

Voyage 1 Limited

Woodham Grange

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 7 and 9 April 2015 and was unannounced. Woodham Grange provides care and accommodation for up to eight people with complex physical and learning disability support needs. On the day of our inspection there were a total of seven people using the service.

The home had a registered manager in place. 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 and associated Regulations about how the service is run.

During our inspection at Woodham Grange there was a very calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful manner. People who used the service were unable to verbally communicate with us; however all appeared happy and relaxed with the staff on duty. We saw that the staff communicated with people who used

Summary of findings

the service effectively and in a caring way. We saw the staff understood people's needs through signs, gestures and facial expressions. Two people's family members described their relatives care as, "excellent."

Staff and a visitor we spoke with described the management of the home as open and approachable.

Throughout both days we saw that people were comfortable and relaxed with the staff and the registered manager on duty. For example reaching out to hold staff hands, embracing staff with lots of smiling.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the provider and looked at records. We found the provider was following the requirements of DoLS.

Staff we spoke with said they had received appropriate training. We saw records to support this. Staff had also received training in how to recognise and report abuse. We spoke with eight staff and all were clear about how to report any concerns. Staff said they were confident that any allegations made would be fully investigated to ensure people were protected.

Throughout the inspection we saw staff interacting with people in a caring and professional way. We saw a member of staff supporting one person with their mobility. They were interacting happily and laughing together. We saw another two staff assisting a person after having a bath. The person being assisted and both staff were singing which the person was clearly enjoying. We noted that throughout the inspection when staff offered support to people they always respected their wishes and described what how they were going to support them. We saw people smiling and happily engaging with staff when they were approached.

We saw there was a weekly activity programme and records showed that people were able to take part in group activities or on a one to one basis. We saw activities were personalised and there were very regular outings and holidays planned.

We saw people were treated with respect and privacy was upheld.

People received a wholesome and balanced diet and at times convenient to them.

We saw the provider had policies and procedures for dealing with medicines and these were adhered to.

The provider had an effective pictorial complaints procedure which people and their representatives were able to use. We saw all people who used the service had an independent advocate who could act in their best interests.

We saw people who used the service were supported and protected by the provider's recruitment policy and practices.

The home was clean and equipment used was regularly serviced.

The provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service.

Staff told us they received regular supervision. We saw records to support this.

The kitchen units and worktops were worn chipped and scorched and posed a hazard.

People who used services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.

This is a breach of Regulation 15.

You can see what action we have asked the provider to take at the back of this inspection report.

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?

People were safe.

People's rights and dignity were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures. People were protected from discrimination and their human rights were protected

The service understands the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and puts them into practice to protect people.

Good



Is the service effective?

The service was not fully effective.

People and those that mattered to them were involved about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Care plans reflected people's current individual needs, choices and preferences. Staff had the skill and knowledge to meet people's assessed needs, preferences and choices.

People were aware of, and had access to advocacy services that could speak up on their behalf.

People had the support and equipment they needed to enable them to be as independent as possible.

People and others who used the service were placed at risk because the kitchen units were in a poor state of repair and posed a hazard.

Requires improvement



Is the service caring?

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were understood and had their individual needs met, including needs around age, disability, gender, race, religion and belief.

There were appropriate arrangements in place to ensure that people's medicines were safely managed

Outstanding



Summary of findings

Is the service responsive?

The service was responsive.

People were given the information they needed at the time they needed it.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Where appropriate, people had access to activities that were important and relevant to them and they were protected from social isolation.

The service allowed staff the time to provide the care people needed and ensured staff timetables were flexible to accommodate people's changing needs.

Good



Is the service well-led?

The service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected

There was a clear set of values that included involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents.

People were assured that information about them was treated in confidence.

