

# New Outlook Housing Association Limited

## Tulip Gardens

### 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?

Outstanding 

### Overall summary

This inspection took place on 24 and 27 November 2014. Tulip Gardens is a bungalow which provides accommodation and care for up to eight people with learning and physical disabilities.

The service has a Registered Manager, A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service met all of the Regulations we inspected at our last inspection in September 2013.

People in this home told us that they felt safe. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

# Summary of findings

Where possible, people were encouraged to know what medication they were taking and the reasons why. The arrangements for the storage, administration and recording of medication were good and this meant that people were protected from possible errors.

People who lived in this home told us that they were happy with their care. They told us how the staff included them in decisions about the running of the home and how their care was provided. People told us about how staff had helped them to develop skills and to stay as independent as possible.

People told us that they were supported to attend social and educational activities of their choice. People also said that they enjoyed a range of social events in the home and in the local community and the home had built good links with local schools and places of worship. People's relatives were encouraged to visit and be involved in social occasions.

Throughout our inspection we saw examples of good care that helped make the home a place where people felt included and consulted. People and, where appropriate, their family members were involved in the planning of the care. People were treated with dignity and respect.

Staff working in this home understood the needs of the people who lived there. We saw that staff and people living in the home communicated well with each other and that people were enabled to make choices about how they lived their lives. People and, where appropriate, their relatives, told us they were happy with their care.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough

induction when they started work at the home and fully understood their roles and responsibilities, as well as the values and philosophy of the home. The staff had also completed extensive training to make sure that the care provided to people was safe and effective to meet their needs.

The provider had employed skilled staff and took steps to make sure the care was based on local and national best practice. Individual staff had taken on special roles, such as 'champions' to make sure that best practice was followed by all staff in the home.

People were supported to have their mental and physical healthcare needs met and to encouraged to maintain a healthy lifestyle. Staff made appropriate use of a range of health professionals and followed their advice when provided.

The manager operated an open and inclusive culture in the home, where the opinions of people who lived there, relatives and staff were valued and respected.

The Registered Manager assessed and monitored the quality of care consistently. In addition to regular observations of staff, the manager consulted people in the home, their relatives and professional visitors to find out their views on the care provided. The manager made frequent checks to see if there had been changes to legislation or best practice guidance to make sure that the home continued to comply with the relevant legislation. The provider encouraged feedback from people who lived in the home, their family members, advocates and professional visitors, which they used to make improvements to the service.

# 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 told us that they felt safe and they knew who to contact should they feel unsafe or at risk of abuse. People's relatives told us that, in their opinion, the home was safe.

Staff we spoke to knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Staff managed people's medicines safely and encouraged them to know what medicines they were taking and the reasons why.

The Registered Manager used systems to make sure that there were enough staff to care for people safely. The provider had robust recruitment arrangements and employed staff with the right qualifications and skills to work at the home.

Good



### Is the service effective?

The service was effective.

People told us that they and, where appropriate, their family members, were involved in their care and were asked about their preferences and choices.

People received care from staff who were trained to meet their individual needs.

The Registered Manager and staff had a good understanding of the requirements of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). Where they were able to, people consented to their care. For those who could not, the provider made sure that proper steps were taken so that decisions were made in their best interests by appropriate people. Risks to people were well managed and ensured that there were no unplanned restrictions placed on their liberty.

Good



### Is the service caring?

The service was caring.

People and their relatives told us that staff were kind and compassionate and treated people with dignity and respect. Staff responded quickly to people's requests for assistance.

Staff sought people's views about their care and the running of the home and took these into account when planning.

Staff made great efforts to communicate with people. They took people's views into account and made great efforts to make sure that they were able to pursue lifestyles of their choice.

Staff were enthusiastic about providing a good standard of care and showed that they were constantly striving to improve the lives of the people in the home.

