felt safe when staff supported them. One person said, "I am safe in here." A relative told us, "As far as I can tell [person] is safe here. She wasn't able to look after herself at home and it seems better than other places."
- Whilst most charts were accurate, we identified that where people used creams to reduce risk of skin breakdown, these were not recorded anywhere as having been administered. The provider worked with an organisation which supplied these creams so they were not prescribed and were not listed on a medicine administration record (MAR). Daily records showed staff had not always documented when these creams had been administered.
- After the inspection the provider shared plans with us to review how they document creams to ensure this meets best practice. We will check if this has been sustained at our next inspection.
- Risk assessments covered areas such as falls, pressure care and behaviour risks. Where staff identified risks, personalised plans were written to keep people safe.
- One person was living with dementia and lacked insight into some risks, which could place them and others at risk of harm. There were detailed guidelines for staff which were personalised and considered the person's needs and history, including how to reassure the person when they became anxious or confused. Staff were knowledgeable about how to support this person safely when we spoke with them.

Using medicines safely

- People received their medicines as planned.
- Aside from the issue above with creams, people's MARs were accurate and up to date. Staff kept accurate care plans which detailed people's medicines and when to administer them. Where people received medicines on an 'as required' basis, there were plans in place to inform staff about when to administer them.



- Staff had received training in how to administer medicines and their competency had been assessed. We observed staff following best practice when administering medicines to people.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to protect them from abuse.
- Staff had received training in safeguarding adults and knew how to identify and respond to potential abuse. Staff were aware of agencies, such as the local authority and CQC, where they could escalate their concerns if they felt they had not been dealt with.
- Where there had been concerns or incidents, the provider had shared this information with the local authority and we saw evidence of them working alongside the safeguarding team to keep people safe where there had been concerns.

#### Preventing and controlling infection

- People lived in a clean home environment.
- The home was clean with no malodours. Housekeeping staff were observed maintaining cleanliness throughout the day. People's rooms and communal areas were cleaned daily and cleanliness was regularly checked.
- Staff were trained in how to reduce the spread of infection and described to us actions they took to reduce risk in this area. One staff member described how they washed their hands before and after providing personal care to people.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out to ensure care was planned around people's needs and preferences.
- Before people came to live at the service, they received a thorough assessment which covered their care needs, medical history and important information about their routines and preferences.
- One person had recently moved in and there was an assessment in their care file which had documented what times they liked to go to bed and get up, their favourite meal and their care needs. The person had a care plan in place which covered these areas and built upon them when things changed or further information as shared with staff.
- Assessment tools followed nationally recognised formats and staff were trained to use these. For example, a nurse showed us how they assessed and measured risk of skin breakdown using a standard assessment tool they were familiar with.

Staff support: induction, training, skills and experience

- People were supported by staff who had the training and support to carry out their roles.
- People said they were supported by staff who were competent. A relative said, "I have observed the staff and they are knowledgeable, I am aware that they go on training. I think they are aware of the support [person] needs."
- Staff said they received an induction when they came to work at the service and they attended training courses which followed the Care Certificate and helped them developed skills and about specific needs, such as dementia care. The Care Certificate is an agreed set of training standards in adult social care.
- Staff received regular one to one supervision and they told us these meetings were useful. Staff said they discussed their work as well as any training opportunities they would like to pursue.

Supporting people to eat and drink enough to maintain a balanced diet

- People received food they likes, in line with their dietary needs.
- People gave us positive feedback about the food. One person said, "The food is very good considering it is cooked en masse. There is a choice of meal and we have snacks throughout the day."
- People's care plans documented foods they liked to inform menu planning. There was a choice each day and people were asked for their feedback on the food they received. Food smelt and looked appetising and people were offered visual choices to enable them to make informed choices.
- People's dietary needs were met. Where people had specific dietary needs or allergies, these were listed in

their care plans and the kitchen were provided with this information to ensure people received food suited to their needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access the healthcare they needed.
- People said they were supported to access healthcare professionals. One person said, "I can see a dentist, doctor, optician if I need to. It all works."
- Care files contained evidence of staff working with healthcare professionals and planning care around people's health needs. One person had a history of pressure sores and there was input from a tissue viability nurse into their care planning, and staff had contacted them when they noticed changes to the person's skin.
- Another person was living with dementia and they had detailed guidance for staff about how it affected them and how they could support the person in a personalised way. The majority of people were living with dementia and the service had employed two nurses with a mental health background. This expertise was evident within care plans which were written in line with best practice.
- Healthcare professionals gave positive feedback on the care provided. A visiting professional from the community mental health team said, "The staff are very receptive and they adhere to the strategies we give. We have good correspondence with the staff and the charts are always up to date." A visiting GP said, "If there is an acutely unwell patient we will get a good set of observations about why the patient is unwell and what has happened, including the reason for a GP to be called out."

