

Together Working for Wellbeing

Cliddesden Road Care Home

Inspection report

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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

This was an announced inspection of Cliddesden Road Care Home on 13 and 14 October 2014. The provider was given 48 hours notice because this is a small service and we needed to be sure that someone would be available to speak with.

The home provides accommodation and personal care for up to seven adults who have a mental health diagnosis, with associated physical and psychological support needs. People are supported to return to independent living within the community by staff who are referred to as 'Recovery Workers'. The home is a large Victorian house with three floors, comprising seven large bedrooms with a bathroom on each floor. The staff office

and spacious communal areas are situated on the ground floor, with a staff sleep in room on the top floor. This is a bedroom used by the night recovery worker who sleep at the home. There is a newly refurbished TV lounge, large communal dining room and kitchen. There are quiet rooms and a newly created sensory room. To the rear of the house is a large garden and patio.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Staff worked alongside local mental health and social care services to build and promote people's independence. Recovery workers provided support for people to take part in activities away from the home. Staff supported people to plan and complete tasks around their home and provided emotional and psychological support.

Staff worked with people to identify their individual needs and what they wanted to achieve in the future. They then collaborated with the person to find ways of making this a reality. Staff showed flexibility and creativity in supporting people to become more independent. This often focused on helping people to manage anxiety and frustration and to consider the impact of their behaviour on other people.

People told us they trusted staff and valued the support they received. They were encouraged to be active and develop a sense of self-worth by staff. Staff supported people to make choices and respected their right to make decisions. This included making informed decisions regarding risks when people were ready to take on new challenges. People were supported by recovery workers who treated them with dignity and demonstrated an interest in their welfare and views.

Staff received strong support from their manager and the local mental health team. Staff sought guidance from external health and social care professionals then followed the guidance they received. Recovery workers were highly motivated and sought to offer support in line with best practice. The feedback we received from people and health and social care professionals confirmed this was being achieved.

The registered manager completed a daily staffing needs analysis to ensure there were always sufficient staff with the necessary experience and skills to support people safely. Whenever possible the registered manager and staff worked together to identify in advance when people's needs and dependency were likely to increase.

Robust recruitment procedures ensured people were supported by recovery workers with the appropriate experience, skills and character. One person told us how they had been encouraged to be involved in the staff selection process, which they had enjoyed.

Recovery workers were encouraged to undertake additional qualifications relevant to their role to enable them to provide people's care effectively. Recovery workers were supported with their career development. The senior recovery worker was temporarily seconded to another care home where they were developing their leadership skills for managing the service.

The staff ensured that concerns about people's safety were identified, reported and investigated. Staff had completed safeguarding adults training and knew how to recognise signs of abuse. People also had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred

Medicines were administered and managed safely by trained staff who had their competency assessed. Each medicine administered had a unique medicine record and was subject to a stock check after every administration. This meant that the provider had an accurate record of all medicines administered and stored.

There was a friendly and relaxed atmosphere within the home, where people were encouraged to express their feelings, whilst respecting others. People told us that when they had a problem or were worried they felt happy to talk with any of the staff. Whenever people had raised concerns or issues prompt action had been taken by the provider to address them.

The registered manager ensured that all complaints, accidents and incidents were investigated thoroughly. Action identified from complaints or the analysis of incidents and trends was implemented promptly. This ensured the quality of the service and maintained the safety and welfare of people.

The service placed a strong emphasis on striving to improve. The registered manager had developed an open and positive culture where people and staff were encouraged to raise concerns, which were always acted upon.

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?

The service was safe.

People felt safe because any risks had been identified with them and were positively managed.

Staff knew how to recognise and respond to abuse. People were encouraged to share their concerns.

People were supported by adequate numbers of skilled staff. There was flexibility in the staffing to meet changes in people's needs.

People received their prescribed medicines safely.

Good



Is the service effective?

The service was effective.

People were informed about and involved in all aspects of their health care. Staff monitored people's physical and psychological wellbeing and ensured people had access to health care services to maintain good health.

Staff were knowledgeable about the people they supported and had accurate support plans to refer to. Staff received training to support people with complex needs effectively.

People's freedom and rights were respected by staff who acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported by staff to eat a healthy diet.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect. Staff actively supported people to remain in contact with other people important to them.

People had opportunities to express their views about their support and the running of the home.

The layout of the home ensured people's needs for space and privacy were met. Staff worked in a manner which ensured people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were supported to take part in activities of their choice. Staff had provided innovative ideas to stimulate people's interests and promote their self esteem.

There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions.

