

## Stable Family Home Trust

# Pinehaven

### Inspection report

23 Parkwood Road  
Boscombe  
Dorset  
BH5 2BS  
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Tel: 01202 427941  
Website: [www.sfht.org.uk](http://www.sfht.org.uk)

Date of inspection visit: 14 July 2014  
Date of publication: 09/02/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Pinehaven is a care home for up to nine people with learning disabilities. At the time of the inspection nine people were living at the home.

This was an unannounced inspection. On the day of the inspection we spoke with three people who lived at Pinehaven. We also spoke with the manager, team leader and two support workers. Following the inspection we spoke with four people's relatives.

# Summary of findings

The manager told us that they had been managing the home for two months and had made an application to the Care Quality Commission (CQC) to become the registered manager of the service. This application was being considered by CQC at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider

People's medicines were securely stored and controlled drugs were safely managed. The provider had a policy to guide staff regarding the safe management of medicines. Staff were aware of the actions to take in the event of an error when giving medicines. However, the provider did not have safe arrangements in place for managing two people's 'when required' pain relief.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No-one living at the service was subject to a DoLS authorisation. The manager told us that they planned to review whether any applications needed to be made following a change in the law. We spoke with three staff who were not familiar with DoLS or when an application should be made. The manager told us that DoLS training was not mandatory for staff working at the home.

Staff were aware of what constituted abuse and the actions to take if they suspected someone was being abused. The provider had a policy regarding safeguarding and the manager told us that they had recently made an alert to the local authority safeguarding team regarding an incident of alleged abuse. However, the provider had not made a statutory notification to CQC regarding this incident as they are required. At our previous inspection of the service in April 2013 we found that the provider had not made all of the statutory notifications to CQC as they are required. We noted this in the inspection report for the provider's information. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

People's support records and found that they did not always contain consistent or accurate information. The manager and the team leader acknowledged that records were not all up to date and had started work to rectify this. This was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had not consistently analysed incidents and accidents to identify trends. We found the provider had undertaken regular visits to the home to monitor the quality. However, actions required following these visits were not always specific which made it difficult to establish whether or not the actions had been completed.

The people using the service, staff and relatives we spoke with, considered that there were sufficient numbers of staff. Appropriate checks were carried out before staff were employed, such as references and employment history. The provider's disciplinary policy did not provide guidance to staff regarding the circumstances whereby a referral to the Disclosure and Barring Service (DBS) should be made. However, the manager was aware of the types of situations when referrals to the DBS may be required.

The staff we spoke with were aware of people's risks and needs and how they should be supported. The staff we spoke with considered that they had been effectively trained and supported to carry out their roles. However, staff had not received training in the Deprivation of Liberty Safeguards.

The people and the relatives we spoke with told us that they had sufficient to eat and drink. We saw that people were offered a choice of food and drink and that fruit was available in the home for people to help themselves to.

The people and relatives we spoke with told us that the staff were kind and compassionate. We saw that people were involved in making decisions about their care and the staff we spoke with were aware of people's preferences. People accessed a variety of activities and work to meet their needs.

The people, relatives and staff we spoke with told us that they were comfortable raising concerns about the service if they had any. There were forms available in the home in an 'easy read' format for people to use. There was a complaints procedure which staff were aware of and regular meetings which sought people's views of the service were held. However, there was no analysis or action plan developed in light of a recent survey of people's views.

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# Pinehaven

## Detailed findings

### Background to this inspection

The inspection was carried out by one inspector. The last inspection of this service was in April 2013 and no concerns were identified.

Before the inspection the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We looked at the previous inspection reports. We spoke with one community health professional.

On the day of the inspection we spoke with three people who lived at Pinehaven. We also spoke with the manager, team leader and two support workers. Following the inspection we spoke with four people's relatives.

We looked at three people's support records and records. We looked at records relating to the management. These

records included staffing rota's, policies, survey results, quality monitoring reports and medicine administration records. We observed how people were supported in communal areas.

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

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

# Is the service safe?

## Our findings

People's 'when required' pain relief was not managed appropriately. An 'over the counter' pain relieving medicine had been purchased for one person. There were no directions about how or when to administer this medicine detailed on the person's MAR. Another person's MAR stated that they could take a pain relieving medicine on a 'when required' basis. The MAR stated that the person had taken this medicine from a supply held in their room. The manager told us that no one administered their own medicine and that this practice was not an appropriate arrangement.

The provider monitored the safety of medicines management and had identified that staff had not always signed to say that a person's medicine had been administered. The manager told us that staff had been reminded about the importance of signing to confirm medicines had been administered. We looked at all people's Medicine Administration Records (MAR) and found that all medicines had been signed to indicate that they had been given.