Adapting service, design, decoration to meet people's needs

- People lived in a home environment which was suited to their needs.
- The home was purpose built with lift access between floors, wide corridors and rails to enable people to mobilise safely around their home.
- The service suited people living with dementia because there was signage in place including pictures and signs for facilities and personalised pictures outside people's rooms to enable them to orientate themselves and recognise their rooms.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had consented to their care and this was documented. Where people were unable to consent, staff

followed the MCA.

- Staff carried out decision specific mental capacity assessments, documented best interest decisions and made applications to the local authority DoLS team where people were unable to consent to care.
- One person was living with dementia and had been assessed as lacking the mental capacity to consent to supervision and being in a secure environment. Staff recorded a best interest decision involving the person's relative and an application had been made to the local authority DoLS team to approve restrictions they faced.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly by caring staff.
- People's feedback about the staff approach was positive and people said the staff were caring. One person said, "The staff are kind, just in the way they talk to you." Another person told us, "The staff are caring." A relative said, "The staff treat [person] really well, they are caring. The keyworker is fantastic."
- People and relatives said the impact of staff being rushed was often reduced by their caring approach. We observed pleasant caring interactions between people and staff. For example, one person was living with dementia and showed signs of being anxious. A staff member said reassured the person in a gentle manner, held their hand and supported them to go and have a cup of tea. The staff member later told us they knew this person well and described how to support them if they became anxious.
- Staff knew people well and information about people's backgrounds were documented within care plans. Staff talked to us about one person who worked at a school, showing a good understanding of the person's history and working life. We observed staff talking to a person and their relative, asking about grandchildren which showed they took an interest in the person's family and looked forward to their visits.
- Care was planned around people's diversity. Assessments captured information about people's language, faith, sexuality and culture so care could be planned around these. Where one person had informed staff about their faith we saw evidence they were supported to attend their place of worship regularly.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care.
- Staff took time to identify people's preferences when they came to live at the service and any specific requests were documented so people received care in line with these choices.
- There were staff who got to know people to involve them in their care. Each person had a keyworker who got to know them well, supported them to participate in reviews and chased appointments or requests. Feedback from people and relatives about keyworkers was positive and these staff demonstrated a good understanding of what was important to the people they were keyworker for.
- People had regular meetings as well as surveys to express views on aspects of their care such as food and activities.

Respecting and promoting people's privacy, dignity and independence

- People received care which was dignified and promoted their independence.

- People's feedback on staff approach to care was positive. One person said, "The staff encourage me to do as much as possible myself." A relative told us, "[Person] is always dressed appropriately. If I buy her something new they will try it on for size and let me know if it is alright."
- People's care plans provided information about things they could do themselves and we observed people working alongside staff on some tasks, such as laying tables. One person could manage their own personal care with encouragement and supervision from staff and this was detailed within their care plan.
- Staff described how they provided support in a way that respected people's privacy. Staff knocked on people's doors before entering and where people required support with personal care, this took place discreetly in people's rooms or bathrooms with doors closed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities.
- People said they were offered a variety of activities. One person said, "There is a list of activities here, I don't like all the things on it. I like to knit and I knit here." A relative said, "[Person] doesn't join in the activities, although there is music, dancing and games."
- We observed activities taking place and people were involved in them. There were staff who took the lead on activities alongside volunteers and this support was available seven days a week.
- There was a weekly activities schedule which included arts, entertainers, exercises and quizzes. There were links with a local school and children visited the service as well as taking part in a pen friend scheme. We also saw technology used, including a sensory table with virtual games people took part in with staff.
- People were asked about activities at reviews as well as at meetings. Care plans documented people's interests and staff knew what types of activities people enjoyed. For example, one person enjoyed singing and we saw evidence of them being supported to take part in regular musical activities.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care.
- Care plans contained detail for staff about how to provide support to people in a personalised way. Care plans had regular reviews and these involved people and relatives to ensure a holistic approach.
- One person was living with dementia and there was detailed guidance about how to provide care to them, including measures to take to calm the person and prepare them for engaging with care. There was guidance for staff about how to encourage the person when they declined care and daily notes showed these interventions were usually effective.
- Care was reviewed regularly and when things changed, care was adapted to meet people's needs. For example, one person had a recent review after changes to medicines had caused a reduction in risk so their care plan had been updated to reflect this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care was planned in a way that met people's communication needs.
- People's communication needs, such as any visual or hearing impairments were captured at assessments and care plans were in place which documented the support they needed to communicate.
- One person had a visual impairment and there was a care plan which documented this with measures such as ensuring the person had their glasses on and they were clean, we met this person and observed they had clean glasses on.
- Information for people about the service was available in accessible formats, such as with pictures or in large print.