People knew how to make a complaint and were confident that any concerns would be responded to.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was an open and caring culture throughout the home. Staff promoted people's independence.

The registered manager led by example and was always available to staff for guidance and support. There were clear lines of accountability and staff understood their roles. Staff were confident in the way the service was managed.

The registered manager carried out regular audits to monitor the quality of the service and plan improvements. Learning took place following incidents or complaints, with identified actions being undertaken promptly.

Good



Cliddesden Road Care Home

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 of Cliddesden Road Care Home took place on 13 and 14 October 2014 and was announced. The provider was given 48 hours' notice because the location was a small care home supporting people who are often out during the day and we needed to be sure that someone would be in.

When planning the inspection visit we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector.

Before the visit we examined previous CQC inspection reports and spoke with the inspector who had completed these inspections. At our last two inspections in September 2012 and December 2013 we did not identify any concerns.

We reviewed notifications received about the service. Providers have to inform us about important and

significant events relating to the service they provide using a notification. 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.

During our inspection we spoke with four of the five people who use the service. We also spoke with the registered manager, four staff referred to as recovery workers, a community psychiatric nurse and a manager from another service. Following the visit we spoke with three other staff, the relatives of three people and five health care professionals. These health care professionals were involved in the support of people living at the home and a person who recently experienced the transition from the service into independent living. We also spoke with commissioners of the service.

We pathway tracked three people. Pathway tracking is a process which enables us to look in detail at the care received by each person. We observed how staff cared for people, including mealtimes and when medicines were administered. We reviewed records which included five care plans, six staff recruitment, supervision and training files. We looked at records relating to the management of the service, such as health and safety audits and emergency contingency plans.

Is the service safe?

Our findings

People told us they felt safe because they were supported by staff who knew them well. Each person told us they could speak with someone to get help if they felt unsafe. One person said “Staff know the signs if I am unwell before I do and are always there for me when I am low or anxious.” Another person told us, “I like it here. I feel safe and everyone is so friendly.” A health professional told us they were impressed by the way staff actively promoted people’s independence whilst keeping them safe.

People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately. Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. Staff told us they worked to support people with mental health needs move towards living independently. Staff identified with the person what they wanted to accomplish and then worked out how this could be achieved. People were actively encouraged to complete their own needs assessments. People were involved in weighing up the risks and benefits of an activity and the resulting assessments were reviewed regularly by the registered manager. Some of the solutions people and staff had come up with were very creative and ensured people’s freedom was respected. Staff worked closely with people to understand why they might behave in a certain way and then worked with them to find ways of modifying this behaviour to reduce the risks.

Recovery staff were able to demonstrate knowledge of people’s needs and risk assessments, which was consistent with the guidance contained within people’s care plans. People told us they had been involved in making decisions about their safety and supported to stay independent. For example, we saw one risk assessment where a person did not wish to socialise and wished to remain in their room for extensive periods. We noted how the person and staff had created a positive solution, which maintained the person’s privacy but allowed staff to check to ensure the person was safe. One person told us, “The staff explain everything to me so I understand all of the risks to me and other people and also help me appreciate what they have to do to keep me safe”. Another person said, “Because of the staff and relationship we share I have never felt so safe”.

All of the staff had received safeguarding adults at risk training and knew how to recognise and report potential

signs of abuse. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Staff and people had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Some of this guidance was clearly displayed on the noticeboards within the home. We looked at safety incidents and records showed that they had been reported and recorded in accordance with the provider’s incident management and safeguarding policies. The provider had then taken appropriate action to prevent further harm.

Robust recruitment procedures ensured people were supported safely by staff with the appropriate experience and character. One person told us how they had been encouraged to be involved in the staff selection process, which they had enjoyed. The registered manager completed a staffing needs analysis weekly or whenever people’s needs changed. This analysis was based on individual support requirements. One recovery worker slept at the home and waking night staff were employed if required. Rosters confirmed that the required level of staffing identified by the registered manager to safely meet the needs of people had always been provided. Recovery workers told us there were sufficient staff during the day and night and that staffing levels were immediately increased if people’s needs required more support. Temporary agency staff were not used and if extra staff were required these would be supplied from the provider’s other locations.

People were supported to manage their medicines safely and appropriately in accordance with the provider’s medicine management policy. We observed people receiving their medicines appropriately and they were able to tell us what the medicine was for. Medicines were securely stored. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. When required staff disposed of medicines safely, in line with the provider’s policy.

