

Walsingham Support

Walsingham Support - Holly Dyke

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Holly Dyke is a residential care home for up to six people living with a learning disability. It is operated by Walsingham support, who provide residential homes and community support to people throughout England. People had single bedrooms and there were suitable shared facilities and a pleasant garden. The home does not provide nursing care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

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. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Holly Dyke is an exceptionally well-led service with a commitment to quality. The registered manager had maintained and developed the staff team's commitment to a service that engaged fully with people. The registered manager and her team were well respected in the local area and nationally. The team had come first the national Learning Disability and Autism Awards for care homes.

The service supported people to have meaningful individual, person-centred activities, including sporting and social activities, which were often based in their static caravan on the Cumbrian coast. People and the staff worked towards individual goals and also had projects in place that would benefit everyone in the home. These included a welfare project where people and staff increased their daily walking steps and ongoing fundraising to buy a new caravan for the people in the home. People had become more independent, had travelled, studied and undertaken voluntary work.

The service provided an outstandingly caring approach where the staff team put the needs of people first and where person-centred care was fundamental. Staff worked hard to support people to live as independently as possible. People's needs, and wishes were recognised and met in an exceptional way. The team overcame barriers and encouraged people to achieve their dreams, maintain good health and become

as independent as possible.

People told us they felt very safe. Staff understood their responsibilities in protecting people from harm and abuse. New members of staff had been suitably vetted. Accidents and incidents were responded to appropriately. Staffing arrangements ensured that people got the best care possible.

Staff had an in-depth and far reaching understanding of individual needs and wishes. The staff team had suitable training and experience in their different roles. Good attention was paid to health needs and people had their nutritional needs met well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
Outstanding (4 August 2017).

Why we inspected:
This was a planned inspection based on the previous rating

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 safe

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective

Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

Walsingham Support - Holly Dyke

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 one inspector.

Service and service type

Holly Dyke is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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 had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with five of the six people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager and support workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A selection of records relating to the management of the service, including the development plan, rosters, meetings and quality audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received information related to training and quality reviews.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm and abuse. People said they felt safe. One person told us. "I can lock my room. I am safe here with the staff."
- Staff were knowledgeable about protecting adults and told us they had regular training updates. Staff were aware of what might be abusive and knew how to report any concerns.

Assessing risk, safety monitoring and management

- Risk was lessened, and people were kept as safe as possible because good management systems were in place. Detailed risk assessments were in place related to the delivery of care, moving and handling, trips out, fire and food safety. These had been regularly updated.
- People told us, and records showed, risk management was appropriate. We saw examples of people taking measured risks to allow them to be more independent in things like food preparation and participation in sport.

Staffing and recruitment

- Safe recruitment procedures were followed. Staffing levels were monitored and recruitment completed effectively, following legislation and the provider's procedures. Staff confirmed they had gone through interview and background checks before they started work in the service.
- Staff recruitment was underway to strengthen the staff team to continue to meet people's needs. People told us they went to recruitment days to help choose new team members.

Using medicines safely

- Medicines were stored securely, closely monitored, ordered, administered and disposed of safely. People had regular reviews of medicines to make sure they had the right medicines for their needs.
- One person was unhappy with medicine prescribed and asked staff to support a review of this medicine. They said, "I had my tablets changed by the doctor but [the staff] saw the change wasn't right so they helped me get things looked at again."

Preventing and controlling infection

- Suitable arrangements were in place to prevent cross infection and to ensure the home was clean and hygienic.
- The home was clean and fresh on the day of our visit with suitable equipment and materials in place. The senior team monitored infection control and used appropriate procedures to reduce the risk of cross infection.

- People were keen to show us their rooms and to tell us how the staff helped them keep things clean and fresh.

Learning lessons when things go wrong

- The provider and the manager ensured they had a focus on improving systems if things went wrong. 'Lessons learned' was a routine item on staff and service user meetings.
- The management team closely followed the progress of people's care planning and were quick to call on professionals for assistance if things were not progressing as the person hoped.

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

- People's needs were suitably assessed, and their choices respected. This was done in line with standards, guidance and the law.
- People had detailed assessments of need and risk. Staff were able to balance risk with people's choices. For example, one person wanted to use the stairs despite mobility issues and this was assessed and supported so the person could meet their goal.

Staff support: induction, training, skills and experience

- Staff were supported through induction, support and ongoing training.
- Many of the staff had worked in the service for a number of years and completed training on a full range of subjects that gave them a good understanding of needs and choices. Staff were being trained in positive behavioural approaches to the support given, had specialist knowledge of unusual conditions and were updating their understanding of supporting people with mental health needs.
- A professional said, "The team are eager to learn, they have actively sought additional training based on individual needs of those they support. This increases their knowledge and gives them the tools to effectively support the people they care for."

