Making Space

Kingshill

Inspection report

Kings Court
Standish
Wigan
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Kingshill is a residential care home that provides accommodation in the form of 24 hour care for people who suffer, or have suffered from a mental illness. Some people live at the home permanently, whilst others are supported to move into their own accommodation after an approximate two year period of receiving support from the service. The home is situated in the Standish area of Wigan.

We carried out our inspection of Kingshill on 05 August 2015. At the previous inspection on 30 December 2013, we found the service was meeting each of the standards assessed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We spoke with four people who lived at the home who all told us they felt safe as a result of the support they received. One person said; "I do feel safe living here. I like all the staff. I would feel confident speaking with them if I didn't feel safe".

People's medicines were looked after properly by staff that had been given training to help them with this. Regular checks were done to make sure they were competent.

We looked at how the service managed risk. We found individual risks had been completed for each person and recorded in their support plan. There were detailed management strategies to provide staff with guidance on how to safely manage risks and also ensure people's independence, rights and lifestyle choices were respected.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at six staff personnel files. Each file contained job application forms, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. Several people living in the home had been actively involved in the recruitment of new staff.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. We looked at the staff rotas. We found the home had sufficient skilled staff to meet people's needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff which ensured people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs.

All staff were given training and support they needed to help them look after people properly. We observed staff being kind, friendly and respectful of people's choices and opinions. The atmosphere in the home was relaxed and the staff spoken with had a good knowledge of the people they supported. People were able to 'come and go' when they wanted and had good access to the local community.

People living at the home were supported with all aspects of daily living, in order for them to develop the living skills to become independent in their own accommodation. This included support with budgeting, food preparation, laundry and cleaning their bedroom.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records we found all staff had received training about the MCA and DoLS. The manager and staff spoken with expressed a good understanding of the processes relating to DoLS.

People living in the home were involved in the planning of the menus and went shopping with staff to local shops and supermarkets. People, who were able to, were given support by staff to prepare their own meals. There was no set meal for lunch time and people living in the home were able to choose either to dine in or out of the house at a time convenient to them.

From looking at records, and from discussions with people who used the service, it was clear there were opportunities for involvement in many interesting activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer which would help make sure activities were tailored to each individual. Activities were arranged for groups of people or on a one to one basis. Each person's support contained a 'weekly planner' and set out the different types of things they liked to do during the weeks and at weekends.

The staff we spoke with spoke positively about the management and leadership of the home. One member of staff said; "I feel that the service is extremely well managed. The manager has achieved a lot in a short period of time".

Summary of findings

The complaints procedure in place. The procedure was available in an easy read format that could be understood by everyone who lived at the home. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

There were effective systems in place to regularly assess and monitor the quality of the service. They included audits of the medication systems, supports plans, money, fire safety, infection control and environment. There was evidence these systems identified any shortfalls and that improvements had been made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe. Management and staff had a good understanding of what constituted abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

The home had sufficient skilled staff to look after people properly. Staffing numbers were adjusted to respond to people's choices, routines and needs.

People's medicines were managed safely by staff who had received appropriate training.

Is the service effective?

Good

The service was effective. All staff received a range of appropriate training, supervision and support to give them the necessary skills and knowledge to help them look after people properly.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People were involved in discussions and decisions about their health and lifestyles and were supported to reach any goals that they set for themselves.

Is the service caring?

Good

The service was caring. People living in the home, were happy with the staff team. Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff displayed good knowledge of the people they supported.

People were able to make choices and were involved in making decisions such as how they spent their day, the meals they ate, activities, room décor, choice of key worker, and involvement in household chores.

People told us they were treated with respect and staff listened to them.

Is the service responsive?

Good

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs.

People were involved in many interesting activities both inside and outside the home. They were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

The complaints procedure was available in an easy read format that could be understood by everyone who lived in the home. People had no complaints about the service but knew who to speak to if they were unhappy.

Is the service well-led?

Good

The service was well led by an open and approachable team who worked with other professionals to make sure people received appropriate care and support.

The quality of the service was effectively monitored to ensure improvements were on-going.