People’s medicines were managed safely by trained staff. Staff told us they had received medicine training and had been assessed as competent. This was confirmed in the training records. Each individual medicine administered had a unique medicine record and each medicine was subject to an individual stock check after every

Is the service safe?

administration. Medicine administration records (MAR) sheets were completed and checked for completion during every shift. This meant that the provider had an accurate record of all medicines administered and stored.

We reviewed people's medicine records. On one occasion staff diligently identified that it would be unsafe to administer a person's medicine. Staff sought medical guidance which we saw from records had been implemented. Immediately after this incident staff spoke with the person and agreed a management plan to prevent a recurrence of the circumstances which made administration unsafe. This meant that people had their medicine administered safely.

People were protected by the policies and procedures relating to hygiene and infection control. These were based on the Department of Health guidance on the prevention and control of infections in care homes. Staff were able to demonstrate their roles and responsibilities in relation to

this. We saw records relating to an infection control audit that was completed on 21 March 2014 by the Operations and Development Manager. We saw that all actions identified had been addressed by the registered manager.

Accidents and incidents were recorded and reviewed appropriately. Action was taken promptly in response to individual incidents and when trends were identified. Support plans and any accompanying risk assessments were updated accordingly. This ensured people's safety by reducing the risk of a further occurrence.

People were protected from harm because staff knew the provider's emergency procedures. The service was staffed 24 hours a day and the registered manager was contactable out of hours if needed. Fire alarms and equipment were regularly tested to ensure they were in working order. The service had an emergency evacuation plan which was understood by all staff we spoke with.

Is the service effective?

Our findings

Anyone who wished to move to the home was invited to visit first. This enabled people to make a decision about whether it was the right place for them. One person said, “As soon as I met the manager and staff I knew this was the place I wanted to be. You can feel immediately that people listen to you and involve you in all decisions about the support you need”. An assessment of their needs was then completed with them to make sure their requirements and expectations could be met effectively.

Staff had received guidance and training to enable them to understand the requirements of the Mental Capacity Act, 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff understood their responsibilities under the MCA. We observed people being asked for their consent before they were given medicines and other support. The CQC monitors the operation of the DoLS which apply to this service. The DoLS are a legal process supported by a code of practice to ensure that people who lack the mental capacity to make decisions about where to live have not been deprived of their liberty, other than in accordance with the law. At the time of our inspection people were not subject to DoLS applications.

Newly recruited staff completed an induction course and spent time working with experienced staff to make sure they were competent to support people effectively. Records showed staff training was up to date and staff received further training specific to the needs of the people they supported. When people had specific requirements in relation to mental health and autism we found the registered manager had arranged relevant training for staff to ensure they could support these people effectively. We noted that one person had been involved in developing staff training to meet their specific needs. Staff told us they felt competent and could ask for additional training when they needed to. This included a course on behaviour therapies. Staff told us that this training allowed them to work effectively with local mental health teams to implement strategies for different people.

Staff met regularly with their line manager to receive support and guidance about their work and to discuss

training and development needs. Records of these meetings showed staff had an opportunity to communicate any problems and suggest ways in which the service could improve. For example, staff had identified concerns about an urgent training requirement to enable staff to support a person safely and this was acted on immediately by the registered manager. These meetings had been very important when staff were supporting one person through a period of severe anxiety and frustration. They had discussed the approaches being used and had used the staff meetings to agree on a consistent approach based on staff feedback and expert input. As a result of this consistent approach, the person had been supported to recover.

Staff had completed social care qualifications and were provided with opportunities for career progression. At the time of our inspection the senior recovery worker was temporarily seconded to another care home, where they were developing their leadership skills managing that service. It was envisaged that the senior recovery worker would return and be able to provide managerial support when required and also implement examples of good practice from the other service.

Three people were at risk of malnutrition, and staff took appropriate action to manage this. People's weight was monitored and action taken if they were not maintaining weight, such as seeking guidance from a dietician. Some people had their food intake recorded and monitored to ensure they were eating enough. People told us they regularly discussed how to maintain a healthy diet with their key workers. We saw some people had plans to help them moderate their intake of certain food and drinks.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP's, behaviour therapists, opticians and dentists. There were good links with the community mental health teams. Staff had access to specialists in mental health both within and external to the service. These experts helped them to identify whether the support they were providing was the current best practice.

Is the service caring?

Our findings

There was a warm and friendly atmosphere at Cliddesden Road Care Home. Interactions between people were caring and professional. For example, staff ensured they used language the person understood and continually reminded them of their achievements.

People were supported by staff who treated them with dignity and demonstrated an interest in their welfare and views. People and staff had conversations about topics of general interest that did not just focus on the person's support needs. People looked comfortable with the staff supporting them and chose to spend time in their company. Staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare. People told us they were treated as individuals and with respect. One person told us, "All the staff are friendly and take time to get to know people". They went on to explain how staff had worked with them to establish routines and support to help them stay calm and well.

