

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

## Housing 21 - Fountain Court

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4AF

Tel: 03701924665

Date of Inspections: 15 May 2014  
14 May 2014

Date of Publication: June  
2014

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✗ Action needed
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Housing 21
Registered Managers	Mrs Tracey McCormick Ms Rosemarie White
Overview of the service	Housing 21 is registered to provide personal care for tenants at Fountain Court. The service is aimed primarily for older people.
Type of services	Domiciliary care service Extra Care housing services
Regulated activity	Personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 May 2014 and 15 May 2014, 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, talked with staff, were accompanied by a pharmacist and reviewed information sent to us by commissioners of services. We talked with commissioners of services.

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### What people told us and what we found

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We considered our inspection findings to answer questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

This is a summary of what we found-

Is the service safe?

People's planned care included actions to reduce risks and ensure personal care was delivered safely. People who used the service said they felt safe with their care workers. They told us, "I know I can rely on them", and, "The staff know what they're doing. They care for us all and wouldn't harm anyone."

Staff were trained to protect vulnerable people and allegations of abuse were responded to appropriately. But the service did not have a robust system in place to support people in managing their personal money. This meant the provider could not demonstrate that people were fully safeguarded from potential harm. A compliance action has been set in relation to this and the provider must tell us how they plan to improve.

We found that medicines arrangements had been improved and people were now protected against the risks associated with the use and management of medicines.

Is the service effective?

People's care was well planned and kept under regular review to check it remained effective. People and their relatives told us they were pleased with their care and support.

They said, "The staff are a good help to me"; and, "I'm very happy and know that the carers know what they are doing."

The staff team received training that equipped them with the skills to meet the needs of the people they cared for. Staff told us they were well supported in their roles and their performance was regularly supervised and appraised.

Is the service caring?

People told us they felt well cared for. One person said, "The girls are just great." A second person commented "I'm very happy with the care." A relative said, "They take him to the social activities and events". Staff told us, and our observations confirmed, that they took a pride in providing people with person-centred care.

Is the service responsive?

People's needs were regularly re-assessed to make sure they were still being met. Where the need for changes to a person's care plan was identified, these were made promptly. Records confirmed that people's preferences and diverse needs formed the basis of the care and support they received. A relative told us, "They help me with making appointments for him. They ring me straight away if there's a problem".

Is the service well-led?

The manager and staff had a good understanding of the ethos of the service and their roles and responsibilities. Quality assurance processes were in place to check standards were maintained. People were routinely consulted about their level of satisfaction and feedback was used to improve the quality of the service.

In this report the name of a registered manager appears who was not in post and not managing the regulated activity at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 01 July 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.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

We talked with people using the service about the care and support they received. They all spoke positively about their experiences and the staff team. People told us, "We're well cared for"; "I made the right decision coming to live here"; "The staff are lovely, so good natured and kind"; and, "I'm very happy, the girls look after me". People said they appreciated the facilities at the scheme and the range of social activities and entertainment that staff provided. One person said, "We have a regular tea club and do crafts and games, and at Easter we had a singer come in." We also talked with a relative who said she was very much involved in her brother's care. She described how the staff had adapted to his changing personal care needs and said, "I'm very pleased with his care, the staff are marvellous."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care records showed people had support plans which were based on their assessed needs and risks. The plans set out the care and support that care workers would provide at each visit and any additional support the person might need at other times. We saw support plans were detailed and personalised to the individual. For instance where a person received help with meals, their plan specified the food and drinks they liked, such as 'prefers tea with milk and one sweetener'. The plans also informed workers about how to promote the person's independence and respect their privacy and dignity when assisting with personal care. This meant there was clear guidance for staff on meeting people's needs and supporting them in the ways they preferred.

The staff we talked with demonstrated good understanding of the care that people required. This was also evident at the afternoon staff handover which we observed, where information was passed on to the care workers coming on duty. We heard how staff had worked flexibly, for example, giving support with meals and medication at a time to suit someone who wanted to get up later in the morning. Care workers then asked about, and wrote down when they next needed to visit, to make sure meals and medication were given to the person at appropriate intervals. The staff from the earlier shift gave thorough

verbal accounts of each person's well-being and the care they had delivered that day. The handover was used to good effect and kept the care team properly apprised about people's ongoing welfare.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The manager and seniors told us about how people's care needs, and risks to their personal safety, were kept under review. Care records had been audited and updated to reflect people's current needs and risks, and advice given by professionals involved in their care. We saw evidence of this, including an additional plan for a person's care at the end of their life. We were told staff had worked to support the person, fitting in with the care they received from their family, the palliative care team, and a night sitting service.

Weekly timetables had been introduced to show the extent of care that people would receive according to their assessed needs. These indicated the number, times and duration of each visit, and whether one or two care workers were required. The manager told us the timetables were checked against records that workers made about the support time they had provided. This helped identify where people regularly needed more time to meet their needs, and prompted a reassessment of their needs.

The manager told us the service was working with a local authority assessing officer to review people whose needs had changed. The manager and seniors also now met weekly to discuss and review services for people with extensive or complex care needs. We saw records of these reviews included the action taken to co-ordinate people's care and, where necessary, involve other health and social care professionals. This showed us that people's safety and welfare was being monitored and acted upon.