Good



Woodham Grange

Detailed findings

Background to this inspection

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

The inspection took place on the 9 and 10 March 2015 and was unannounced, this meant the provider and staff did not know we would be visiting. The inspection was led by a single Adult Social Care Inspector.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquires received. No concerns had been raised and the service met the regulations we inspected against at their last inspection on 7 March 2014

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during their lunch by using our Short Observational Framework for Inspection. We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether people living at Woodham Grange had positive experiences. This included looking at the support that was given to them by the staff. We also reviewed four people's care records, staff

training records, and records relating to the management of the service such as audits, surveys and policies. We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations in the community.

We were unable to speak with people who used the service because of their complex needs; they were unable to communicate verbally. Therefore we spent considerable time observing staff practices and how they communicated and supported people. We saw that staff understood people needs and were able to communicate effectively with people by using signs, gestures and facial expressions. People were relaxed in the company of the registered manager and support staff, at times reaching out to hold their hands and embracing staff affectionately. We also spoke with the registered manager, the deputy manager and support staff. All demonstrated in-depth knowledge of people's care, treatment and support needs.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including; Healthwatch and commissioners of services. No concerns were raised by any of these professionals.

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, and what the service does well and improvements they planned to make.

Is the service safe?

Our findings

During the two days of the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. Some of the people using the service had been assessed as requiring one to one support from staff to ensure that their care needs were met and that they were safe. We observed and found that people always had their one to one allocated staff near to them.

The rotas demonstrated how the service managed staffing levels for sickness and holidays. We saw the service had a bank team of staff who could be called upon. During the inspection we heard and saw staff responded promptly to people's needs. This indicated that there were sufficient numbers of staff on duty in order to meet the needs of people using the service. In addition to the registered manager and deputy manager, the staffing rotas showed us that there was always four and sometimes five support staff for seven people throughout the day with one waking and one sleep-in staff on duty during the night. When we spoke with staff about staffing levels, they confirmed that staffing levels were more than adequate.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored. We checked records of medication administration and saw that these were appropriately kept. We found there were up to date policies and procedures relating to the handling, storage, acquisition, disposal and administration of medicines. These were available to all staff. Medication policy was supported by procedures linked to NICE guidelines, which staff understood and followed.

People's care records contained details of the medicines they were prescribed, any side effects, and how they should be supported in relation to medicines. Where people were

prescribed medicines to be taken on an "as required" basis, often known as "PRN" medication, there were details in their files about when this should be used. This included descriptions of behaviours, gestures and other mannerisms and signs that the person may use to display that they might require this medicine.

Medication was audited on a monthly basis, and any issues identified were followed up with records of action taken. We checked the two most recent audits and saw that correct procedures were followed.

During our inspection we found important information was always checked to make sure those using the service would not be placed at risk from staff that were unsuitable to work with vulnerable people. For example, the staff recruitment procedures we looked at ensured there would be references to verify people's previous history and satisfactory evidence of their conduct in previous employment. This meant the provider could clearly demonstrate they made robust reference checks to make sure only suitable staff were employed by the service. The provider had disciplinary policies and procedures in place. We also saw people would be subject to a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB) check) to make sure they were suitable to work with vulnerable adults. All these measures ensured the provider had robust recruitment procedures in place to protect people who used the service.

There was an infection control lead and champion who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection. The staff had a good knowledge about infection control and its associated policies and procedures. We found all areas of the home to be clean and odour free and staff had access to disposable aprons and gloves, all cleaning materials were colour coded such as mops heads.

Is the service effective?

Our findings

The service was effective because staff had the knowledge and skills they needed to carry out their role and responsibilities. Staff told us they were supported as individuals and as a team. All the staff we spoke with were knowledgeable about people's specific conditions their care and support needs.

One support staff said, "We meet daily as a team with a senior team member during hand-overs, and this enables us to keep informed, trained and up-dated about people's specific needs and conditions. We all work as a team and this is what makes Woodham Grange so unique and special." This showed that care was taken to ensure staff were trained, informed and supported to a high level to meet people's current and changing needs.

People who used the service looked relaxed and happy, and professionals spoken with believed that the service fulfilled its role effectively.