People were treated with kindness and respect by staff who actively supported them to remain in contact with other people important to them. One person had their wish to visit and watch a friend perform in concert supported by the service and their family. Comprehensive risk assessments had been completed to manage this visit safely. Another person told us about the importance of their family and how staff supported them to communicate with them on a daily basis.

One healthcare professional told us the staff were committed to the people they supported and were always thinking about what was in their best interest. Another healthcare professional told us people had been encouraged to be involved as much as they wanted to be in all decisions and they were always treated with dignity and respect.

Staff spoke passionately about respecting people's rights and supporting them to maintain their independence and make choices. Staff described some of the work they had done with people to develop their independence. For example, responsible consumption of alcohol and energy drinks whilst managing their medicines.

Staff were aware of the need to protect people's dignity whilst supporting them with personal care. One way this

was achieved was to ensure people were encouraged to be as independent as possible. When staff wished to discuss a confidential matter they did not do so in front of other people. Records showed staff had discussed sensitive issues such as end of life care and personal relationships with people to ensure they had the support they needed. The layout of the home ensured people's needs for space and privacy were met.

Staff were observed to be considerate and also encouraged people to consider one another. For example, we saw one person had agreed to wear headphones whilst listening to loud music to prevent another person becoming anxious.

People were cared for by staff who knew them well and realised when they weren't well or needed support. Staff were observant to the fact that one person appeared anxious. They knew how the person usually presented and immediately checked upon their welfare. A recovery worker said, "We can tell if people are worried or anxious and know how to comfort and reassure them."

People were supported by their keyworker to express their views and met monthly to formally discuss their care. Where people had asked for changes to be made to their care arrangements, this had been acted on. For example, one person did not want to be disturbed by staff but acknowledged the staff duty of care to make sure they were safe. They had therefore devised a system where staff would check on their well being if they did not wish to come out of their room to socialise.

The home had information about local advocacy services and had made sure advocacy was available to people. One person told us they had discussed being supported by an independent mental health advocate but had chosen not to have one at that time. People had been supported to make advanced decisions to refuse treatment which could have potential serious implications for their health. Whilst conventional thinking may have deemed such decisions unwise the person was fully supported by recovery workers in their choice and clearly understood the possible consequences.

Three people told us that they did not wish to share their medical information with their families. One person told us, "One of the things that make the staff so good is that whatever is going on they treat me as an individual and don't tell anyone else without my permission. I feel that I can tell the staff anything and it will go no further".

Is the service caring?

Relatives of people confirmed that confidential information was not disclosed to them by the care staff. However relatives were always kept informed if people were unwell,

in line with their support plans. One person's relative told us, "I know they don't have to tell us what doctors say but you can't help worrying, that's why it is so reassuring that the staff pay such close attention to their welfare".

Is the service responsive?

Our findings

Staff were responsive to people's needs and wishes. One person told us, "The manager and staff are outstanding, they are intuitive and always seem to respond in a way that's right for you. Thanks to them I've finally got my life back."

Each person had a support plan which was personal to them. Support plans included information on maintaining people's health, their daily routines and how to support them emotionally. The support plans enabled people to set their own goals and record how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences.

One person did not like to be in group situations and did not like a lot of noise. We saw that staff had created a plan to support this person with regard to social isolation to ensure their health and well-being. The registered manager told us that they were supporting the person to find preferable accommodation and had a transition plan to this effect.

People had weekly meetings with their key worker which informed the monthly review of their support plan. During these meetings people and their representatives were asked for feedback. One person told us their weekly meetings were very important to them. We observed people discussing their preferences with staff and saw staff work with them to accommodate their views. One person told us, "I knew this was the right place for me as soon as the manager and staff began talking with me to find out about what I wanted and what was important to me." Recovery workers took account of people's changing views and preferences, which were discussed at shift handovers.

People told us they were able to make choices about their day to day lives and staff respected those choices. We saw people being offered choices about social activities and how they spent their time. Staff patiently explained choices to people and took time to answer people's questions. One person was supported to order items via a computer auction site and to organise the sale and delivery of furniture to a local community project.

We asked the registered manager about the activities people took part in. Some people needed and preferred a structured plan whilst others preferred a flexible approach. The registered manager told us staffing levels were planned around people's activities to ensure they could be as active as possible. One person told us going out was very important to them as they had a lot of energy. One person told us how they enjoyed cycling, football and listening to music. Another person told us how staff helped them to plan their week and then supported them to achieve their goals. This structure helped them stay calm and well. For instance one person told us how they were fascinated by insects and wildlife. We saw they had recently attended an exhibition supported by staff and had created an "Insect and Hedgehog Hotel" in the garden.