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet.

- People were given a varied and nutritious diet and encouraged to maintain their hydration. Nutritional plans were in place. This ensured people maintained healthy weights.
- People were very aware of the need to eat healthily. People were careful about what they ate. One person showed me the healthy eating, "slimming" recipe folder and also spoke about having meals out and occasionally having a 'take-away' as a special treat. People helped themselves to drinks throughout the day and were aware of the need to take in fluids.
- People were supported to get good health care. The team ensured preventative measures were in place and could support people to have routine care and treatment for physical and mental health needs. They worked well with health care professionals when urgent treatment was needed.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported effectively because the staff team worked well with health and social care agencies. People told us about visits to health care providers and contact with social workers.
- A professional told us, "The team are very welcoming of our clinical input, they are always happy for us to visit, even if this is at short notice...the whole team take the opportunity to chat, ask questions and clarify

information. They actively seek our supervision and problem solve with the wider multi-disciplinary team, always striving for the best possible outcomes for the individuals they support."

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

- The home was designed and decorated to meet people's needs. Holly Dyke is a large dormer bungalow with suitable adaptations in place. It was well decorated and furnished. The people who lived in the house had chosen the décor and furnishings and the house was warm, comfortable and homely.
- Shared areas had been redecorated and new flooring and furniture provided. Individual bedrooms had been redecorated and adapted to meet the needs of individuals. Some people, living with autism, had specific needs related to their environment. The registered manager had assessed one person's need for order in their daily routines, taken advice from occupational therapy and had swiftly helped the person to have private space that met their needs.

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.

- Consent to care and treatment was sought in line with good practice and the law. Deprivations of liberty were managed in the least restrictive way possible.
- People were asked for consent and, if necessary, their capacity had been assessed. Detailed records relating to 'best interest' meetings and DoLS authorisations were in place. Staff supported people in a discreet and sensitive way when they had restrictions on their liberty. One person had asked for a 'best interest' review for themselves as they disagreed with health advice. They were supported to do this and the decision changed to meet the person's needs.

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 now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The manager and staff continued to create an exceptionally caring and supportive atmosphere in the home allowing people to feel cared for in a person centred way. Staff confirmed they had received equality and diversity training and spoke about how they applied this in practice. People responded warmly to the caring, professional and empathic approach of team members.
- the caring approach had supported people to manage behaviours that, prior to coming into the home, had been judged as very challenging. Staff used sensitive and empathic approaches to understand the reasons why people felt angry, distress or unhappy and to look for kind and appropriate ways to support people to resolve these feelings.
- People were treated as adults who, with the right levels of support, could achieve great things. This belief in people meant independence goals were met, people were part of the wider community and were helped to understand concepts around relationships, and to understand changes in themselves and their family members as part of the ageing process. A relative told us the caring approach had been, "Amazing ! I can't believe what my [relative] has achieved and it is because the staff really do care."
- Care plans encompassed social, spiritual and practical differences. Matters of diversity were treated appropriately and wishes and needs explored as part of the supportive relationships built between people and with staff. Real relationships had been built and people had formed caring, firm friendships with each other. People responded well to staff. The registered manager and deputy had special bonds with the only woman in the service and often went together to what the person called, "Girl's time". They went to the caravan and enjoyed downtime or went on shopping trips or spa days to confirm and strengthen this bond they had as women.

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

- The staff team were committed to enhancing the experiences of people living at the service. They ensured people were empowered and included in the care they received. People were assertive and told us they felt in control of their lives.
- People told us they had influenced menus, décor, outings and entertainments. They were active participants in daily decision making, the recruitment and development of staff, and individual and group planning.
- People had been able to express their fears, hopes and dreams. Nothing was a barrier to this staff team. One person had been able to take flying lessons, another was counselled and supported to take a romantic relationship forward in a planned way. People were supported to re-instate, maintain and develop family

bonds and friendships when their past history had distanced the family connections.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. People spent time in their own rooms as they wished and locked their private spaces, asked for time out to their caravan on the coast, and could choose their own key-workers. People were supported to achieve their goals and encouraged to reach their full potential. This person-centred approach had a positive impact on each person's life and was used to help people maintain a sense of self, retain their privacy and dignity and encourage independence. Staff spoke of people's needs and strengths with real warmth and affection and they were prepared, as one staff member said, "To go the extra mile. For instance, we are all taking time to go up to hospital to make sure [one of the service users] is getting everything needed and the hospital understand how important the care plan is. We go to make sure they don't feel overwhelmed."
- Measured risks had been taken and innovative approaches taken. Two people living with physical conditions had been helped to approach goal planning in a different way. For example, a person with restricted mobility had taken part in a virtual steps challenge and had decided that they could get in steps if they used the stairs. This had been monitored, the person was encouraged to reach a tremendous goal enhancing their sense of achievement and allowing them to be part of a group project. Another person had been supported to manage a very personal health problem so they could maintain dignity and privacy with very little staff intervention.
- Staff were observed guiding people in the least restrictive way possible. Subtle support was given to ensure people made the most of themselves and were engaged in decision making and in getting involved with the life of the home. One person who loved 'a cuppa' had been supported and guided and was now enjoying making coffee for themselves and for anyone else who looked in need.

