Sandwell Metropolitan Borough Council

Walker Grange Extra Care Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The provider is registered to provide support and personal care to adults. People who used the service received their support and care in their own flats within the extra care complex. On the day 33 people required personal care and support from staff.

Our inspection was unannounced and took place on 05 June 2017.

At our last inspection in March 2015 the service was rated good in four of the five questions we ask: Is the service effective? Is the service caring? Is the service responsive? Is the service well-led? The remaining question, 'Is the service safe?' was rated as 'requires improvement' as improvement was required in relation to medicine management. During this, our most recent inspection, we found that improvements had been made in that area.

A manager was registered with us as is required by law and was involved in 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.

Faults on the emergency lighting had not been rectified which posed a potential risk to people and staff. Measures had been taken to reduce people's individual risks and to promote their safety. Medicines were now managed more safely. Temperatures of the medicine fridge and stock cupboard were being monitored and records confirmed the medicines received into the service. We found that where medicines were prescribed on an 'as required basis' there were instructions for staff to confirm when the medicine should be given. The registered manager and staff had followed the provider's procedures to ensure the risk of harm to people was reduced and that people received care and support in a safe way. Staff were available to meet people's individual needs.

We found that staff were trained and competent to support the people who lived there effectively and safely. The registered manager was aware that some staff training was required and was in the process of addressing this. Induction training was available for new staff and staff had the support they needed to ensure they did their job safely. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was meeting the requirements set out in the MCA and DoLS. DoLS applications had been made to the Court of Protection ensure that people received care in line with their best interests and were not unlawfully restricted. Staff supported people with their nutrition needs and their health care needs were met by a range of external health care professionals.

People's dignity, privacy and independence were promoted by kind and caring staff. People were able to make decisions about their care and they and their families were involved in how their care was planned

and delivered. Staff supported people to keep in contact with their family as this was important to them. People had access to advocacy services as required.

People's needs were assessed and reviewed regularly. The provider ensured that people could secure religious input if they wanted to. Systems were in place for people and their relatives to raise their concerns or complaints. Provider feedback forms and a comments book were used to gain the views of people, relatives and external healthcare professionals.

The provider had a robust management structure that staff were familiar with. People and their relatives told us that the quality of service was good. Processes were used to monitor the quality of the service however this required some fine tuning to ensure that all areas of safety and support were included.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Faults on the emergency lighting had not been rectified.

People told us that they felt. Staff knew how to support people appropriately to prevent them being at risk of abuse and harm.

Staff had received training and guidance to ensure medicine safety.

There were sufficient staff that were safely recruited to provide appropriate care and support to people.

Is the service effective?

Good

The service was effective.

People received effective care and support. The provider trained staff to ensure they had the skills and knowledge to support people in the way that they preferred. Where training was lacking this was being addressed.

Staff ensured that people were not unlawfully restricted and received care in line with their best interests.

People were supported to eat and drink in sufficient quantities to prevent them suffering from ill health.

Staff worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind and we saw that they were.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills and activities was encouraged.

Family and friends could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and reviewed regularly in order for their needs to be met.

Provider feedback methods were used to seek the views of people and their relatives.

A complaints procedure was available for people and their relatives to use if they had the need to.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and a management structure was in place that staff understood.

The service was monitored to ensure it was managed well. The management of the service was stable, open and inclusive.

The provider ensured that they notified us of all events that they were required to and had their last inspection rating on display as is required by law.

Walker Grange Extra Care Service

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.

Our inspection was unannounced took place on 05 June 2017 and was carried out by one inspector.

We asked the provider to complete a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with ten people who used the service and three relatives, the registered manager, a senior care staff member, two assistant managers, the cook and a staff member from an external monitoring agency. We looked at two people's care and medicine records and the systems the provider had in place to monitor the quality and safety of the service, one staff members recruitment records, the training matrix and provider feedback forms completed by people and their relatives and the comments book where people and visitors to the service were encouraged to give their views.

Requires Improvement

Is the service safe?

Our findings

The registered manager told us and records confirmed that in-house checks had been carried out on fire fighting equipment. We saw records that confirmed that fire fighting equipment had been serviced by an appropriate person. However, when the emergency lighting supply had been tested by an electrician in mid May 2017 records relating to this read, "Five faults". There was no evidence to confirm that the faults had been rectified. The registered manager told us that the process was that work of this nature would be logged by the works department and would be addressed as a matter of priority. The registered manager told us that they and the staff were not aware of what the faults were, or where they were located. It would therefore be difficult to implement contingency plans in case the main lighting supply was compromised due to a fault or in the event of a fire. This meant that people may not be able to see their way around the premises or an exit route out of the premises in the event of a fire and their safety may therefore be compromised.