Good



# Summary of findings

## Is the service responsive?

The service was responsive. People told us that they were involved in planning their care and supported to pursue their interests and hobbies in the home and the community. Relatives told us that the staff made constant efforts to find activities and courses to suit people's interests and needs.

Staff had good systems to help them quickly identify any changes in a person's mood or condition. Staff communicated with other professionals to make sure that people's needs continued to be met when there were changes in their health.

Staff had established effective ways of communicating with people to enable them to express their views about their care; future wishes were included in their care records, such as end of life plans. During our visit we saw that staff responded quickly and appropriately to people's needs.

The staff promoted family involvement and people enjoyed a variety of inclusive social events in the home and local community.

Good



## Is the service well-led?

The service was well-led. There was a positive culture in this home where people felt included and consulted. Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided.

The Registered Manager had developed links with people and organisations in the local community.

The Registered Manager researched best practice and liaised with other organisations and services in order to seek new and improved ways to enhance the quality of life for people in the home.

The Registered Manager made use of good systems for monitoring staff performance and for ensuring that the high standards within the home were maintained and, where possible, improved upon.

We saw examples of new and creative ideas being put into practice during our inspection.

Outstanding



# Tulip Gardens

## 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.

This inspection took place on 24 and 27 November 2014 and was unannounced. This meant that the staff and provider did not have notice that we would be visiting. It was undertaken by one inspector. During the course of the inspection we met all the people who lived in the home.

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 home does well and improvements they plan to make. We also reviewed the information we held about the home.

Providers are required to notify the Care Quality Commission about events and incidents that occur

including unexpected deaths and injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with six people who lived at the home. Some people's needs meant that they were unable to verbally tell us how they found living at the home, but they communicated using gestures and facial expressions. Others were able to discuss their care with us and provide us with information about how staff supported them. We observed how staff supported individuals throughout the day.

We spoke with six members of the staff team and the Registered Manager. During our visit we spoke with the relative of one person and we contacted three other relatives for their comments.

We looked in the care records of four people, including the records of their medication and at records maintained by the home about staffing, training and monitoring the quality of the service.

# Is the service safe?

## Our findings

People who lived in this home told us that they felt safe. One person said, "I am safe and if I didn't feel safe I would tell Sharon (manager) and she would sort it out." Two people showed us where they could find information about how to report any abusive practice. One person told us about a time when they had reported some concerns about their own safety and they were satisfied with the action which had been taken. Relatives confirmed that they felt that the home was safe.

The risks of abuse to people were minimised because there were clear procedures for staff to follow in the event that they suspected that abuse was taking place. Staff told us that they received training in recognising the various possible types of abuse during their induction period and at regular update sessions, including staff meetings. They showed that they knew who to contact if they had witnessed abuse or suspected that abuse had taken place. We saw that there was information about how to report suspected abuse in the home and this was accessible to people who lived and worked in the home as well as to visitors.

We looked at the ways in which staff minimised the risks to people on a daily basis. There were clear guidelines for staff about the possible risks to each person in a variety of situations such as using transport, bathing and eating. Staff demonstrated that they were aware of the measures to take in relation to specific people in order to keep them as safe as possible.

We saw that the provider had systems to make sure that there were sufficient numbers of staff to provide people with the support they needed and to keep them safe. The Registered Manager told us that the staffing numbers were determined by the needs and dependency levels of the people in the home. Staff and relatives confirmed that there were enough staff to meet people's current needs.

The Registered Manager told us about the home's recruitment process. This included asking people who lived in the home for their opinion about prospective employees. All prospective employees were checked through a robust and comprehensive recruitment process which included two references, confirming people's identity and right to work in the UK and making checks through the Disclosure and Barring Service, (formerly the Criminal Records Bureau). This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

People were protected against the risks associated with medicines because the provider had good arrangements in place to manage medicines. We saw that the medicines were stored in a suitable secure location. We observed as staff administered medicines to two people. Staff demonstrated that they involved each person as much as possible in the process, depending on their level of understanding. One person was able to tell us medicines they were taking and what they were taking them for.