We found the staff at the service received training specific to the carrying out of their roles. For example, staff worked closely with the NHS nurse practitioners, consultants, psychologists and other health and social care professionals to review people's progress. This ensured everyone remained focused on people's ongoing care and support. This also ensured people were accessing support from the right professionals and from staff who were skilled and competent.

During the inspection we had the opportunity to observe a staff meeting taking place. Staff took part in a quiz about safeguarding, whistle blowing and MCA. All demonstrated excellent knowledge of each subject.

We spoke with three members of staff the manager and the deputy manager. Everyone told us training was on-going. We looked at staff training records which confirmed staff had completed a range of training. This included training about risk assessments, report writing, abuse, challenging behaviour, epilepsy, non-violent crisis intervention, mental health awareness, mental health and aging, dignity, respect, equality, deprivation of liberty safeguards and the Mental Capacity Act. We also saw staff had annual refresher training in health and safety issues, for example, moving and handling and food hygiene and first aid. Staff were also trained in supporting people with complex physical health diagnosis, and dealing with behaviours that challenged.

This meant the service enabled staff to take part in training which was relevant and appropriate to their roles, so they could carry out their roles effectively.

Staff told us they had regular monthly supervision meetings with the management team. They included looking at the staff member's performance, any problems they had as well as achievements and training needs. The staff we spoke with said they felt supported by the management team and could speak with them at any time for support if they needed to. All of these measures meant staff were adequately supported which contributed to meeting the care and welfare needs of the people in their care.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager. We were told that seven applications had been submitted and three had been authorised, with four still pending. We saw evidence of these within each person's care records.

We found key areas were regularly reviewed with other key healthcare professionals to ensure any changes in a person's treatment programme were recognised and addressed. Reviews took place with the person's advocate to ensure that any decisions were made in their best interests. and to make sure their care and treatment continued to meet their needs.

People told us that they received enough to eat and drink and were supported to maintain a healthy diet during their stay. We saw there was a dedicated fridge for use by people that was available to them at any time of the day and night. There were drinks and snacks available 24 hours a day, such as biscuits and fruit, which were restocked as required. We also saw that people's cultural needs were respected and catered for when necessary. The housekeeper told us they had regular conversations with people and actively encouraged them to contribute to the menu planning. If people were out at appointments, food was kept back for them. One person told us that the staff allowed her to eat in private as she found it difficult to eat with others, and prepared food suitable for her needs.

Is the service effective?

We observed the lunchtime which was relaxed, sociable occasion. There was plenty of appropriate banter, laughter and conversations about events and activities. People indicated to us that the food was good, healthy and plentiful and their dietary needs were taken into account. The menus showed us that people were provided with alternatives to the menu.

People were supported to maintain good health, and they had access to external local health care services as required. For example, NHS recently included Woodham Grange in a new scheme aimed at avoiding unplanned hospital admissions. This means that people using the service benefited from a more tailored and active support from their GP surgery. This involved the GP and a nurse practitioner being actively involvement with people's

personal care planning to promote their health and wellbeing. These were then reviewed every six months. All information was then recorded onto the NHS IT system one, which means other health care professional involved with each person could access this information.

Excluding the kitchen, Woodham Grange was refurbished to a high standard.

However, the kitchen units and worktops were worn chipped and scorched and posed a hazard.

People who used services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.

This is a breach of Regulation 15.



Is the service caring?

Our findings

We found the service was caring and always putting the person who used the service at the centre of their care. Two (relatives) people's family members described the care and support their relatives were receiving as, "Excellent."

Diversity describes the range of visible and non-visible differences that exist between people. We saw that the provider had clear policies and procedures in place that reflected their understanding that each individual was unique and recognised people's individual differences.

The basic rights and freedoms contained in the European Convention on the Human Rights Act 1988 means that rights are available to everyone, regardless of their age, nationality, disability, race, ethnicity, gender or religion and beliefs. We saw that the provider adhered to this and actively promoted people's rights within the service.