A person told us "I am safe here no fears". Another person said, "I feel safe". A relative confirmed, "They [person's name] are safe. The staff make sure they are". The Provider Information Return [PIR] read, "Risk assessments relevant to an individual's needs are carried out and equipment is sought". We saw that a range of risk assessments had been undertaken; these included moving and handling assessments and fall prevention. One person told us, "I had falls out of bed. I now have a bigger bed and don't fall out anymore". Where falls and incidents had occurred these had been monitored by the registered manager and where needed referrals had been made to occupational therapy for assessment for equipment. Where risks were identified instructions for staff were documented in order for the risks to be reduced. People told us that they each had a pendant to summon staff if they needed assistance. We saw that people used walking aids to keep them safe when mobilising and heard staff reminding people to use them.

A person shared with us whilst laughing, "No shouting here or anything like that. If there was I would do it back. Seriously, no abuse here". Another person told us, "I have not experienced anything like abuse. Everyone is very nice". A relative said, "No I am not aware of any abuse". A staff member said, "There is nothing that I am concerned about. If I saw something I would report it and follow it up to make sure action was taken". Training records that we saw and staff we spoke with confirmed that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. The registered manager had made us and the local authority safeguarding team aware of any concerns that they had. This had ensured that people were protected from harm and abuse.

A person shared with us, "I can look after my tablets myself but I like the staff to help me and they do". Another person told us, "My tablets are in my flat. I take them myself". We saw that assessments had been completed to determine if there were any risks regarding people taking their medicines themselves and what measures could be applied to reduce any risks. This included people managing their medicines and staff just monitoring to ensure that people had taken their medicines correctly.

We found that the window of the room where some medicines were stored had not been risk assessed to determine if any additional methods were required to prevent any unauthorised access. The registered

manager told us that they would address this. Since our previous inspection locked cupboards had been provided in each person's flat in order that their medicines could be stored safely.

At our previous inspection we found that the medicine room and medicine fridge temperatures were not being consistently monitored. At this, our most recent inspection, we found that this had been addressed. This meant that the provider had demonstrated that the medication was stored at the correct temperatures.

At our previous inspection we identified that supporting information for staff to safely administer medicines was not always available. We found that where medicines had been prescribed on a 'when necessary' or 'as required' basis there was a lack of information available to enable staff to make a decision as to when to give the medicine. We also found that medicine records had not always been completed by staff. During this inspection we saw that these issues had been rectified. The required information was available to staff regarding when 'as required medicines should be given and the medicine records were maintained and completed.

A person shared with us, "I think that there are enough staff. If I need staff they come to me". Another person said, "There are always staff available". Staff told us that their view was that there were enough staff to keep people safe and to meet their needs. A relative said, "Although I am not aware of any situations that have occurred I don't think that there are enough night staff". We spoke with the registered manager about this who told us that their monitoring of night staff levels had not identified any risks. We saw that staff were available throughout the day to react when people requested support and to meet people's needs.

The registered manager told us, "Unless they retire staff never resign from here". Staff told us and records confirmed that staff turnover had been consistently very low. Staff also told us, and records confirmed that they covered each other when staff were ill or on holiday. This meant that people had been supported by staff they were familiar with and knew their needs.

A staff member said, "All my checks were carried out before I could start work". We checked new staff recruitment records and saw that pre-employment checks had been carried out. These included a completed application form and a check with the DBS. The DBS check would show if potential new staff member had a criminal record or had been barred from working with adults. These systems minimised the risk of unsuitable staff being employed.

Good

Is the service effective?

Our findings

A person shared with us, "It a very good place. I have lived here for a long time and have always been satisfied and happy". Another person told us, "Everything is very good here". A person commented, "I wish I had come to live here earlier". A relative said, "The service is wonderful". A person from an external monitoring agency told us, "The service provided is good".

A staff member told us, "I had an induction. I had support from other staff and the managers. I was shown what was expected of me". Another staff member confirmed, "Staff have in-house and corporate induction training. This includes reading policies, working with experienced staff, attending training and a corporate welcome". Staff we spoke with told us that they received supervision and support. Records that we looked at highlighted that the supervision sessions had taken place. A staff member said, "It is excellent here for support. Anything at all I don't know the managers guide me. There is a manager or senior on every shift". Other staff also told us that they felt supported on a daily basis.