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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The exceptional levels of support staff gave allowed people's needs and preferences to be known, respected and supported in individual and innovative ways. People, a relative and professionals told us that people had real control over their lives, including decision making about their care and support.
- Care plans were extremely detailed and reflected the strengths, needs and wishes of people. Where necessary, plans had strategies to lessen any behavioural issues. We saw a care plan where the person had suffered from insomnia. When a review of strategies showed lack of success the team had called on the advice of a range of professionals as they were concerned this might be a feature of the autism the person lived with. This then led to further input from professionals and a change to the person's environment. A professional told us, "The registered manager immediately contacted a builder and the work was completed within 4 weeks. They ensured the person was involved in the design of the build, again demonstrating lovely values and attitudes. Quick response is really important, it prevented further deterioration in mental health and reduced the risks of admission to hospital."
- People were fully involved in care planning and goal setting. Planning involved both independence building and preventing deterioration of health needs. One person had become independent in managing a health condition themselves due to consistent application of a 'step by step' plan. Staff were visiting a person in hospital to ensure continuity of care. A profession said, "They are actively delivering care plans /strategies alongside the nursing team, sharing their knowledge of them too. This approach is outside of what we would normally expect but a great example of flexible approaches to prevent further deterioration of mental health."

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.

- Staff understood different approaches for the varied and individual needs of people living with a learning disability. Staff were provided with communication training specific to people's individual needs. People used special apps, signing and pictorial representations to support communication.
- Care plans showed staff what non-verbal and voiced communications meant. For example, one person had shown changes in the way they communicated and this was identified as a symptom of mental ill health. This allowed prompt and appropriate treatment.

- Some people found articulating their deep-seated ill-ease difficult. Staff were very sensitive to these needs and pre-empted distress. The management team had worked with one person and had identified possible trauma from the past. They were working with psychiatrists and psychologists on a new project delivering counselling support to help people with a learning disability. This was done using specific communication techniques and was supporting positive change in psychological well-being.

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 were encouraged and supported to make friendships, take part in activities to enhance their lives.

- People continued to use the static caravan on the Cumbrian coast they had helped raise funds to buy. They valued staff supporting to have time out away from the home and the quality time spent there with family members, partners and friends. Staff presence was discreet so that people still had the support needed. This resource was used to its optimum level to support individual wishes. One person enjoyed spending time in the caravan with their partner and this gave them both some privacy and time to develop their relationship. The time spent away from the home allowed people to reflect and value the relationships they had with each other, their friends, family and with the staff.

- Meaningful cultural, social, sporting and spiritual activities continued to enhance people's lives. People went to the caravan to enjoy walking and cycling in a rural setting. People were involved in voluntary roles in the community helping them to make new friendships out with the learning disability community. People told us they lived healthy lives and exercise and healthy eating were important to them. Together they looked at setting goals to keep them motivated. The staff team and people had discussed how to promote well-being. One person said they wished they could walk from John O'Groats to Land's End and together they had created a virtual challenge for them and the staff to do this by counting steps. They had achieved much more than this giving people a sense of achievement as a group. People told us about their individual goals they had reached. One person said, "All of us - staff too - have walked to the north pole! We are very fit!"

- The registered manager told us they were working on various challenges to raise money for a new caravan and were involving local groups. This was enhancing people's well-being and continuing to keep both staff and people in the service working to common goals. People had recognised their fitness varied due to health needs and they supported each other in their goals. The new caravan would be suited to changes disability and ageing might bring to the group. The registered manager was leading a team who did not see a goal of raising a large sum of money to be a barrier. People said their ideas were valued and supported to move plans forward.

Improving care quality in response to complaints or concerns

- The provider ensured complaints and concerns were dealt with and care quality improved, when necessary. There had been no formal concerns or complaints made but staff and managers listened closely to people's concerns. Easy to read formats were used so that people could complain to senior members of staff or to outside agencies but one person told us, "I just talk to [the registered manager] and it is sorted!"

- People told us they could talk about the things they wanted changed and the staff listened to their wishes. A relative told us they had never needed to complain but would feel comfortable if the need arose.

