

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

College House

22-26 Keyberry Road, Newton Abbot, TQ12 1BX

Tel: 01626351427

Date of Inspection: 01 September 2014

Date of Publication:
September 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Parkview Society Limited
Registered Manager	Mr Wayne Osbond
Overview of the service	College House cares for up to 12 adults with learning disabilities. College House is part of the Parkview Society which is a registered charity that runs several care homes in South Devon. College House is a large detached property in a residential area, close to parks and local amenities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Safety and suitability of premises	11
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	14
<hr/>	
About CQC Inspections	16
<hr/>	
How we define our judgements	17
<hr/>	
Glossary of terms we use in this report	19
<hr/>	
Contact us	21

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 1 September 2014, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

Our inspection team was made up of a single inspector. We considered all the evidence we had gathered under the outcomes we had inspected. We used the information to answer the five questions we always ask: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Safe.

People were treated with dignity and respect by the staff. People told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard the people they supported.

People who used the service told us "I am extremely happy here it's much better than my old place. I love the staff they always make me laugh and giggle ". Another person said "I love it here. I come and go as I please but it's lovely to know I have the care and support when I need it".

Systems were in place to make sure that the managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve. The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had needed to be submitted. The Registered Manager had been trained to understand when an application should be made and how to submit one. The staff however had not received formal safeguard training since 2005. This led us to look at other training as a whole. When questioned they demonstrated knowledge of correct procedure for reporting any concerns. This meant that people were safeguarded as required.

The deputy manager set the staff rotas which took people's care needs into account when making decisions about numbers, qualifications, skills and experience required. However this had proved more difficult to achieve in the weeks preceding the inspection due to people's care need increasing. We saw evidence that the deputy manager was doing their

best to ensure people's care needs were always met.

Recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified and people were protected

Adaptations and improvements to the home had been performed over the years by the provider to make the home and accommodation safer and more wheel-chair accessible. Therefore it was clear that the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained and had future maintenance jobs planned.

Is the service effective?

People's healthcare needs were assessed with them and they were involved in writing their care plans. Specialist dietary, mobility and equipment needs had been identified in care plans where required. People said they had been involved in writing them and they reflected their current needs.

Is the service caring?

People were supported by kind and attentive staff. We saw that care staff showed patience and gave encouragement when supporting people. People commented, "The staff here are brilliant they are so helpful and caring".

People using the service, their relatives, friends and other professionals involved with the service were completing annual satisfaction surveys. We saw the results were very positive.

People's preferences, interests, aspirations and diverse needs had been recorded and care support had been provided in accordance with people's wishes.

Is the service responsive?

People had regularly completed a wide range of activities inside and outside of the home with help and support of the staff where required.

People knew how to make a complaint if they were unhappy. No one we spoke to felt the need to make a complaint as they were very happy with the service they received. We looked at how complaints had been dealt with and found that the responses had been open, thorough and timely. People could therefore be assured that complaints were investigated and action was taken as necessary.

Is the service well-led?

The service worked well with other agencies and services to make sure that people received the care they needed. We saw evidence that staff were receiving extra training to help cater for people's deteriorating care needs.

The service had an external quality assurance system. Records seen by us showed that identified shortfalls had been addressed promptly. As a result the quality of the service

was continually improving.

Staff told us they were clear about their roles and responsibilities.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The People we spoke with told us they were very happy with the care and support they received from the staff and said they were enjoying their lives. One person told us "I am extremely happy here it's much better than my old place. I love the staff they always make me laugh and giggle ". Another person said "I love it here. I come and go as I please but it's lovely to know I have the care and support when I need it".

We saw that people had very specific and individualistic care plans. These had been commenced at point of referral by services and continued at the pre-admission meeting. Care plans were then developed over the first weeks of the person's arrival at the home. This gave the person time to settle and the staff a clearer understanding of their specific needs and requirements. All care plans seen had been completed as required by staff and were reviewed six monthly by the Registered Manager in accordance with the person's wishes. Reviews were open to family members if available and were performed sooner if a person's health needs required.

The service cared for people with long standing learning disabilities. However due to the age and deterioration of some people's medical conditions the care needs within the home had increased significantly. Staff members had required training in advanced care techniques which had been provided by the district nursing team to help meet and support people's increased care needs. The deputy manager and staff told us that this had created extra pressures on the care staff and had affected the time they had available to help and support others within the home. We saw evidence that the deputy manager was assessing and reviewing the situation and had sought advice from external professional agencies regarding the sustainability of providing the future care needs for some people.

We saw that all people within the home had clear risk assessments. These were seen within the care plans and were kept accessible within the Registered Manager's office for ease of access and signing. All other personal files were kept in the office for confidentiality. All the care plans we observed were individual and person centred. People's needs were assessed and care and treatment was planned and delivered in line

with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. For example every person had a thorough risk assessment to assess their capability inside and outside of the home.