A person told us, "The staff are good they know what they need to do". A relative shared with us, "The staff are trained and knowledgeable". Other people and their relatives also told us that they felt that the staff had the skills and knowledge to undertake their job roles effectively. A staff member told us, "I have done most of the training I need. I think there may be some refresher training being arranged". The training matrix we looked at confirmed that staff had received most of the mandatory training that they required. Some training subject areas were highlighted as "Training confirmed" and others "Training booked awaiting dates". However, there were some gaps in some staff members training which were for first aid and moving and handling. The registered manager was aware of this and told us that they had difficulty sourcing this training. They told us that they were looking at different ways to secure the training and would continue to do so.

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. Applications are made to the Court of Protection for services that provide personal care.

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. We saw that MCA assessments had been carried out to determine people's capacity levels. Where people were at risk of being unsafe due to falls or leaving the building equipment was in place to alert staff that people were mobilising or when external doors were opened. This promoted people's safety in the least restrictive way. The registered manager told us that an application had been made for one person for a DoLS approval to be considered and records that we saw confirmed this.

A person told us, "They [the staff] always ask me before they care for me". Another person said, "The staff are very good they always ask my permission before they start doing anything". We observed that staff sought people's views and asked them if they could provide support. For example, we heard staff ask a person if they could give them support to go into the dining room for lunch and if they could give a person support to mobilise. In both cases the people gave staff verbal consent to accept the support offered.

A person said, "My daughter does my food shopping then staff ask me what I would like to eat. That way I always eat things that I like". Another person shared with us, "The staff ask me what I would like to eat and then help me to prepare it". Care plans that we looked at highlighted people's food and drink likes and dislikes. Staff we spoke with confirmed that people had the food and drink that they preferred.

A person told us, "The meals in the dining room are nice and we [people] can select what we want to eat". People could decide if they would like a main meal in their flat or use the dining room where a range of readymade heated meals could be pre-selected. The meals catered for all needs including soft, vegetarian and diabetic dishes. We observed the main meal time in the dining room. It was a pleasant experience for people. The dining room was warm and bright with nicely laid tables and condiments for people to use. We saw that staff were available to assist people to eat and drink and that staff did this in a sensitive way and at a pace to meet the people's needs.

We heard staff encouraging people to eat and drink to prevent ill health. A staff member said to a person, "Come on try and have some more even a little bit more will be good". We saw that staff offered people a drink on a regular basis. However, we found that instructions in care plans were not always followed. Where instructions had highlighted that monthly weight monitoring was required to prevent the risks associated with potential malnutrition or obesity this did not always happen. There were no weights recorded for people for the month of May 2017. We asked an assistant manager why people had not been weighed but they did not know the reason for this but told us that they would address the situation.

We spoke with the cook on duty who knew of people's individual dietary needs. They told us that people had a range of dietary needs including a soft diet where there was a difficulty in swallowing, diabetic diets and gluten free. The cook told us how they catered for diabetic puddings by adding a sugar substitute and showed us a gravy sachet used for people who may need a gluten free diet. Care plans that we viewed contained information that ensured that people were supported effectively and safely when eating and drinking. The registered manager told us that where staff had concerns about people's dietary needs, or that people may be at risk of choking, referrals were made to the dietician and Speech and Language Therapist [SALT] for advice. Records that we saw confirmed this.

A person shared with us "I have hospital appointments and see the doctor. The staff help me to arrange these if I need help". A relative told us, "They [person's name] see the doctor if they are unwell". Other people told us that they received dental and eye checks. Records that we looked at highlighted that staff worked with external healthcare professionals to access input to meet people's healthcare needs. This included GP's, specialist health care teams and local mental health teams. The Provider Information Return [PIR] read, "Good links with dietetic and all professionals to ensure that our nutrition and hydration plans are robust and based on best practice". Comments made by external health care professionals in the comments book confirmed that there were good working relationships between them and the staff. These included, "Staff were keen to help during the assessment" and, "Very helpful. Organised and very knowledgeable".

Good

Is the service caring?

Our findings

A person said, "All of the staff are very kind". Another person told us, "The staff are caring". A relative shared with us, "The staff are polite and helpful". We saw that staff were friendly and showed people compassion. We heard staff greet people by name, smile at them and took an interest in them and their families. Comments made by people, relatives and visiting health and social care professionals in the comments book were all complimentary and included, "There is no you and us with the staff and people", "Staff very helpful and attentive. They genuinely care".