Summary of findings

There were effective systems in place to seek people's views and opinions about the running of the home.

Kingshill

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 checked 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.

This inspection took place on 05 August 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by two adult social care inspectors and a mental health specialist advisor.

Before the inspection the provider completed 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. We also reviewed information we held about the home in the form of notifications received from the service. We also liaised with external providers including the local quality surveillance team at Wigan Council.

There were 14 people currently living at Kingshill. During the inspection we spoke with four people who used the service, two members of staff and the registered manager. We were able to look around the home and look at various information. This included support plans, staff personnel files and quality assurance documentation.

Good

Is the service safe?

Our findings

We spoke with four people who lived at the home who told us they felt safe as a result of the support they received from staff. One person said to us; "I do feel safe living here. I like all the staff. I would feel confident speaking with them if I didn't feel safe". Another person said to us; "The staff are helping me to move on to the community, which makes me feel safe". Another person added; "I like it here I feel safe". Each person we spoke with said they would speak with the manager if they had any concerns about their safety.

We discussed safeguarding procedures, in detail, with the two members of staff that we spoke with. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff said; "I have known these people a long time and I would see changes if somebody was unsettled. I would report anything to my manager immediately". A second member of staff added; "There is a specific form to fill in for safeguarding. If I wanted to take things further I would speak with head office or yourselves (CQC). There is a policy and procedure to refer to as well".

We looked at how the service managed risk. We found individual risks had been completed for each person and recorded in their support plan. There were detailed management strategies to provide staff with guidance on how to safely manage risks and also ensure people's independence, rights and lifestyle choices were respected. We found risk assessments had been reviewed on a regular basis with the person concerned. Some of the risk assessments in place covered accessing the local community, medication, nutrition/hydration, challenging behaviour and using the kitchen or bathroom. Staff spoken with told us they were aware of the risks to people and understood the information available to them in the support plans.

Management and staff promoted a person centred approach and positive risk taking. Individual risks had been assessed and recorded in their support plans. Control measures had also been drawn up to ensure staff managed any identified risks in a safe and consistent manner. All risk assessments were reviewed regularly or when circumstances changed. This meant people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.The Manager explained about how they monitor peoples compliance with medication and tested out risk prior to moving on to independent accommodation.

We spoke with staff about how they would respond when people behaved in a way that may challenge others. They told us there were individual behaviour profiles and strategies in place to help identify any triggers and advise how to reduce any risks. We found detailed information in the support plans to help staff recognise any changes in people's behaviour, which enabled them to intervene before a person's behaviour escalated. One member of staff said; "I find that simply talking to them helps in order to de-escalate the situation. I have also done specific training in dealing with conflict".

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at six staff personnel files. Each file contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken.

Several of the people living at the home had also been actively involved in the recruitment of new staff and had been part of the interview panel. In preparation for this, people who lived at the home were debriefed about how the interview process worked. The session covered elements such as how the interviews worked, equality and diversity, equal opportunities, scoring charts, and the benefits of employing the right people at their home. This meant they were able to ask questions of potential new employees at Kingshill that were tailored towards their specific needs and requirements.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. We looked at the staff rotas. We found the home had sufficient skilled staff to meet people's needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff, which ensured people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs. During the

Good

Is the service safe?

inspection the staff team consisted of the registered manager, a senior support worker, a support worker and a 'Flexi' worker. Their role was to provide assistance to the support staff and help people with their activities of daily living. Staff told us that there was always a staff presence during the day to support people, even if other staff had gone out into the community or were doing activities.

We looked at how the service managed people's medicines and found the arrangements were

safe. We found accurate records were in place for the ordering, receipt, storage, administration and disposal of medicines. Policies and procedures were available for staff to refer to. Staff had received training to help them to safely administer medication and regular checks on their practice were undertaken by the manager to ensure they were competent to administer safely. Medicines were stored in a treatment room, which was alarmed. This meant that if anybody gained unauthorised access then staff would be alerted immediately. One person said to us; "I have no problems with receiving my medication".