All staff members on duty were seen wearing casual clothing. The deputy manager told us that staff wore their own clothing for comfort and to help promote a normal home environment for the people who lived there. One person told us "All the staff have been here ages so we know all of them they are like our family. I wouldn't want them to wear a uniform, it wouldn't seem right". Another person told us "Uniforms remind me of hospitals and I don't like hospitals they scare me so I'm glad our carers don't wear uniforms". All staff had photographic identification badges that they could wear or show if required inside or outside of the home. At the time of the inspection we saw no staff identification board within the home. The deputy manager told us that they were in the process of putting one in place. This would include names and photos of all staff members and be placed close to the entrance for ease of staff identification to all visitors. The deputy manager demonstrated they were aware of the importance of staff identification for both people who use the service and visitors to the home.

The staff and people within the home appeared happy and relaxed and those able to do so moved around freely. We heard staff members laughing and chatting with people. We were told by the deputy manager that people were either taken out individually or in small groups. This was done to maintain people's choices and individuality. There was a wide range of ability and age groups within the home so outings tended to be more individualistic. For example, one person liked to go out for drives in the car; three people had joined a local rambling club and had their own bus and train passes and two people told us they loved going to the theatre. We saw that forthcoming entertainment had been booked and a hairdresser and massage therapist came to the home weekly.

Throughout the home we saw a good selection of fire safety and first aid equipment. We saw evidence that all staff were up to date with fire and evacuation training and saw that the home had an emergency and crisis policy and evacuation plan. All staff spoken to said they knew where to access these and due to monthly fire drills could demonstrate what to do in case of an emergency.

There were arrangements in place to deal with foreseeable emergencies. However we saw that Personal Emergency Evacuation Plans (PEEPS) were not currently in place. The deputy manager told us that due to people's changing health and mobility needs within the home this was currently being looked at. The deputy manager advised us that each plan would give thorough details of the persons medical and mobility needs, medications and emergency contact numbers. Therefore if an emergency evacuation or hospital admission should be required the plan would help lessen people's distress. The safety and welfare of people who used the service was clearly important to the deputy manager.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with people who lived at the home about their experiences there. One person told us "I'm a bit naughty really, I love going out on my own. I missed the bus once and didn't get back home until ten o'clock at night. Now the deputy manager has got me a mobile phone so if I'm going to be late I can let them know. It's fantastic; they really care about our safety and welfare here". Another person told us "I recently lost my mother and have felt very depressed. The staff have been fantastic they have supported me so well". Another person told us "I wasn't able to look after myself and had to go into a home. I didn't like it there It was horrible. Now I feel really happy and well cared for its lovely here". Everyone we spoke to said they felt safe and happy and said the staff respected them their space and their belongings.

Every person within the home at the time of the inspection had capacity under the Mental Capacity Act (MCA) 2005. However we saw evidence that a "Best interest" meeting had taken place when a person did not have the capacity to make a significant decision relating to their health. Information was provided for the person in ways they could understand and were fully supported appropriately.

We saw many positive interactions between staff and individuals. People moved freely around the home and interacted well with staff and others in a comfortable way. We did not see anything which gave us cause for concern. We saw staff members working at the level required by individuals in an unhurried way whilst offering support. We heard staff speaking to people with respect whilst using their preferred names. We observed staff offering choices throughout the day. For example, what people wanted to watch on TV and what would they like for lunch. We saw no evidence to show that anyone who lived at the home was having their liberty deprived.

The home had a policy on safeguarding which included the contact details of the local authority's safeguarding team. The home also had a policy of whistle blowing, a system which allowed staff to report any concerns without fear of reprisal. All staff who we spoke to had been able to verbally demonstrate knowledge of this and the whistle blowing procedure. However the provider may wish to note that we found no evidence to prove that staff had received any formal safeguard training since 2005.

We were advised that most people chose to deal with their own finances. Others used their families or legal representatives often supplied by the court of protection who managed and regulated individual's monies on their behalf. People kept individual wallets and bank cards in their rooms and managed their own personal bank accounts. Each room had a lockable drawer to keep valuables in. The home had a locked filing cabinet within a secure and locked cupboard that others kept their spending money in. We saw the home had a robust system in place for dealing with this. A double signing procedure was in place and receipts for all purchases made were seen. The deputy manager told us they recommended only a small amount of spending money came into the home. To facilitate this, sundries such as hairdressing could be invoiced directly to the families.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The home was approached through wooden gates and up a drive with plenty of off road parking facilities for visitors. The garden was very attractive and well maintained with an assortment of native and tropical shrubs, trees and a pond. The building although impressive looked in need of redecoration both inside and out due to flaky paint work and loose wallpaper. The deputy manager told us that the building was due to be redecorated but had not been informed when this was likely to happen.