A staff member said, "People get on well. They look out for each other". A person told us, "I have a little group of friends here". We saw that people had made friends with others and saw them chatting to each other in a friendly way. We found that the atmosphere was warm and friendly. A comment read from the comments book highlighted, "As always I was greeted by happy people and friendly staff", "Homely atmosphere" and, "Lovely atmosphere".

The Provider Information Return [PIR] read, "We ensure people using extra care services are treated with empathy, courtesy, respect and in a dignified way by involving people and their carers [family] in discussions and decisions about their care and support". We found that this was correct. A person said, "Most definitely I feel respected and treated in a dignified way". Another person shared with us, "The staff are very polite and show respect". During the day we heard staff speaking with people in a respectful way. Relatives we spoke with told us that the staff were polite and friendly towards them. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice by ensuring toilet and bathroom doors were closed when providing personal care and knocking people's front doors and waiting for a response before entering. Records highlighted that staff had determined the preferred form of address for people and we heard that this was the name they used when speaking to them.

People told us, "I do my own cleaning and prepare some food", "I like to tidy up", "I go out on my own", I like to do what I can to keep me independent". Staff told us that they encouraged people to maintain their daily living skills and independence and gave examples of encouraging people to attend to their personal care needs where possible, making drinks and snacks.

A person confirmed, "I am asked to contribute to my care plans and the staff listen to me. That way I live my life how I want to". Another person said, "I am happy with my care and support. I am asked to comment. I have my folder in my flat so I can have a look at it at any time. A relative said, "I attend care planning meetings because they [person's name] does not always understand things. I know what they want and need so tell the staff. I am always involved in everything to make sure they [person's name] are looked after well and they are". The registered manager told us that they and the staff were implementing new care plan documents and updating care plans and other documents to make sure that the information and instruction to staff regarding people's needs and risks were current.

A person told us, "I love to see my family. I see my daughter most days". Another person said, "I can have visitors whenever I wish". A relative told us, "I can visit whenever I want to. There are no restrictions. I come

at different times and days. The staff always welcome me". Another relative told us whilst laughing, "I visit often. I think the staff may think that I live here too as I am always here". Staff told us that having contact with their family and friends was important to the people who lived there. They confirmed that visiting times were open and flexible. We saw staff engaging with visitors in a friendly welcoming manner.

Information was available that gave contact details for advocacy services in case people wished to access this service. The registered manager told us that people had access to an advocate if they requested this or it was felt it was in a person's best interests to help them make decisions. They told us that they had recently encouraged a person to try the service but the person had declined the offer. An advocate had recently been secured for one person. This was confirmed by records that we looked at. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

A person shared with us, "I came and spent time to see if I liked it. I looked at the flat and liked it here so moved in". Another person said, "I was asked a lot of things to make sure I was alright to live here. I am well cared for". A relative confirmed, "They [person's name] did not just move in. There was a process. Visits and assessments to make sure that they [person's name] would like it here and could be properly looked after. They [person's name are well looked after here". The Provider Information Return [PIR] read, "One of our key aims is to meet the current and future needs of people who use our service. We can only do this if we firstly ascertain what those needs are". The registered manager told us and records confirmed that an assessment of need was undertaken prior to them moving into the service to ensure that people's needs could be met safely and in their preferred way.

A person shared with us, "I have meetings and reviews in case anything about me has changed". Another person confirmed, "I have reviews every month or few months. This means that I can speak with the staff and tell them if I need anything extra doing". A relative said. "There are review meetings held regularly they [person's name] come to the review meetings too". We looked at care records. We saw that reviews had been undertaken and that people and their relatives had been involved. We found that where changes were needed these were responded to. A person told us, "I was poorly a few months ago and staff checked on me more frequently throughout the night. I was so glad they did as it gave me reassurance". Staff we asked knew about people's needs and risks. The staff gave us an account of those that confirmed that staff knew of people's needs, preferences and risks. Records we looked at and staff we spoke with confirmed that where required people's needs were reviewed by the local authority and other health or social care professionals. These processes enabled the provider to confirm that they could continue to meet people's needs in the way that they preferred.