Medicines were stored securely in designated cupboards and keys to access this storage was retained by nominated staff. A monitored dosage system was used in the home and the system contained a photo of the person to aid identification. We looked at three people's monitored dosage systems and found that medicines for the morning of inspection were absent from the packet and had been signed as given. One person's relative told us, "She gets her medicines. The staff give them to her."

The provider had a medicines management policy which provided advice and guidance for staff. We spoke with the manager and three staff with responsibilities for giving medicines who were aware of the actions to take in the event of a medicines error. Controlled drugs were stored securely in a separate medicines cupboard. The amount of a controlled drug held in the cupboard matched the amount detailed in the controlled drugs register.

The provider did not have a policy relating to DoLS. The manager was aware of a recent change in the law in relation to DoLS. However, people's care had not been reviewed in light of this change in the law to establish whether any applications for DoLS were required. The manager told us that people had the capacity to make the

decision to live at the home. However, there was no formal capacity assessments recorded regarding these decisions. Staff were not familiar with DoLS or when an application should be made. The manager told us that DoLS training was not mandatory for staff working at the home.

People were not subject to restraint or excessive control. No one living at the home was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation at the time of inspection. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

People's relatives told us people were safe. One person's relative told us, "I don't worry about her as they really look after her well." Another person's relative said, "I feel she is very safe there." Staff were aware of what constitutes abuse and the actions they should take if they suspected someone had been abused. The manager was aware of when to make an alert to the local authority safeguarding team. The manager had recently made an alert regarding an incident of alleged abuse which was being considered by the local authority. The provider had a policy relating to safeguarding adults at risk which detailed examples of the types of abuse and the signs which may indicate a person was being abused.

We looked at the recruitment information for two members of staff. A form detailing all of the checks undertaken prior to staff being employed was contained on the two staff files we looked at. Appropriate checks such as references, identification and employment history were considered as part of the recruitment process. The provider's recruitment policy detailed the required pre-employment checks.

The provider's disciplinary policy detailed examples of gross misconduct which would result in staff dismissal, for example, maltreatment of service users. The policy did not provide guidance to staff regarding the circumstances whereby a referral to the Disclosure and Barring Service (DBS) should be made. However, the manager was aware of the types of situations when referrals to the DBS may be required.

There were enough staff to keep people safe. Staff told us they considered that there were sufficient numbers of staff to enable them to support people safely. People's needs were met promptly, for example, one person who got out of bed later than others living at the home was supported to

## Is the service safe?

make their breakfast without delay. The manager told us that they had assessed the numbers of staff required and were in the process of recruiting additional staff. The manager said that bank staff and agency staff were being used when necessary to make sure there were enough staff on shift. We looked at the staffing rota which demonstrated that the assessed numbers of staff had been consistently on duty.

The relatives told us there were enough staff. One person's relative told us, "There is no problem with staffing numbers. There is usually two staff at least." Another person's relative said, "There always seems to be at least two staff on duty. There appears to be enough." A further person's relative commented, "There has never been a problem with staff numbers."

Risks were assessed and staff were aware of how to support people in a safe way. There was evidence in people's support records that risks had been assessed. For example, one person's support record detailed they were at risk when out in the community as they were unable to cross the road safely themselves and required staff support. Another person was at risk when travelling in the front seat of vehicles and there was an agreed plan in place for the person to sit in the back seat to reduce the risk to themselves and others. Staff were aware of the risks people faced and how to reduce these risks.



# Is the service effective?

## Our findings

People and relatives told us they could access healthcare services when they required. One person said, "I am very healthy and don't need the doctor." One person's relative told us that their relative, "goes regularly to the dentist and sees the doctor about every six months for a check-up." A further person's relative commented, "They get the doctor when needed." Staff who told us that a person's keyworker usually supported people to make healthcare appointments.

People accessed a range of healthcare professionals such as GPs, psychiatrists and chiropodist. Following a healthcare appointment an 'easy read' form was completed which assisted people to understand the advice and treatment given. For example, one person had visited the GP with a skin complaint and had been prescribed some medicines. The form was completed and the person had signed the form to indicate they had understood the medical advice and treatment. People had separate folders containing information regarding their health and healthcare appointments.

People and relatives told us they had enough to eat and drink. One person told us, "They are really good cooks. I can have toast or something whenever I want if I'm hungry." A person's relative told us that, "She is at risk of choking and the staff supervise her. She eats really well there." Another person's relative said, "She is well fed." A further person's relative commented, "The food is really good. She is motivated to lose weight and the staff are supporting her really well with making healthy food choices."