End of life care and support

- Staff in this service were extremely open, proactive and positive about ageing, ill-health and death. People had been supported through bereavement and had been able to talk about their own mortality.

- People's wishes and fears were explored as part of the care planning processes. This was done with delicacy and at the pace of the person's ability. Spiritual needs were explored, as were the person's practical wishes. Some people had already identified the kind of end of life support they wanted and the

arrangements to be made after their death. People had their own payment plans in place for their funerals. These outstanding arrangements were life enhancing because they supported future needs in a realistic and empathic way.

- The team had worked with the local GP surgery and with specialist consultants to write documents about admissions to hospital and people's wishes if resuscitation was needed. These were done as wider 'best interest' meetings. The management team could address these difficult subjects without creating alarm in individuals. One person spoke quite openly about their wishes to be resuscitated and to stay in the home if they were at the end of life. They said the team helped them to understand these difficult concepts.

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 outstanding. At this inspection this key question remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager and staff demonstrated a commitment to providing high-quality, person-centred care. The culture of the home reflected the positive and empowering vision and values of the provider.
- The registered manager and deputy were flexible and worked beyond their paid hours to ensure good outcomes for people. Professionals said, "It is clear staff feel well supported within the team and know their residents well. The management have sound understanding of people... are able to guide staff to meet needs effectively" and "The management team are great role models. Due to the nature of the service the team often experience very stressful times. They offer emotionally intelligent support to the team as well as practical support too, covering shifts to ensure staff get a break and don't experience burn-out. They are very well respected leaders both within and outside of the service."
- People and staff were positive about the home. No one felt that having a learning disability or health needs were barriers to enjoying life, having fun or achieving personal goals. People had far reaching goals like flying a plane, going on a cruise, learning to swim and ultimately to live more independently with each goal met. No request was declined by the team. Instead, innovative ways were found to help support people. Staff worked with people to help them expand the possibilities of experiences they had never considered or were not aware of. Weekly theme nights were used to help people experience different cultures to support them to be empowered enough to experience those cultures themselves.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff team understood their roles and were committed to running a high quality service. Walsingham had a detailed quality monitoring system and both internal and external audits were completed in this service. An annual quality report had been completed and people in the home and the staff had worked together on a development strategy that clearly showed a service continuing to move forward to give people the best life possible. People had asked for a hot tub and a zen garden to help with relaxation and proposed mindfulness work.
- Staff had roles which ensured the quality system was audited. Where possible and appropriate, people in the home were part of this process. Some staff took the lead on menu planning and house budgeting with people, others audited medicines or financial transactions. The management team then checked on these audits and the external quality auditor reviewed all of these on a regular basis. This service did more in-depth quality monitoring than the provider expected. The registered manager said, "We like to check and double check."

- The team had come first in The Learning Disabilities & Autism Awards (England & Scotland) for not for profit organisations and the awards panel said the team's, "Passion and drive to enhance the lives of people they support was inspirational. We felt they were a dynamic team who focussed on making a tangible difference."
- Staff were aware of their roles within the team. They also had a good understanding of legislation, good practice and maintaining standards. Staff were champions for each person, through a very active key worker system. Individual staff also had roles as champions of, for example, dignity and health and safety. A person in the home was the activities champion. Their skills and knowledge was cascaded throughout the team and to people in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Good systems were in place to engage with people, the public and staff, both formally and informally.
- Regular surveys were sent out to different stakeholders, analysed by the provider's quality team and used to inform planning. People were supported to complete these with independent advocates. People attended local and national provider conferences. Review meetings were arranged and informal discussions held with people, their visitors and visiting professionals about individual care needs. People told us they were involved in recruitment, asked about team members' practice, were able to influence menu planning, décor and furniture purchase.
- People in the home were the driving force behind the realisation that their caravan was not entirely suitable for people with limited ability. They were involved in fundraising and the local pub and the cricket club were working with people in this campaign.

Continuous learning and improving care; Working in partnership with others

- The home had a focus on improving care through involving and listening to people, training staff and developing the team.
- The management team had researched a person's rare medical condition. Little information was available so they networked with health professionals and made contacts in Europe and USA and gleaned information from research papers. The person has informed and enhanced the research work and also benefitted from this. The registered manager holds 'best interest' reviews to ensure the ethics of this. The person is being consulted about plans to set up a global support group.
- Professionals told us, "Within clinical visits [the management team] are always available and provide essential, transparent feedback to allow a clear and effective assessment of current need" and "I am confident in stating the team work effectively...and are keen to meet regularly...The team are able to apply different positive behaviour approaches to meet particular needs of individual residents and manage difficult situations well. I look forward to continuing my work with them, in promoting the quality of life and independence for the individuals we support."