People told us they could chat with staff if they were not happy with something. They said they felt listened to and that their concerns would be addressed. They said they were confident any complaint would be dealt with appropriately. The home had a complaints procedure and any complaints made were recorded and addressed in line with this policy. Since the last CQC inspection there had been two complaints, which had been investigated and addressed by the provider. Both of these complaints had been resolved to each complainant's satisfaction. Necessary learning from these complaints had been discussed during staff supervisions and meetings. People and relatives told us they had no reason to complain but would know how to if necessary.

We spoke with a person who previously lived at the home and was now living independently. They told us how they had been supported during the transition to independent living by the registered manager and staff. One person currently living in the service had a transition plan to explore if another home could provide more appropriate support for their changing needs. This plan included several visits to the home to ascertain whether they would prefer it to Cliddesden Road. Staff from the other home had also been introduced to this person when providing support as part of the provider's recovery voucher scheme. This scheme entailed staff with particular skills supporting people at different homes to achieve their goals and ambitions when requested. This meant the person was receiving consistent and planned support when they moved between different services.

Is the service well-led?

Our findings

The registered manager provided clear and direct leadership and actively sought and acted on the views of others to improve the quality of the service. The location of the manager's office made it easy for people, visitors and staff to speak with them. We observed people and staff approaching the registered manager throughout the day to ask questions or chat. Relatives told us they found the registered manager very approachable and always available.

The registered manager confirmed that they worked shifts alongside staff which enabled them to speak with people, observe staff interactions with people and to seek staff feedback. Health and social care professionals and care commissioners told us that there was an open and transparent culture in the service. The culture of the service supported communication and people felt able to express their views freely. There were regular house meetings, which were recorded, where people were able to discuss any concerns or ideas to improve the service. Recovery workers were available to provide individual therapy sessions whenever they were required and there were regular peer group meetings for different areas of well-being.

The service worked well in partnership with other agencies, particularly the community mental health team. Healthcare professionals from other agencies said their communication with the registered manager was good and they experienced a strong team spirit amongst the staff and people using the service. People, healthcare professionals, and relatives all praised the manager and staff for their dedication and support.

Staff were positive about the management and the support they received to do their jobs. Staff we spoke with said the registered manager's determination to encourage and support people to be involved in their own care planning was infectious and inspirational. One member of staff said "This is my first placement since university and I could not have started at a better place".

Staff told us the registered manager was always available if they needed guidance. They went on to say that the support the registered manager provided was flexible and the level of support was increased during challenging periods. One person living at the home had recently been

very anxious and staff said the team had been well supported during this difficult period. This person praised the support provided to them by the manager and staff. One recovery worker told us, "We have recently been supporting one person with challenging and complex needs which has been a steep learning curve for all of the staff but the support and encouragement from the manager and all of the staff has been excellent." This demonstrated the management team believed in openness and a willingness to listen.

The service delivered high quality care. The registered manager told us they were constantly striving to improve practice, by identifying new ways of supporting people to be as independent as they could be. For example where individuals were supported to take increased responsibility for managing their medicines and diet.

The registered manager carried out regular audits to monitor the quality of the service and plan improvements. This included audits on equipment, fire safety, medicines and support planning documents. The audits and reviews benefited people as they resulted in improved practice. For example, development and delivery of therapeutic workshops and engagement in reflective practice. People told us the therapeutic workshops made them feel better and less anxious.

People benefited from learning that took place across the provider's services. Following an incident in another location changes had been made to the service's response to emergencies, including power failures. This meant that learning took place both within the service and across the provider's services to enable them to learn from incidents and improve the quality of the service provided to people.

The registered manager was supported and monitored by the provider's Operations Director. Weekly reports were sent to the Operations Director to demonstrate the service was being well run. The Operations Director also conducted independent checks on performance and quality, including unannounced day and night visits. The service was in the process of attaining an external accreditation for operating an effective quality assurance system. The provider sought feedback about the quality of the service from people, their relatives and staff through an annual survey. The previous annual survey had received positive comments from people. The annual survey for 2014 had been completed but was in the process of being analysed by the quality assurance team to identify any

Is the service well-led?

trends or required improvements. The registered manager told us they were implementing a survey specific to Cliddesden Road and people using the service, which would be tailored to ensure their views were sought and implemented.

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.

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.