We found people's needs, including emotional, social, cultural, religious and spiritual needs, were included in people's records and assessments about the care and treatment they preferred and received. For example, we found that the service was putting the people who used the service at the centre of their care, treatment and support, by ensuring that everything that was done was based on what was important to each individual from their own personal perspective with choice being the defining principle in relation to their care, treatment, wellbeing and support provided to meet their particular needs, preferences and promote people's independence.

We saw that the provider was following key principles to promote person centred planning for example; the person was at the centre of the planning process. Family and independent advocates were partners in planning. The plans showed what was important to each person now and for their future and what support they needed. The plan helped the person to be part of the local community and helped the community to welcome them. The plans put into action what a person wanted for their life and staff kept on listening so that the plans remained relevant and up to date. The plans described people likes, interests and their community involvement.

When we spoke with the staff, it was apparent that they held person centred values, and a belief that people in their care must have control in areas such as who supported them, what they do with their day, being listened to, and making decisions about their lives. Staff told us, "it's important that the people we support are placed at the top of our agenda, they are our first priority."

During our inspection we saw people were supported by kind and attentive staff. We saw staff showed patience, compassion and gave encouragement when supporting people. We saw people were treated with dignity and were supported to make choices and remain independent. We saw all personal care and support was carried in the privacy of people's bedrooms or bathrooms, and always with doors being closed. In addition, we saw staff respected people's privacy and recognised when they wished to be alone.

We saw a member of staff supporting one person with their mobility. They were interacting happily and laughing together. We saw another two staff assisting a person after having a bath. The person being assisted and both staff were singing which the person was clearly enjoying.

We saw a large notice board displayed in the reception area. On this was information about how to contact advocacy services. This was in large print so people could easily see it. This was a safeguard for people who lacked capacity. This meant people who were unable to make decisions for themselves, had someone who knew them well, to make some important decisions on behalf of the person who lacked capacity.

We saw that the provider adhered to the Equality Act 2010 that encompassed disability, as well as; age, race, religion or belief. and had taken steps to remove all barriers within the service so that the people who used the service could access all areas within the home easily.

We saw that three people had a pre-paid funeral plan in place; this included their wishes following death.

Is the service responsive?

Our findings

We looked at four people's care records. We found each person's care, treatment and support was written in a plan that described the interventions staff needed to do to make sure people's care was provided in the way they wanted.

We saw people and their independent advocate were involved in developing their support plans. We also saw that other people that mattered to them were where necessary, involved.

The provider had an effective pictorial complaints procedure which people and their representatives were able to use.

We viewed three people's care records and found them to be comprehensive documents, which provided a good level of information about people's health, specific conditions, and their treatments. The plans were detailed and included clear protocols in providing specific aspects of care regarding people's health and wellbeing. The records included the person's preferred term of address and best interest assessments.

We saw each person had a lead and secondary key worker and they spent time with people to review their plans on a monthly basis. We examined people's care plans to ensure that the content matched people's assessed care needs, and we found that this was the case. For example, care plans included a range of support needs including social interests, physical needs and developing skills to become more independent. We found that these matched what staff told us. We also found each care plan was person centred and had been individually linked to a best interest assessment. These had been agreed with commissioners of the service who reported that they were some of the best they had come across.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each of the care plans we looked at had been reviewed with recorded involvement from their representatives/ advocates where needed. We found people had relevant risk assessments in place which had all been reviewed in the past three months.

We saw all people received an annual review with a care manager. This provided people and their representatives with an opportunity to discuss their placement and review their care and support needs.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to participate in a range of activities within the home and in the community and actively encouraged people to maintain hobbies and interests. We saw that the provider enabled people to achieve their goals, follow their interests and be fully integrated into community life and leisure activities. We found the activities were proactive within the service, and staff made sure that people were able to maintain relationships that mattered to them, such as family, community and other social links. We saw there was a social calendar displayed for forthcoming events such as, music, with exercise therapy. We saw there were regular outings to local places of interest such as, Hartlepool Mariner, restaurants, shopping trips, visits to the theatre and twice weekly outings to a local hydro pool and a community sensory centre. We saw holidays had been booked for all people who used the service to Blackpool and Scarborough.