A person said, "I like the church service. We pray and sing hymns. It comforts me". Another person told us, "I would not bother going out to church but I do enjoy the services here". Staff confirmed that representatives from a local church visited regularly and people who wanted to could join in the service. Records that we looked at highlighted that people had been asked about their personal religious needs. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

A person said, "I completed a questionnaire [provider feedback form]". Another person confirmed, "I did a survey and said what I thought about it here. I put good things as it is good here". A relative told us, "I fill in questionnaires and there is a comment book and I am asked my views which are very good". We saw provider feedback forms that had been completed by people and their relatives. There was also a comments book where people and visitors to the service were encouraged to give their views. All comments we saw were positive and included, "Well what can I say? The people are always happy and the staff are excellent", "Nothing is too much trouble for the staff. It is an amazing place"; "They [the staff] look after my mum like I would myself". This showed that the provider was pro-active in gaining the views of people their relatives and visiting health and social care professionals and that all were satisfied with the service provided.

A person who used the service said, "If I was not happy. I would speak to the staff". A relative told us, "I have no concerns or complaints whatsoever. If I did I would speak to the staff or management. I am positive they would deal with it". We saw that a complaints procedure was available in the premises for people to read and access. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It gave contact details for the local authority and other agencies they could approach for support to make a complaint. Records we looked at and the registered manager confirmed that no complaints only numerous compliments had been made.

Good

Is the service well-led?

Our findings

Since our previous inspection the leadership structure had strengthened as two new senior care staff and an additional assistant manager had been appointed. The provider had a clear leadership structure that staff understood. The management team consisted of a registered manager two assistant managers and two senior care staff.

A person shared with us, "I know the manager [and told us the registered manager's name]. She is really nice". Another person said, "The manager is very understanding she is good. All the other managers are good too". A relative told us, "I know the manager. She is very approachable. There are other managers too who are also helpful and approachable". People and their relatives had nominated the registered manager and service for a local award and they had won the award.

Staff were complimentary about the registered manager and the assistant managers. Words staff used included, "Helpful", "Always there", "Give good support and advice". We saw the registered manager speak with, sit and interact with people during the day. People looked relaxed confirming that they were familiar with the registered manager. This was the same with the senior care staff member and the assistant managers. Our discussions with the management team confirmed that they knew all of the people who lived there very well.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. The registered manager had a good track history of informing us of changes and other issues regarding the service operation. Where issues had arisen people's families had been informed. The Provider Information Return [PIR] emphasised that the service, "Promotes openness". The registered manager was open and honest in their approach to our inspection by telling us where further changes and improvements were being made.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The provider had notified us of all events that had occurred. It is also a legal requirement that our current inspection report and rating is made available. We saw that there was a link on the provider web site to our last report and rating, the report was on display within the service and included in each person's care file. This showed that the provider was meeting those legal requirements.

We requested that the Provider completed a PIR. The PIR is a form that requests a range of data and gives the provider the opportunity to tell us how they meet regulations, what they do well and improvements that they intend to make. The PIR was completed and returned to us within the timescale we gave. The PIR reflected our inspection observations.

A staff member said, "Checks are always being carried out". Another staff member confirmed, "The management team do spot checks to make sure that everything is being done". Documentary evidence was

available to show that regular audits and checks had been undertaken by the registered manager and the management team. The registered manager told us and showed us documents that confirmed that audits had been undertaken frequently and that a framework had been developed to use to ensure that all checks were undertaken. These checks and processes had ensured a service that people and their relatives told us was good and very good which was a positive outcome. We determined from speaking with managers and staff and looking at records that generally issues that needed to be were identified and action had been taken to address them. We found however, that the checking processes required some more development as we identified some issues that should have been identified and/ or addressed but had not been. These included the identified repairs on the emergency lighting equipment not being chased to ensure timely resolution and that people had not been weighed in May 2017 as their care records had instructed. Staff training in some areas had not been delivered as the provider had not secured this.

A person told us, "The staff are very good at their jobs. They look after everyone very well". A relative shared with us, "This place is very well managed". Staff told us that they had regular meetings to discuss the services and any changes being implemented. Staff told us that they felt, "Valued", "Listened to" and were thanked for the work they did". Records confirmed that staff meetings were held regularly and that where changes or improvements were needed these were discussed to ensure that staff knew what was expected of them.

We found that the registered manager had good links with community agencies and had secured input from those agencies to support people, enhance their safety and knowledge of what was available for them in the community. These agencies included, West Midlands Fire Service, West Midlands Police regarding crime prevention and personal safety and advocate organisations to ensure that people could receive support and advice.

Staff told us what they would do if they were worried by anything or witnessed bad practice. A staff member said, "I would report any concerns or worries that I had". We saw that a whistle blowing procedure was in place for staff to follow. Staff we spoke with told us that they had read and understood the procedure. The whistle blowing process encourages staff to report occurrences of bad practice or concern without fear of repercussions on themselves.