We saw that each person had a plan explaining how they preferred their medicines to be given to them and the action which staff needed to take should a person refuse to take their medication. For example, one person's records advised staff to try to administer the medication in a different room in the home if the person refused to take it initially. If this failed, staff were advised to wait before offering the medication again. The maximum time they should wait was clearly recorded as were the possible effects on the person of not receiving the medication and the details of when to contact medical professionals. Staff were aware of these instructions.

Staff told us that all staff who administered medication had been trained to do so and that there were regular checks on their competence. Records confirmed this. This meant that there were good systems to ensure that people received their medicines safely.

# Is the service effective?

## Our findings

### Our findings

People told us that they had confidence in the staff. They told us about the support staff had provided when they had needed to attend medical appointments and how staff had helped them to follow the advice provided.

Relatives provided examples of how staff were effective in meeting people's needs. For example, One relative told us: "Staff are responsive to [relative's name]'s changing needs ... being person centred and encouraging [relative's name] to make decisions about her life where appropriate."

We talked to staff about how they delivered effective care to individuals with differing needs. They showed that they knew each person's needs and preferences well and had the necessary skills to carry out the required tasks.

All of the staff we spoke with told us that they were well supported and received good opportunities for training to enable them to provide effective care. The majority of the team had worked together for several years and they had developed effective ways of working together. Newer members of staff explained how they had received induction training and had been welcomed into the team by staff who helped them to develop their skills and knowledge in relation to people's needs. One newer member of staff told us, "There was no pressure...I was supported. The staff I was shadowing did their job well, step by step, explained how and why and what they had tried before."

The Registered Manager explained how she identified each member of staff's strengths so that they could take lead roles in various aspects of the home. For example, different members of the team were champions for or took the lead on 'dignity', the Mental Capacity Act', 'first aid and 'Health and Safety'. This showed that staff were encouraged to put their learning into practice and develop leadership skills.

People told us that they enjoyed their meals. Where people had needed to change their food intake In order to reach a weight which was considered to be more healthy, they were aware of the reasons why they needed to change their diet and said that staff had supported them in this. Meals were served at different times to accommodate people's activities, waking times and preferences. Where possible,

staff involved people in the preparation of their meals. One person said, "They help me to do some cooking and making drinks. I know they are helping to get me to being able to look after myself."

We observed that people were supported to have sufficient to eat and drink. Staff demonstrated that they knew each person's needs and preferences in terms of food. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs. This demonstrated that staff had information on how to meet people's nutritional needs.

People were supported to have their mental and physical healthcare needs met by appropriate health professionals. Some people told us that staff accompanied them to appointments and relatives told us that they also attended appointments when the person wanted them to. Each person had a plan to show how their health needs were being met. Staff provided examples of when they had observed changes in people's behaviour which had indicated a change in their health and they had made referrals to appropriate healthcare professionals. This had led to changes in their medication or diet and these changes had been documented and followed by staff. People were supported to have regular medical checks and, where appropriate, screening, in order to stay as well as possible.

The Registered Manager showed that she was aware of a recent Supreme Court Ruling in relation to the Mental Capacity Act,(MCA), and the Deprivation of Liberty Safeguards,(DoLS). She and the staff were aware of the need to review the arrangements for all the people living in the home and to make applications, where required, to the relevant authorities. We saw that there were MCA/DoLS assessments of each person and these were kept under regular review. This was to make sure that the human rights of people who may lack mental capacity to make decisions were protected. Staff we spoke with during our visit were able to tell us how they sought consent from people. Staff asked people's consent before taking us into people's rooms. We saw that there was detailed guidance to inform staff about the actions they should take when people

## Is the service effective?

refused consent to treatment which was considered necessary, for example, medication. This showed us the service was able to work in line with the legislation laid down by the MCA.