People were offered choices of food and drink and assisted with the preparation of their food. Fruit was available in the home for people to help themselves to and the kitchen was accessible to people. Food records showed that different

options were offered. The manager told us that people were fully involved in menu planning at the start of the week. Meeting minutes which showed that people discussed food and drink choices and availability.

The people and relatives we spoke with felt that staff were skilled and knowledgeable about their needs. One person told us, "The staff always help. They help me shave." A person's relative said, "They are really knowledgeable. They worked really hard when she first moved there to settle her in." Another person's relative commented, "The staff are wonderful. I'm usually quite impressed. They know what they are doing and know each person's individual needs."

Staff were supported to carry out their roles. The manager told us that staff received regular supervision. Staff confirmed they were supervised by the manager regularly. Staff said that they could speak with the manager outside of supervision sessions if they had any concerns or needed advice. The manager told us that staff had not received their annual appraisal as they felt this would be inappropriate as the manager had only been in post for two months and was not familiar with all of the staff.

Staff received training in a variety of topics relevant to their role. Training records showed that staff had undertaken a variety of training such as food safety, fire and safeguarding adults from abuse. However, staff had not received training regarding the Deprivation of Liberty Safeguards. Staff considered they had received effective training and support to carry out their roles. For example, one member of staff told us that they had asked to do a national vocation qualification and that this request was progressing. Another member of staff said that they had recently completed a risk assessment course which they had found useful. The manager had introduced a system to monitor training and had identified staff whose training was due to be updated.



# Is the service caring?

## Our findings

People and relatives told us staff were kind and compassionate. One person said, "It's a lovely place to live. I love the staff." A person's relative told us, "I think it's perfect. The staff are very kind and caring. I feel able to raise concerns and they listen." Another person's relative said, "They are very caring. I can't fault them. She loves it there." A further person's relative commented, "They are really compassionate, especially when she is unwell." Staff spoke with people in a respectful and considerate manner. For example, we saw a member of staff speaking with a person showing an interest in what they were talking about and listening to them without interrupting.

People's privacy was maintained. The manager told us that people were offered keys to their rooms, if they wished, and staff did not enter people's rooms in their absence. One person told us, "I have my own key. If my family visit we can go in my room. If I use the phone, I can take it somewhere quiet."

Staff involved people in decisions about the support they received. For example, staff asked one person what they would like to do that day and suggested some options. The staff member respected the person's choice of activity. One person's relative told us, "If he wants to do anything outside the home they arrange it for him." There were regular 'house meetings' where people could talk about issues relating to the service. Meeting minutes showed that plans for refurbishment of the home were discussed.

Relatives told us they felt involved in decisions about the support their relative received. One person's relative told us, "We are really involved in her care." Another person's relative said, "They always let me know if anything changes." A further person's relative commented, "I feel included in decisions about her care."

People's support records contained information regarding their preferences such as what they preferred to be called, the types of activities they enjoyed and their food likes and dislikes. Staff were aware of people's preferences. For example, staff were aware of the food one person disliked and the activities another person enjoyed.

People were encouraged to be independent. For example, we saw staff supporting one person with their laundry providing guidance as needed. One person's support plan stated that they went out without staff support. This person carried a mobile telephone and a card with their address and telephone number.

People were supported to maintain relationships with friends and relatives. A person's relative said, "I can visit whenever I want." Another person's relative told us, "She goes and sees her boyfriend regularly." A further person's relative commented, "They make arrangements for [person] to come and see us as we have no transport."

# Is the service responsive?

## Our findings

There was a risk that support was not responsive to people needs as people's support records did not always contain consistent or accurate information. For example, one person's support plan stated that they should be encouraged to complete a mood diary each day. This person's risk assessment stated that this was not required. The staff we spoke with told us they did not support this person to complete a mood diary. Another person's support records detailed risks when using social media and stated that they should be supervised when accessing it. We spoke with staff who told us that the person accessed social media independently and that the risks were historic.

People's support records did not always contain up to date information regarding their healthcare visits. For example, one person's support plan stated that they required chiropody treatment every six weeks. The last recorded entry regarding access to chiropody was over 11 months old. The manager told us that this person had received chiropody treatment in line with their assessed needs and showed us two recent records, which had not been filed, to confirm this. A person's support plan stated that they should be supported to weigh themselves every month. The last recorded entry on this person's weight chart was over a year old. The manager later showed us a weight chart which was attached to the back of the office door.

This was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A survey of people's views of the service was carried out in February 2014. There was no analysis of people's feedback or action plan to address the issues raised by people using the service, for example people had commented that they would like more bathrooms in the home. The manager told us that they were not aware of an action plan being completed following this survey. The manager explained that a renovation of the home was planned to include this and showed us plans which included additional bathrooms.