Each person's bedroom was fitted with a locked medicines cupboard and all medicines were supplied in individual 'Medisure' packs suitable for self administration. People worked through various 'stages' with the aim of them being able to administer their medication on their own. At the time of the inspection, only one person had started stage one of the programme, where they were required to present themselves at the medication room and requests their medication. Due to only one person being at this stage of the process, it could have a detrimental effect on people's skill set, as each person living at the home had been diagnosed with mental illness. We spoke with the manager about ensuring they monitored people's compliance with medication and tested out this risk, prior to moving people on to independent accommodation.

Good

Is the service effective?

Our findings

We looked at the staff induction programme, which all staff completed when they first commenced employment at the home. Records showed there was an in depth induction programme for new staff, which would help make sure they were confident, safe and competent to undertake their role effectively. This included a review of policies and procedures, initial training to support them with their role, shadowing experienced staff to allow them to develop their role and regular monitoring to make sure they had a good introduction to the role. One member of staff said; "I had not worked in mental health before, but the induction gave me a good idea how to do the job".

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records we found all staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. We looked at the training matrix, which showed staff had access to training such as health and safety, first aid, conflict management and breakaway techniques, risk management, safeguarding, medication, psychosocial intervention and person centred risk taking. Where some of the courses did need to be updated, the manager showed us evidence that these courses had been requested for staff to attend. The two members of staff we spoke with told us they were satisfied with the training and support they had available to them. One member of staff said; "We can always speak with the manager and put forward any training requests we may need". Another member of staff added; "We have access to a variety of e-learning courses to support us".

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance and we saw records to support this. This should help identify any shortfalls in staff practice and identify the need for any additional training and support in a timely manner. We saw that the supervision provided a focus on areas such as training and development, any concerns and how the key worker system was progressing. Key working is where staff work closely with certain people who live at the home and support them with their requirements. One member of staff said; "We usually have our supervisions every three months or so. I had mine recently. There are planned in advance". During a discussion with the registered manager, it was later confirmed that supervision with staff took place every six to eight weeks.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records we found all staff had received training about the MCA and DoLS. The manager and staff spoken with expressed a good understanding of the processes relating to DoLS.

During our visit we observed people were asked to give their consent to care and treatment by staff. Staff were aware of people's capacity to make safe decisions. We saw people being asked if they would like to take their medication or go into the dining room at meal times to eat their food. One person we spoke with said; "Staff will always seek permission before doing anything and they do ask for my consent".

We looked at how people were protected from poor nutrition and supported with eating and drinking. People living in the home told us they were involved in the planning of the menus and would go shopping with staff to local shops and supermarkets each week. People, who needed to, would be given support by staff to prepare their own meals. Staff told us that people who lived at the home were asked about their preferred meal choice in advance, but were able to make something for themselves if that was what they wanted. On the day of the inspection there was a choice of pasta bake, jacket potato and beans, sandwiches and mushroom soup. The choices of food that people ate were discussed at regular meetings, which were held at the home. We saw that food was prepared by the cook and people then went to collect their meal through a 'hatch' in between the kitchen and dining room. We saw there was a staff member present during lunch time who monitored people eating their food and offered encouragement.

The manager told us that nobody who was living at the home was at risk of any significant weight loss. In fact, several people were being encouraged to lose weight. Where this was the case, staff told us they encouraged

Good

Is the service effective?

people to eat 'healthier food options', but that if people did not want to participate in this programme, then it was their choice. Three people had stated they would like to attend a 'slimming class' as they felt they had gained weight in recent months. A local class was sought and the activity coordinator supported people each Wednesday with a view to service users eventually attending independently. .

We looked at how people were supported with their health. People's health care needs were considered and as part of on going support plan reviews. Each person had a Health Action Plan, which showed people living in the home or their relatives were involved in discussions and decisions about their health and lifestyles. In addition, each person had a 'hospital passport'. This provided a brief overview of people current heath needs, which could be presented in the event of them going to hospital or the doctors and could be easily understood by the staff.

We saw that the service worked closely with other health professionals as necessary. For instance when we first arrived at the home, we saw that one person struggled to speak clearly and it was difficult to understand what they were saying. When we checked their care plan, we could see that an appropriate referral to the Speech and Language Therapy (SALT) had been made in response to this. Additionally, the people we spoke with told that they all had access to services such as doctors and dentists and that staff supported them to attend appointments if they wanted them to.