We saw each person had a life story synopsis completed. It focused on people's strengths, preferences and their life experiences, family background, their interests and their likes and dislikes. This provided staff with a greater understanding and insight of people's personal aspirations and previous lifestyle, family and friends.

We saw the staff had created a stimulating environment for people who used the service. For example, the corridor adjacent to the lounge had been professionally decorated by depicting various themes, colours, pictures, and a replica's of people's favourite film characters such as the lion king and snow white.

There was a TV fitted to the wall, for people to watch a video or listen to their favourite music without disturbing others in the lounge.

When we spoke with staff they told us they made every effort to make sure people were in control and empowered to make decisions and express their choices about their care needs. The manager said they always involved relatives or advocates in decisions about the care provided; this was important as it helped to make sure that the views

Is the service responsive?

of people receiving care were known by all concerned, respected and acted on. This was confirmed when we spoke with two people's independent advocate who was visiting the home on the day of our inspection.

When people used or moved between different services this was properly planned. For example each person had a

detailed personal health profile completed. We saw people's preferences and choices were recorded. This contributed to ensure people maintained continuity of care in the way that people wanted and preferred. For example, if a person was admitted to hospital, it ensured that all relevant information was shared.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that the manager worked alongside staff, covered shifts when required and provided guidance and support. Staff members told us, “It’s a very well run home, the manager is very committed.”

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, the service had a quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service, their advocates, relatives, friends and health and social care staff who were involved with the service. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw that the manager/deputy manager did a daily walk around and completed a daily audit, which included health and safety, cleanliness and people’s wellbeing checks, making sure people were smart and suitably dressed documentation such as daily fluid charts and a reflection on actions from the previous day. We saw that these audits were carried out daily and were up to date.

We also found the provider had in place an annual development plan, based on a systematic cycle of planning, action and review that reflected the outcomes for people who used the service. We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses. The frequency and outcome of any incidents was reviewed by the provider, and individual incidents were followed up by senior management to check the outcome. The home’s manager also maintained a central file of safeguarding, where any incidents were monitored and records kept of referrals to the local authority and notifications to the Care Quality Commission.

We saw there was emphasis on consulting health and social professionals about people’s health, personal care, interests and wellbeing.

The manager told us it was essential that best practice guidance was adhered to such as the new fundamental standards 1st April 2015 and what these meant for people using the service, and to ensure standards of quality and safety and people’s care and welfare were maintained at all times and being honest with people when things go wrong. The manager said, “We will always place people at the heart of what we do.”

The manager said these were regularly discussed during staff meetings and observations to ensure staff understood and consistently put these into practice. She said the service had a positive culture that was person-centred, open, inclusive and empowering. When we spoke with staff they had a well-developed understanding of equality, diversity and people’s human rights. All of these were reflected in people’s care plans.

The manager was aware of the new duty of candour and the need to display prominently within the home the rating for the service.

The service had policies and procedures in place that had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety.

Staff told us they were highly motivated by the manager and well supported by the way the service was managed and that they were very happy in their job. We saw staff were supported through regular supervision meetings and annual appraisals. They said the manager was excellent and always led by example and was available if they needed support.

During our inspection we had the opportunity to observe a staff meeting. The agenda included a written test about staff’s knowledge of DoLS, safeguarding and reporting abuse. The result was that staff had an excellent knowledge of these subjects. The staff told us the manager frequently tested their knowledge, and that this helped them to keep abreast of current legislation and best practice guidelines.

The service worked in partnership with other organisations to make sure they are following current practice and providing a high quality service. The manager said they strived for excellence through consultation, research and

Is the service well-led?

reflective practice. For example, the registered manager was a member of the British Institute Learning Disabilities (BILD) and followed their best practice guidance for example, positive behaviour support (PBS). We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice.

In addition, the service worked with other key organisations to support care provision, service development and joined- up care. Legal obligations,

including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health's quality of life guidance, Service Commissioners, the local learning disability team and other health and social care professionals. This showed us how the service sustained and strived to continuously make improvements over time.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who used services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (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.