

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

Bearwardcote Hall Residential Home

Bearwardcote Hall, Heage Lane, Etwall, Derby,
DE65 6LS

Tel: 01283732810

Date of Inspection: 19 May 2014

Date of Publication: June
2014

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

Consent to care and treatment	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Management of medicines	✔	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	Bearwardcote Hall Residential Home Limited
Registered Manager	Mrs Jacqueline Thompson
Overview of the service	Bearwardcote Hall Residential Home is in a rural location two miles from Etwall village in Derbyshire. It provides personal care and accommodation for 38 older people. They are not registered to provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 19 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Bearwardcote Hall is a care home registered to provide personal care and accommodation for up to 38 people. There were 33 people in residence when we undertook our inspection, and one person was in hospital.

This inspection was unannounced which meant the provider and the staff did not know we were coming. We spoke with nine people living in the home, one visitor, five staff and the deputy manager.

In this report the name of a registered manager appears. Their name appears because they were still a registered manager on our register at the time. A new manager was in post and they were in the process of submitting their registered manager's application to CQC.

At our last inspection in October 2013 we made two compliance actions regarding recruitment practices and the quality monitoring of the service. This meant the provider had to make improvements to demonstrate they were fully protecting people using their service in these areas. We found that suitable and sufficient improvements had been made where we had identified concerns. We saw the provider had put right what was required.

Was it safe?

People we spoke with told us they felt safe. One person told us, "I would rather be in my own home, but it's the second best thing and I do feel safe here." Another person said, "They are wonderful staff they have the patience of Job. I have never heard a raised voice in six years. I see them handle people; they are ever so good and so calm."

Staff handled medicines safely. Records in relation to medication administration, protocols and temperature checks were in place which meant medicines were well managed.

We saw recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with vulnerable people.

The provider and staff needed to increase their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The provider needed to ensure suitable information about capacity and consent was evident. No DoLS applications had been and although these may not be required

Was it effective?

People's health, care and support needs were assessed with people using the service and/or their relative or advocate. We saw people's care records were up to date and reflected individual current needs.

People had access to a range of health care professional which included doctors, opticians and dentists to ensure their health needs were met.

People told us they were happy with the care and support they received and their needs had been met. One person said, "It was clear from our observations and from speaking with staff they had a good understanding of the people's support needs and knew people well. We saw the staff had received training to meet the needs of the people using the service.

Was it caring?

We saw people were supported by kind and attentive staff. We saw staff showed patience and gave encouragement when supporting people. People's rights, privacy and dignity were considered. One relative told us, "The staff are amazing, they are so respectful, kind and caring."

When speaking with staff it was clear they genuinely cared for the people they supported. People told us the staff were kind and thoughtful. The staff knew how to support people in a caring and sensitive manner.

People had detailed care and support plans relating to all aspects of their support needs. They contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. People's preferences, interests, aspirations and diverse needs had been recorded.

Was it responsive?

People told us the staff were responsive to their needs, one person said, "They are good at answering the buzzer, they respond quickly. When I ring, they are there."

We saw people's needs had been assessed before they moved into the service. We saw records where people using the service had met with their named member of staff on a monthly basis to discuss what was important to them and this information was recorded in their care records to ensure these reflected people's preferences.

People had access to activities in their own home and also in the community. They had been supported to maintain or forge relationships with friends and relatives. One person said, "I never get bored." Another person told us they had opportunities to be involved in activities in the home such as laying tables, updating the menu board and dusting.

Some of the staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). We found some information was in place of how to support people who could not make decisions for themselves, but further evidence was needed.

Was it well led?

The provider had a quality assurance system in place. We saw records which showed that identified problems and opportunities to change things for the better were addressed promptly. As a result the quality of the service was continuously improving. One person told us, "You only need to mention something and it is sorted really quickly."

There were systems in place to make sure the staff learnt from events such as accidents, incidents and concerns. This helped to reduce the risks to people using the service and helped the service to continually improve and develop.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and knew there were quality assurance processes in place. One staff member said, "It like home from home. We all really care about getting things right."

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

What we have told the provider to do

We have asked the provider to send us a report by 26 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Where people did not have the capacity to consent, the provider had not always acted in accordance with legal requirements.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our inspection we saw people consented to day to day decisions. For example, we heard staff asking one person if they were ready to eat their meal. People we spoke with confirmed they chose what time they got up in the morning, retired to bed and whether they wanted a bath or a shower. One person said, "They are brilliant, we make our own decisions." Another person said, "We come and go as we please, there are no restrictions." We saw that people were encouraged to have their meals in the dining area of the home but could choose to eat elsewhere if they wished. We saw that when needed appropriate support was offered with their eating and drinking. One person using the service was a vegetarian and they told us the cook accommodated their needs. They said, "I get quite a good variety and they make sure I like the food I'm offered. They always get something else if I'm not happy." This meant that before people received any care or support they were asked for their consent and given choice in their daily routine.