Good

Is the service caring?

Our findings

During the inspection we spoke with four people who lived at the home. They told us they were happy and spoke positively about the care they received. One person told us; "I'm okay living here, the staff are all very friendly. Although it is good here I am looking forward to moving into my own accommodation". Another person said; "I am very happy with the service. I hope to continue living in the area". Other comments included; "The staff here are nice" and "They are all good at their job" and "Everything is fine".

Throughout the inspection, we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions. There was a relaxed atmosphere in the home and the staff spoken with had a good knowledge of the people they supported. Staff told us they were nominated 'key workers' for named people living in the home. A key worker is a member of staff who with the person's consent and agreement takes a key role in the planning and delivery of person's care.

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, room décor, clothing choices and involvement in household chores. The home had been recently decorated with input from the people who lived there. One person, who we spoke with, told us how they had enjoyed being part of this process and had been able to choose their own colour scheme.

We spoke with staff about how they allowed people independence when providing care and support to people. One member of staff said; "Initially we use what is called the recovery star. This tells us what people can or can't do for themselves and that is what we might need to provide some support. I am always available to help people and prompt where I need to". Another member of staff added; "We have set times each week where we support people with shopping, cooking and budgeting. This is supporting them to be independent when they eventually move to their own accommodation".

We found people who lived at the home were supported to live as independent lives as possible with people having access to a range of services within the local community. This included accessing public transport, college/training facilities and employment/voluntary work where necessary. Most people living at the home were able to cook their own meals, although nobody was yet at the stage where they could administer their own medication, although this was being explored by the service. Staff were always available to support these tasks and accompanied people where necessary. One person who lived at the home said; "Staff do encourage us to seek employment/ voluntary opportunities. I had been volunteering somewhere recently but wasn't really enjoying it so I left".

People's privacy was respected. Each person had a single room which was fitted with appropriate locks and people could have a key to their room if they wished. Bedrooms had been personalised with personal belongings and people said they had been consulted about the décor, which was individual to each person. On the ground floor there were comfortable lounge areas, a kitchen and a dining room. Bathrooms and toilets were located on both floors and were fitted with appropriate locks and suitable equipment for the people living in the home. One member of staff said to us; "I support a couple of people when they need a bath. I treat them how I would like to be treated. I make sure the bathroom door is closed and have towels ready to cover them up".

There was an advocacy services and corporate appointeeship available to people if they wanted it. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Corporate appointeeship enabled somebody externally to monitor their finances on their behalf if they did not have a good understanding of their money and what to do with it.

Good

Is the service responsive?

Our findings

When people came to live at Kingshill some of the original people who lived there were expected to live at the service for a long time. However, this group had now reduced in size in a natural way, due to the change in how the service is delivered, with all new referrals now using the rehabilitative, recovery-based service model. Following admission to the home, each person would be expected to participate in the Recovery Star assessment process and formulate a plan of care titled 'My Plan' and a 'Moving On Plan.' This detailed various 'steps' people needed to undertake to be able to live independently. These included Managing Mental Health, Physical Health/Self Care, Living Skills, Social Networks Work, Relationships, Addictive behaviour, Responsibilities, Identity & Self-esteem.

As part of this process people who lived at the home were supported to undertake activities of daily living. This included support from staff with budgeting, cooking, laundry, cleaning their bedroom and accessing the community independently. The people we spoke with told us that staff helped them with these tasks. One person said to us; "I quite like betting, so the staff plan with me how much I should spend so I don't waste my money. I now have the confidence to go out on the bus on my own as well. I go into Bolton and Wigan usually and look at the shops. We come back around 21.30pm for our medication".

People received personal care and support that was responsive to their needs. Before a person moved into the home, a detailed assessment of their needs and gathered information from a variety of sources such as social workers, health professionals, and family and also from the individual. Each person at Kingshill had an up to date complex assessment to provide staff with an overview of their support needs. People were able to visit the home and spend time with staff and other people who used the service before making any decision to move in.