People participated in activities and work which they enjoyed and was responsive to their personal needs. People and their relatives told us that they had access to activities and work. One person told us, "I've been working in the kitchen today. I like it." A person's relative said, "He has plenty to keep him occupied." Another person's relative commented, "There is such a variety of activities. They try lots of different things." The manager told us that people had individualised support plans for activities. On the day of our inspection we saw that each person living at the home had been engaged in activities away from the home at some point in the day.

No complaints had been received by the provider. The provider had a complaints procedure which contained details of how people could make a complaint and what they could do if they were not satisfied with the response to their complaint. Complaints forms were available in an easy read format in communal parts of the home. Staff who were aware of how to manage people's complaints, for example, one member of staff told us of the importance of recording the complaint and referring it to the manager.

The provider regularly sought the views and experiences of people. The manager told us that people using the service had regular meetings. The minutes of the most recent meeting could not be located at the time of inspection. However, we looked at a recent set of meeting minutes which demonstrated that people felt able to express their views about the service. For example, we saw that household issues such as feeding the cat and food shopping were discussed.

People and their relatives felt able to raise concerns. People and their relatives told us that they had no concerns about the service but would feel comfortable raising issues if they had any. A person's relative said, "I feel able to raise concerns and they listen to me." Another person's relative said, "I have no complaints but I feel sure that I would be listened to if I did."

# Is the service well-led?

## Our findings

People's support plans contained a lot of historic information and were not all up to date. The manager and a team leader told us they had identified that records needed to be improved. Work had started to reorganise people's care records.

Our inspection in April 2013 found that the provider had not made a number of statutory notifications to the commission, which they were required to do. Since the last inspection we found the provider had not made any statutory notifications to the commission. The manager told us that an allegation of abuse had been made within the past two months. The manager had reported this allegation to the relevant local authority safeguarding team. However, a statutory notification to the Care Quality Commission (CQC) had not been made as is required. The manager told us that they were aware that this type of notification was required but they had forgotten on this occasion. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. We looked at accident and incident records.

We found that an overview and analysis of accidents was undertaken for May and June 2014. However, the previous analysis and overview was dated November 2013 and therefore the analysis was not consistent. The staff we spoke with were aware of how to report incidents. We looked at staff meeting minutes which highlighted the issue of accident reports not being completed and the need for recording to be improved.

The provider undertook regular visits to monitor the quality of the service, however these were not always effective. Reports highlighted the need to update a folder which contained information regarding cleaning chemicals. However, there was no specific detail as to what aspects of the folder required updating. The reports identified the need for people's 'hospital passports' to be completed. The need to complete this had been discussed at a recent staff meeting. The manager showed us the work that had been undertaken to complete these documents which remained a work in progress. The provider's monitoring visits had not identified issues with the maintenance of records, such as people's support plans containing out of date information.

The provider's vision and values were detailed in their 'statement of purpose' and in the 'employee handbook'. The provider's vision included the aim to provide responsive support which focused on people's wants, needs and aspirations. Staff told us they shared this vision and values and were proud that they supported people to live full lives.

The provider had a whistle-blowing policy which detailed how staff could raise concerns. The policy stated how staff could raise concerns both within the organisation and gave the details of the external organisations which staff could also contact. The staff we spoke with were aware of how to raise concerns and told us that they would feel comfortable doing so. Staff were aware of external organisations they could contact if they were concerned, for example the CQC and the local authority safeguarding team.

The relatives of people we spoke with told us that the home had an open culture. One person's relative said, "There is nothing that has ever given me any concern. They are open and honest." Another person's relative told us, "They always talk to us about changes, such as new bathrooms being installed. I think there is open communication with us."

The manager told us about the plans for the service and what they had assessed as being the main areas requiring development. For example, they had identified that people's support records were not as up-to-date as they should be and had re-organised people's individual files. The manager had also made arrangements for people's support records to be moved to a more convenient location for staff to access. The manager told us improvements to recording of food and food hygiene had been implemented. We looked at a file which contained information such as refrigerator temperatures and menus.

The manager told us they had been managing the home for two months. They had submitted an application to CQC to become the registered manager at the location which was progressing. The manager told us there were a number of senior staff vacancies and they were being supported a couple of days per week by a team leader from elsewhere in the organisation. The manager told us that the organisation was actively recruiting staff to fill the vacant positions.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

People were not protected against the risks of unsafe or inappropriate care as their support records did not always contain accurate and up-to-date information. Regulation 20 (1)(a).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider had not notified the commission of incidents as is required. Regulation 18 (1)(2)(e).

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.