As part of our inspection we looked at the care records for people using the service. We looked at how consent was obtained for people as part of the process of planning their care and support. We were told that people were involved in the reviewing of their care plans and that they, or their families, would be made aware of any changes. However, the provider was not documenting how people's consent was obtained following any changes to their plan of care.

We spoke with the deputy manager about how they ensured they acted in people's best interests when they may lack the mental capacity to consent to their care, support and treatment. Having mental capacity means being able to make decisions about everyday things like what to wear or more important decisions like making a will and deciding where to live. People can lack mental capacity because of an injury or condition, stroke or dementia. Some people may have capacity to make decisions about some things but not others, or their capacity to make decisions may change from day to day. A capacity

assessment determines whether people are judged to have the capacity to make a specific decision. We saw from people's mental health assessments they may have lacked the capacity to understand their plan of care and, therefore, may not be able to consent to it. The provider was not documenting how they ensured people understood their care plan and whether they had consented.

We saw one care record had information demonstrating the person using the service should not be resuscitated (DNAR). When making such decisions evidence must be available to demonstrate whether people using the service have the capacity to do so. We saw the assessment was available in care records and the GP and family members had been involved in the process but there was no evidence available to show other people could make the decision on someone else's behalf through a lasting power of attorney (LPA).

Whilst people have capacity they can choose to set up a LPA. This gives someone the authority to make decisions on the person's behalf. The provider did not have evidence to demonstrate people had LPA in health and personal welfare. This would confirm decisions were being made by people who had the authority to do this in the person's best interests.

Discussions took place with the deputy manager regarding the recent judgement on 19 March 2014 by the Supreme Court and how this will impact on the provider's responsibility to ensure Deprivation of Liberty Safeguards (DoLS) are in place for people using the service. This judgement by the Supreme Court widened and clarified the definition of deprivation of liberty. It confirmed that anyone who required continuous supervision and would not be safe to leave the home independently would be deprived of their liberty and safeguards must be put in place to protect their rights. The deputy manager confirmed that they were aware of this recent judgement but they had not considered if any DoLS applications may be required.

We looked at staff training in the area of mental capacity. We found that some members of staff had undergone training in this area. However, there were several members of staff who had not received training about the Mental Capacity Act 2005.

We saw evidence that people were able to participate in, and make decisions about their own care, support or treatment. Where people did not have the capacity to make decisions, we saw that procedures were not always followed to ensure that decisions made on their behalf were done in the person's best interests.

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

We spoke nine people who told us they were happy with the care they received. One person using the service said, "My buzzer is always answered so that reassures me." Another person told us, "I am happy. The staff are wonderful here." A visitor told us, "I think they really look after people here, I can't fault it." This meant people using the service received the care and support they needed.

We saw that people had access to health and social care professionals, such as; general practitioners, dentists, nurses and chiropodists. We spoke with a visitor who told us, "They have always communicated really well with the family and other professionals. They are interested in what you have to say so we felt listened to." This meant that people's health and wellbeing needs were being addressed and professional advice sought.

During our inspection we looked at three care records. There was information to demonstrate these records were being written based on the individual needs of the person, meaning they were 'person centred'. They provided staff with clear guidance on how to meet peoples' needs. The care records and supporting documentation showed that people using the service or their representatives were involved in the care planning process and that care, support and treatment was provided in accordance with their individual preferences. One person told us, "I am fully involved with my plan, the staff make sure that what I want I get they are excellent."

We saw people's care records were reviewed on a routine basis by staff and these reviews involved people using the service or their representatives if required. This meant the information held about people was regularly discussed and updated.

The care records showed that risk assessments were in place where areas of potential risks to peoples' general health and welfare had been identified including moving and handling, falls, nutrition and medication. We saw that when concerns were raised, information was recorded in relation to fluid and food intake. However, the information did not enable the staff to make a judgement about whether people were receiving the necessary food and fluids required. The provider may wish to consider ways of ensuring records offer clear and concise information to demonstrate people's dietary needs are met.

The staff we spoke with showed a good understanding of the needs of the people using the service. We observed care being delivered in a way that supported people's care needs, welfare and safety.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Some people using the service were able to manage their own medicines. We saw suitable storage was made available to ensure medicines remained safe. We saw information was available in care records to demonstrate medication management had been discussed with the person concerned. The person using the service told us, "I have regular meetings with the staff to make sure everything about my medication is up to date." We saw the person did not have the medication administration records (MAR). The provider may wish to amend their system to enable the person to have the MARs for completion.