Each person who lived at the home had a support plan that was personal to them. The support plans were easy to follow and contained information about people's likes and dislikes as well as their care and support needs. We saw they contained information about how people communicated any risks to their well-being and their ability to make safe decisions about their care and support. Staff told us they found the support plans to be useful and were involved in updating the documents in line with any changing needs. Additionally, the people we spoke with said they were involved in the review process. One person said; "I can contribute towards my file. It's usually every three months".

From looking at records, and from discussions with people who used the service, it was clear there were opportunities for involvement in many interesting activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer, which would help make sure activities were tailored to each individual. Activities were arranged for groups of people or on a one to one basis. Each person's support contained a 'weekly planner' and set out the different types of things they liked to do during the weeks and at weekends. There was an activity room within the home where people could access the internet if they wanted. There was also a large garden area at the home and people who lived there had contributed towards the growing various vegetables and other produce. One person who lived at the home said; "I play five aside football on a Friday night at the DW stadium. I look forward to it".

We looked at the most recent surveys, which were sent to people who lived at the home, relatives and stakeholders. The information received was then analysed so that staff could use it to improve the quality of service provided at the home.

The complaints procedure was displayed in the entrance of the home and was also held on file. The procedure was available in an easy read format that could be understood by everyone who lived at the home. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

The service ran 'Service User Meetings' regularly. This provided people with the opportunity to raise any concerns or change anything about the support they received. We looked at the minutes of these meetings, and saw people had been able to speak about how things could potentially be improved. Some of the items on the agenda included a karaoke evening, feedback about staff, trips/outings, smoking rooms and reminder that there would be zero tolerance with regards to use of drugs and alcohol on the premises. There was a set agenda item titled 'Have your Say', where people could contribute towards the meeting.

Good

Is the service responsive?

The service ran a 'Focus Group', where people were able to further contribute towards improving the service and speak about the kinds of activities they wanted to do. We saw that feedback from these meetings was collated, with an action produced in response. For instance, two people had stated how they wanted to go for a Chinese meal and in response, they were both supported to attend the local Chinese buffet. Several other people had expressed an interest in going to a local night club, and were supported to do this in June 2015.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff we spoke with all felt the home was well-run and led. Comments included; "I feel that the service is extremely well managed. The manager has achieved a lot in a short period of time. The manager is very fair". Another member of staff said; "The manager puts everything in place. She always encourages us to report even the slightest concerns. Everybody has a voice here".

From our discussions and observations we found the manager had a good knowledge of the people who used the service and of the staff team. We saw people appeared to be relaxed with the management team and it was clear they worked well together. The manager had notified the commission of any notifiable incidents in the home such as safeguarding concerns, accidents or instances where the police needed to visit the home.

Staff members spoken with told us communication throughout the team, including with the manager was good and they felt supported to raise any concerns or discuss people's care at any time. The staff told us they had a stable team with very few changes. All staff were made aware of their role and responsibility within the organisation and received regular feedback on their work performance through the supervision and appraisal systems. They had access to clear policies and procedures to guide them with best practice and had signed when they had read the information. They told us they were kept up to date and encouraged to share their views, opinions and ideas for improvement.

There were effective systems in place to regularly assess and monitor the quality of the service. They included audits of the medication systems, supports plans, money, fire safety, infection control and environment. There was evidence these systems identified any shortfalls and that improvements had been made. This would help to protect people from poor care standards. Accidents and incidents were also closely monitored at the home. They were analysed regularly, which then led to a trends analysis being completed. This enabled the manager to look for any re-occurring themes which may be occurring and potentially stop them from happening again in the future.

We looked at the minutes from various team meetings which had taken place. We saw actions had been set and then followed up at the next meeting with any progress that had been made.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

We spoke with staff about how they aimed to display good practice within the home. One member of staff said; "One of the most important things is ensuring we give a good handover and complete accurate documentation. I think we are doing everything we are meant to do and are doing it well". Another member of staff said; "The recovery star is important. It is our job to make sure these people develop the right skills to live on their own one day. That makes me think that we have done our jobs correctly".