# Is the service caring?

## Our findings

People told us that the staff consulted them about all aspects of their lives. One person in referring to opportunities made available told us, "They [the staff] say they have seen something I might like to do and they want to know if I want to try it and if I do they will sort it and if I don't that doesn't matter."

Relatives of people who lived in the home told us that they thought that the staff were caring. They gave examples of when staff had noticed when people's needs had changed or when they needed to seek medical attention. One relative told us, "Staff seek appropriate support from medical professionals when necessary." We observed staff interacting with people who lived in the home and saw that people looked relaxed in staff company. There was 'banter' between staff and people who lived in the home which ensured that all the people were involved and included in the everyday interactions.

Staff demonstrated that they respected people's rights by affording them privacy when they wanted this. For example, on the day of the inspection, some people had chosen to spend time in their bedrooms. Staff respected this choice and knocked on the door, requesting permission to enter before proceeding. Staff introduced us and asked permission from people before leaving us to talk with them. When people asked for staff to stay with them during our conversation, staff remained to support the person.

We saw staff engaging with people and demonstrating that they knew their preferred methods of communication. We saw that the information in people's care plans about their preferred method of communication was very detailed. Staff we spoke with were able to explain people's preferred method of communication and how they would express themselves if they were unhappy with the home. With people who did not use verbal communication, staff showed that they could interpret each person's gestures and facial expressions. Staff showed great patience and took the trouble to check with people that they had interpreted their gestures accurately.

The Registered Manager demonstrated a good knowledge of the available technology to help people with visual impairment and had helped people to obtain items which make their lives easier. The Registered Manager had

arranged for adaptations to be made to people's wheelchairs in order for them to be as comfortable as possible and so that those people who communicated using small movements were able to do so more easily.

Staff supported and respected people's choices. We saw people choosing what they wanted to do and where they wanted to spend time. Most people chose to spend some time in the home's sensory room each day. Staff were aware of which elements of the room each person enjoyed most so they made the experience individual to each person, respecting their choices.

People told us that the staff consulted them about all aspects of their lives. One person in referring to opportunities made available told us, "They [the staff] say they have seen something I might like to do and they want to know if I want to try it and if I do they will sort it and if I don't that doesn't matter."

People had chosen to have pet cats and turtles at the home. The staff had supported people by ensuring that there were care plans to provide guidance about how these pets needed to be cared for and the possible risks from and to the pets and how to minimise these. People who live in the home told us that they fed the animals and looked after them. This showed how staff made efforts to support, with some practical assistance, the choices which people had made.

We saw that people looked well cared for. People were supported to attend to their personal care needs and to choose that they wanted to wear. A relative told us, "We have turned up unannounced on numerous occasions and always found everything looking clean and tidy and [relative's name] looking well cared for." This showed that staff respected people's dignity by recognising the importance of looking clean and well groomed.

We saw that staff took account of people's diversity. For example, staff had helped people to have decoration and items in their rooms which reflected their cultural background. Staff respected people's choices in relation to religious observance. In one person's records we found, 'I have always gone to church on a Sunday. Now I go with my new friends at Tulip gardens.'

We looked at three people's care files. These gave detailed information about people's health and social care needs. We saw they were individual to the person and included plenty of information about people's likes and preferences.

## Is the service caring?

In the records we viewed we saw that risk assessments had been drawn up for people on an individual basis which had identified issues such as evacuating the premises in an emergency, behaviours that were challenging to the service and swallowing difficulties. This showed the service was taking action to help people achieve their goals with minimum risk.

The staff we spoke with demonstrated a good level of understanding of people's human rights including privacy, respect, and dignity.