Adaptations and improvements had been performed over the years by the provider to make the home and accommodation safer and more wheel-chair accessible. The entrance door had a permanent concrete ramp for better wheelchair access. There were adequate bath and shower facilities including an electrically operated bath on the ground floor. All bedrooms had wash hand basins but only two rooms were en-suite. We were informed by the deputy manager that there were plans to turn the ground floor shower room into a wet room for better wheelchair access but again had not been informed when this was likely to happen.

The needs of people were being met within the home. There was adequate indoor and outdoor lighting. There was a call bell system in place but we did not hear it ringing as all the people were either out or in the lounge. We were advised that only a few people were choosing to use their call bells but staff said that the call system in place was effective.

We saw that the communal gardens were wheel-chair and walker accessible. We saw permanent ramps to the garden from the path. Seating had been provided for people to sit and enjoy the outdoors. However, the deputy manager told us that none of the people who lived at the home chose to use or sit in the garden unless a staff member went with them. One person told us "I love to look at the garden from my room because it's beautiful but I don't want to sit in it".

It was clear that the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained and had future maintenance jobs planned.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We discussed the staff recruiting process with the deputy manager who told us there was a recruitment policy in place. We were advised of the process used which appeared to be adequate. Most staff had been recruited via word of mouth recommendation or advertisements in the local newspaper. Staff selection interview questions were read and we found were appropriate to positions advertised. All candidates were interviewed by the Registered or deputy manager.

Appropriate checks were undertaken before staff began work. All short listed candidates' certificates were viewed and photocopied for their personal files but were not currently being checked with the educational establishment who issued them. The deputy manager advised us that this practice was about to change to protect the people's welfare, by not employing people with bogus certificates. A current Disclosure and Baring Service (DBS) check and at least two references were obtained prior to an offer of employment being made.

All new staff undertook mandatory training. The deputy manager told us that all new staff's previous certificates and knowledge were taken into consideration. For example, if the staff member's first aid certificate was still in date the home would not re train them until the certificate was due to expire. The deputy manager told us there was no formal training package in place. We saw evidence that the Registered Manager had booked training courses and updates were taking place provided by an external professional training company. We saw that all staff had completed training deemed essential for their particular role.

New staff members were subject to a 17 week probation period, which could be extended if required. Feedback was obtained from people and their families and other staff members as to their suitability for a permanent post. All staff were then monitored indefinitely by way of one to one meetings with the Registered or deputy manager.

We saw evidence that all staff were up to date with essential standards of care and training required for their individual posts. Annual updates were apparent and well documented.

We spoke to a staff member who had been interviewed by the current deputy manager.

They remembered being asked for two references and a Disclosure and Baring Service (DBS) check to check any previous criminal activity. They stated that "The deputy manager is very hands on and approachable. The training has been adequate and I have learnt a lot". Another staff member told us "The advanced training we are now receiving from the district nurses is very challenging but enjoyable. I never thought I would be able to do the things I can now do and it has given me a lot of confidence".

All the staff spoken to told us that they loved working at College House and with the people who lived there. One staff member said "Although lately the work has been very challenging I would not want to work anywhere else. The care and support we have received from the deputy manager has been second to none".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service and their representatives were asked for their views about care and treatment received. We saw evidence that the home had sought feedback from people and their families on a daily basis. We were also shown a copy of the annual questionnaire forms that were sent out.

We saw evidence that the Registered and deputy managers listened to feedback and were committed to improving the service as a consequence. One example of this was a comment that had been received by a family member that they felt their relative needed more outdoor activities. The family member was invited into the home to discuss their concerns and was shown their relative's activities programme. It was shown that the person went out at least five times per week. The family member was asked if they could suggest any further activities or improvements but they were happy with the level and content of the activities being provided. This proved that the managers once aware of the situation had been happy to rectify it for the improvement of the service they provided. The deputy manager told us there was an open door policy for staff, people who lived in the home and relatives to discuss any concerns.

People knew how to make a complaint if they were unhappy. No one we spoke to felt the need to make a complaint as they were very happy with the service they received. We looked at how complaints had been dealt with and found that the responses had been open, thorough and timely. People could therefore be assured that complaints were investigated and action was taken as necessary.

We saw evidence that the service assigned a key worker, a member of staff designated to every person, to ensure regular review and monitoring of care. People told us they had been involved in six monthly reviews where there had been discussions around their care and support. We saw evidence that regular meetings for staff and people who lived at the home were taking place. These helped to monitor the quality of service delivered and discuss improvements that could be made.

We saw evidence that the managers and the staff completed regular audits which had

positive outcomes. The provider also undertook external audits on all its homes annually. All equipment and appliance maintenance audits were seen and were up to date. All safety checks had been performed and were certificated by outside professional companies.

Relevant risk assessments had been completed for each person. The incident book had been completed and showed clear actions had been taken and recorded with positive outcomes.

The number of audits which took place showed that the managers and provider were continually monitoring and assessing the safety and was committed to the quality of the service provided.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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