#### Improving care quality in response to complaints or concerns

- People knew how to raise a complaint and any issues were investigated and responded to.
- A relative described how they shared an issue about care with senior staff and it was addressed the same day and there had been no further issue.
- Complaints records showed they had been responded to in line with the provider's policy. There had been four complaints in the last 12 months and they had all been resolved.

#### End of life care and support

- People received personalised and dignified end of life care.
- Care plans recorded people's advanced wishes and the type of support they would require if their condition deteriorated. Staff had received training in how to provide end of life care and we saw evidence of work with community nurse teams and hospices.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were checks and audits in place, but systems had not identified and addressed the shortfalls we found in relation to staffing numbers.
- Our findings showed the tool used to calculate staffing numbers was not always accurate and there was no documented audit of staffing cover, despite the complex needs of the people who lived at the service. For example, there was no formal analysis of call bells and there had not been a recent survey to gather the views of people and relatives regarding staffing levels. This meant the feedback we received during this inspection was not known to the provider. Until this is addressed and the legal requirements are met, the service will not meet the characteristics of a good rating in well-led.
- There were a variety of checks and audits in areas such as infection control, health and safety and medicines. These audits identified actions which were signed off by management, such as a recent medicines audit had identified and addressed a maintenance issue with the medicines fridge.
- Staff spoke positively about the leadership and support they received. One staff member said, "There is more support for staff now, that is crucial for running a good home. If you have a good manager it filtrates to the staff team and you can feel it."
- There were systems in place to involve staff in the service and enable good communication. There were regular staff meetings and records of these showed staff had opportunities to make suggestions about the service.
- There were also daily handover meetings to pass on important messages, as well as clinical meetings for nursing staff and management where risks such as falls, wounds and nutrition were discussed and plans were formulated to respond to these needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People were satisfied with the culture at the service. One person said, "I would give it 8 or 9 out of 10." A relative said, "Generally, I would say it is well run although there is a fairly high turnover of staff."
- There were meetings for people and relatives and records showed these were used to keep them updated on changes at the service. Recent meetings had discussed recruitment and planned refurbishments.
- The provider was in the process of developing a new survey and the last one was in 2017. We will check the

impact of this at our next inspection.

- There was an ongoing plan to update and improve the service. There was a refurbishment project about to take place following this inspection as well as planned changes to the times meals were served to improve people's dining experience.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had not always notified CQC in a timely manner where incidents had occurred.
- Providers are required by law to notify CQC of important events such as serious injuries, deaths and allegations of abuse. Whilst we found CQC had been notified in most cases, one allegation of abuse three weeks before the inspection had not been notified to CQC.
- The notification was sent on the day of inspection, which meant it was not submitted in a timely manner. We will check if notifications are received in a consistent manner at the next inspection.

Working in partnership with others

- People benefitted from the service working with other organisations.
- Staff regularly worked with healthcare professionals and we received positive feedback from a GP and two mental health professionals about the level of communication and joint working with the service. People's records showed staff made referrals in a timely manner and worked in collaboration with them when writing care plans.
- People benefitted from links with the community, such as work with schools and nurseries to develop activities so people had visits from children and toddler groups.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not always sufficient numbers of staff deployed to safely meet people's needs.