Relatives of people who lived at the home confirmed that they were encouraged to provide feedback and make their views known. One relative told us, "They are always asking for my opinion. We talk regularly and I would not be afraid

to say if I wanted something changing." This meant that, where appropriate, the home included people's relatives when making plans. Relatives confirmed that they were in regular contact with the Registered Manager and staff and were invited to care review meetings. Where people were not fully able to represent their own views and their relatives were not actively involved, they had been supported to use the services of advocates. This made sure that the person's views could be represented when decisions were made about their care and treatment. We checked the outcomes for one of these meetings and found that actions suggested to improve a person's life had been acted upon. This meant that the home was focussed on the needs of the people who lived there.

# Is the service responsive?

## Our findings

People told us that staff were available to help them to do the things they liked doing. People were supported to access education and hobbies which were important to them. We found that some people were out on the day of our visit, attending venues of their choice for social and educational activities. We heard staff discussing, with someone who lived in the home, some new opportunities for pursuing their interest in football. The member of staff explained the various options for the person to consider. A relative told us, "Residents are encouraged to be independent, are offered a range of community and in-house based activities. [Relative's name] specifically enjoys shopping trips, theatre visits, college course in floristry and cookery, bowling and days out." This showed that the staff were supporting people to develop their interests.

Some of the people living at the home had difficulty expressing their needs and wishes verbally, however staff had worked with people (and others who were important to them) to support people to express themselves through non-verbal communication. We observed that the staff were responsive to people's needs. We saw staff offering assistance to people who indicated that they wanted to exercise choice and move to another part of the home. We saw in records that holidays and outings were planned around people's individual preferences and interests. People's occupational needs were discussed regularly by the care staff and this enabled options of new activities to be considered.

In order to monitor people's progress, staff recorded each person's activities, their behaviour and communication, food intake and contact with other people to provide an overall picture of the person's wellbeing. The Registered Manager and staff reviewed each person's records regularly to monitor any changes which had taken place. Staff provided examples of when people's behaviour had changed and the action which they had taken. This ranged from making changes to people's environment to contacting health services to check that the person's medication was appropriate. We heard staff, in the privacy of the office, discussing an apparent change in one person's condition and considering the best course of action to take. This supported our observations that staff were responsive to people's needs.

We saw that each person had a diary detailing their activity on a daily basis. Staff and people in the service told us that these diaries were maintained with as much involvement of the person concerned as possible. Handover sessions between staff shifts were held on an individual basis with people who were in the house at the time so that they could be involved. People contributed to and agreed the information which was being handed over.

People were encouraged to maintain contact visit their family members, where appropriate. People's rooms had photographs on display of people who were important to the person. We saw photographs of relatives attending parties and other social events at the home, including visits to the home by various animals, including a donkey. A relative told us, "The staff are professional at all times, very approachable and pro-active in encouraging families to be involved." This showed that people were supported to maintain relationships with people who were important to them.

Regular meetings were held with people to discuss any changes in their needs and outcomes of their experiences so that personal plans continued to reflect people's current needs. The Registered Manager told us that feedback was gained from people's relatives and a lay advocate via direct conversations and at regular review meetings. The Registered Manager also sent out questionnaires to visitors to the home in order to gain people's opinions of the home. Relatives told us that their views were taken into account. One relative told us, "Things we wanted done have been done." This showed that people were listened to and their comments had been used as an opportunity for improvement.

The Registered Manager had made the complaints procedure available in formats that people could understand. Some people showed us where they had the information in their room. Others told us that staff had explained how they could make a complaint. Some people at the home would be unlikely to be able to make a complaint due to their communication needs and level of understanding. Staff demonstrated that they would notice if people were unhappy about something, because they were well attuned to people's gestures and moods. People's relatives told us that they would have no hesitation in making a complaint on their relative's behalf, should this be necessary. They told us that when they had raised small issue in the past, the Registered Manager had

## Is the service responsive?

been very helpful. One relative told us, “The staff team, provide excellent care for my sister, any concerns raised are dealt with quickly and appropriately and I am kept informed.”