We observed medication being administered at lunch time. This was completed in a calm, organised and relaxed manner. We saw some tablets were halved by hand without gloves because the person could not swallow them whole. This was done in the person's best interest, but did not follow safe practice measures or good hygiene.

We saw medicines for people using the service were kept safely in a locked room and locked cabinet. There was a record of medicines delivered to the home and disposed of. Arrangements were in place in relation to the auditing of medicine and a carryover figure was recorded. The quantities of medicines listed on people's MAR matched the numbers of medicines stored at the home. This meant the auditing system was effective. This meant the provider could be confident the amount of medication recorded was available in the home.

We saw a daily log was in place to ensure room and fridge temperatures were recorded and we saw the temperature was suitable for the medicines stored. We saw medications stored in the fridge were suitably labelled when opened. This meant medication was stored as required within the correct temperature range.

Some people needed medicines to be administered in a specific way. Information relating to when and how this medicine should be administered was recorded. The staff we spoke with were aware of how this should be administered. This meant people using the service could be confident there was clear information why and how to provide this medication.

The medication administration records (MAR) were completed after each person had

taken their medication as required. This meant the provider reduced the possibility of mistakes. We checked the MAR charts for three people and found they were all correct demonstrating medicine was administered as prescribed.

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

At the last inspection on 18 October 2013, the provider did not have all the information they needed to ensure recruitment procedures conformed to the regulations. On this inspection we found suitable and sufficient improvements had taken place.

The two staff files we reviewed contained an application form, references, identification and a health check as required. This meant all the information needed to ensure staff were suitable to work in the service with people was available and the necessary checks were in place. The provider may wish to note that evidence of appointment in some instances would support their judgements in relation to their decision making. We saw people's disclosure and barring service checks (DBS) had been applied for, and were in place prior to the staff starting work. This meant the provider could be assured new staff were suitable to work with vulnerable people.

We spoke with three people using the service about new staff appointments who told us they were happy with how new staff started to support them. One person told us, "They have an induction and introduce themselves to us. I know they don't work alone until they know exactly what's required."

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.

Reasons for our judgement

At the last inspection on 18 October 2013, the provider did not have all the information they needed to ensure risk assessments and the completion of audits kept people safe. On this inspection we found suitable and sufficient improvements had taken place.

People using the service, their representatives and staff confirmed they were involved in the running of the home. They told us they felt included and able to speak freely and in confidence. One person using the service said, "I can talk to any of the staff." Another person said, "I feel things are dealt with well you can speak your mind." This meant people using the service felt supported and could raise issues about the home.

We saw the care records were reviewed on a monthly basis to ensure that staff had the correct and up to date information to meet people's needs. One staff member said, "I only work three days a week but I always get really good information on my return to work." Staff we spoke with confirmed they were well informed which meant people received consistent care.

We looked to see if personal emergency evacuation plans (PEEP's) were in place. PEEP's provide information for staff and emergency services to follow to enable them to support people who cannot get themselves out of a building unaided during an emergency situation. The deputy manager was unsure if these had been completed and we asked for evidence to be forwarded onto us confirming their completion. We had not received this at the time of sending the draft report. Not providing a PEEP meant that the required information was not available to enable people to be supported safely in the event of an emergency.

People told us the staff spoke with them on a regular basis to find out their views about the care they received. We saw documents such as resident meetings were used to gather information about how well the service was performing. One person using the service said, "This is my home, I am very content here anything we need will be addressed." We saw minutes of meetings which demonstrated people's views were asked regarding meals, activities or if they had any issues that they wanted to discuss about the running of the home. One person using the service said, "We talk about various things or what we want

or need." This meant people's views were listened to and valued.

People's feedback was recorded and analysed, and if required action was taken to improve quality in a prompt manner. This meant the provider used feedback to assess, monitor and improve the service.

We saw that regular audits were completed by the provider to assess and monitor the quality at the home. These audits covered topics which included; health and safety, infection control and medication management. All audits were evaluated and action plans to improve quality were in place where required. This meant that the registered manager and provider had an effective system in place to regularly assess and monitor the quality of the service.

There was an effective system in place to assess and monitor the staff's skills and understanding. Regular staff supervision sessions occurred meaning the provider assessed and monitored the staff's ability to meet people's needs.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
	How the regulation was not being met: The registered provider must ensure suitable arrangements are in place for obtaining, and acting in accordance with the consent of service users, in relation to the care and treatment provided for them.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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