People’s care plans contained information about how they would communicate if they were unhappy about something. Staff were able to tell us how they would tell if

someone was unhappy. The Registered Manager told us that whilst they had not received any recent complaints regarding people’s care, concerns and complaints were welcomed and would be addressed to ensure improvements where necessary. People could therefore feel confident that they would be listened to and supported to resolve any concerns.



# Is the service well-led?

## Our findings

All of the people living in the home, relatives we contacted and staff told us that the Registered Manager was approachable and available if they needed to speak with her. Someone who lived in the home told us, "I always tell Sharon if I want something changing and she sorts it out." One relative told us, "We have an ongoing dialogue with the Registered Manager." Staff told us that they felt valued by the Registered Manager and could approach her about anything. One told us, "She is helpful, really helpful." The Registered Manager showed how she actively sought the views of people living in the home, their relatives, staff and visiting professionals to further develop the service as part of her commitment to continual improvement and an open, inclusive culture. .

Staff received support to maintain a high quality service. Staff told us that they had opportunities to contribute to the running of the home through regular staff meetings and supervisions. All of the staff spoke positively about the leadership of the home. One member of staff told us, "I feel valued. ....the manager encourages staff to speak out and have the confidence that everything will be treated seriously." All of the staff told us they would feel confident to report any concerns or poor practice if they witnessed it and had confidence that the Registered Manager would listen and take appropriate action.

Our discussions with the Registered Manager showed that she fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff told us that the Registered Manager encouraged them to evaluate their own practice and to suggest new initiatives. One member of staff told us, "We know we are doing the right things but we are encouraged to look for ways to improve or do things in a different way."

The Registered Manager had delegated to one member of staff the lead role for promoting and encouraging the service to adopt the principles and values of putting the wishes of people who use the service at the forefront of all decisions made. Known as the 'Eden Alternative', the service is one of a number of services nationally which have adopted the philosophy of the project. One key element of this approach is that there are elements of

variety and spontaneity in people's daily lives. Staff demonstrated their understanding of this approach in their practice and in discussion. One member of staff told us, "It's all about getting to know the individual better and looking at how their lives can be supported and enriched. ....bringing a 'buzz' to people so they can have a laugh." The Registered Manager plans to provide staff with further training in relation to these principles.

The Registered Manager told us that she attended relevant training and conferences and spent time seeking information about best practice in relation to the needs of people in the home. She spoke with enthusiasm about different ways of improving the lives of people in the home. She showed us information which she had shared with staff and explained how she planned to incorporate new ideas into practice.

The Registered Manager had established good links with the local community for the benefit of people in the home. People who lived in the home attended a range of local facilities on a regular basis and there were good links with a local church and schools. The Registered Manager supported students from college and schools on placements at the home and valued their observations on how the home operated and their new ideas, for example in relation to recreational activities.

The Registered Manager of the home demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager. The Registered Manager demonstrated that she made frequent checks to make sure that she was aware of the latest information provided by CQC and that the home continued to comply with current Regulations. The Registered Manager was aware of developments and plans in other homes run by the registered provider as well as the provider's national initiatives and provided examples of when good practice had been shared between parts of the organisation. She had visited other homes to see and share examples of good practice, for example, growing vegetables for use in the home. The Registered Manager told us about several new initiatives and improvements which she had planned for the coming year and these were included in a development plan for the home.

Support was available to the Registered Manager of the home to develop and drive improvement and we saw that there was a system of auditing of the quality of the service.



## Is the service well-led?

This included monthly Key Performance Indicators. The Registered Manager completed returns for the provider in relation to key areas including safeguarding, incidents, accidents and compliance with relevant legislation. These were then reported to and scrutinised by a scrutiny committee which involved board members and service users. As well as checks on the records, the Registered Manager also carried out regular observations on the staff

as they carried out their duties. One member of staff said, “She is always listening and watching to make sure everything is okay.” Records showed that, in addition to the checks carried out by the Registered Manager, representatives from other parts of the organisation also visited the home to monitor, check and review the service and ensure that good standards of care and support were being delivered.

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.