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

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service were not fully protected from the risk of abuse because the provider had not taken reasonable steps to prevent the risk of financial abuse.

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.

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## **Reasons for our judgement**

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We talked with people using the service about their personal safety. They told us, "I'm safe in here, the staff are there for me when I need them"; "No-one gets neglected here"; and, "The staff wouldn't harm anyone". People described how they wore alarm pendants, which they could use to alert staff in an emergency, and they said staff always responded quickly.

We saw information was displayed and given to people that told them about their rights to complain and be protected from abuse, and how to raise any concerns.

The service had policies and procedures on safeguarding vulnerable adults from abuse and on whistleblowing (exposing poor practice). Staff confirmed they had access to these and understood their roles in preventing people from being harmed. We saw evidence that all staff had also received updated safeguarding training with the local authority earlier this year.

The manager showed us that records were kept with details of safeguarding referrals and alerts, including the action taken and notifications sent to the Care Quality Commission. She told us she maintained regular contact with a local authority safeguarding manager to ensure she was clear about what actions needed to be taken, and where alerts had been closed.

We had been notified of a safeguarding alert that was raised last year concerning people's personal finances. We reviewed what steps had been taken to ensure the safekeeping of people's money. The manager said most people using the service managed their own finances, or were supported by their families. We were told the local authority acted as appointee (a representative appointed on behalf of a person) for some people who needed help managing their finances. A staff member was designated to collect money from the local authority for these people which was then held at the service and used for their day-to-day personal spending. However, we established that the support each person required was not documented and did not form part of their support plan. This meant there was no

clear guidance about staff responsibilities and the extent of support individuals needed to manage their money.

We checked records of the cash paid in and out of people's accounts at the service and found they lacked clarity. Not all transactions were signed as having been witnessed by a second person, including the amount of money collected from the local authority and cash given to relatives. Receipts for purchases were obtained, such as when staff went shopping and bought new clothes for a person. However, bills paid at the shop and restaurant within the scheme were not itemised and stated only the total amount.

The finance records were also confusing in that money recorded under the heading of 'cash to tenant' was not cash given to the person, and was in fact the balance of cash held. In addition, people had a second account for 'savings', which the manager acknowledged was unnecessary as all cash deposited was for personal spending. In one instance, the two accounts were not properly aligned, as money transferred into 'savings' was not subtracted from the balance on the other account.

We asked about what the service did to keep checks on people's money. The manager told us excessive amounts were not held, and, when necessary, cash had been returned to the local authority for safe keeping. She said on one occasion, she and a locality manager had checked all money kept for people. This check had not been recorded and there was no system to routinely check or carry out audits to monitor how people's money was being managed. This meant there was no oversight to give people assurance that their personal money was being handled safely.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We had identified concerns with the arrangements for the recording and safe administration of medicines at our previous inspections in December 2013 and February 2014. We issued a warning notice to the provider requiring compliance by 4 April 2014. During this inspection we checked if improvements had been made in relation to our concerns.

We found that improvements had been made and people were now protected against the risks associated with medicines.

As part of this inspection we looked at six people's care services that included support with medicines.

Arrangements were in place to ensure that up to date information about people's medicines was available. People's medicine needs were confirmed when they started using the service. Written risk assessments were completed and details of any support needed were recorded within their individual support plan.

We saw that the supplying pharmacies did not always provide descriptive information about the medicines contained in each sealed blister pack to assist care workers in identifying individual medicines. The current medicines for each person were not always held in a consistent format. The manager told us that work had commenced to obtain printed medicine administration records for each person which would list all their current medicines. Maintaining an up to date list of each person's medicines requirements helps to make sure that all the medicines a person needs are received from the pharmacy and administered correctly.

Medicines were safely administered. We found that information about the support people needed with medicines was recorded in their support plans and medicines were administered by suitably trained and competent care staff.

Appropriate arrangements were in place in relation to the recording of medicines. We found no gaps in the administration records, indicating that people had received their

medicines as prescribed. The provider may find it useful to note that some handwritten entries on medicine administration records were not always fully completed or signed by the person making the entry.

Some people were prescribed medicines to be taken before meals, or not to be taken at the same time as other medicines, and we saw that this was managed by making separate calls to their home. We also saw recorded evidence that staff had contacted GP's when they were concerned about people regularly refusing their medicines.

We found that weekly audits of all the medicine administration records were carried out and saw evidence of action being taken when discrepancies, or failure to follow procedures, had been identified.

The provider's medicines policy provided guidance on the safe handling of medicines for care workers but did not cover all aspects of medicines practice. We discussed with the manager how this could be improved. Consideration was also being given by the manager to arranging the co-ordinated delivery of people's medicines at the same time each week.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. New care workers spent one day at the scheme, with the manager and other staff, for in-house induction. This was followed by three days of induction training that covered all training required by legislation. They then spent as much time as needed, extra to the usual staffing numbers, shadowing experienced workers. This was evidenced on the staff rota. We saw that induction was specific to the worker's role. For example, a new senior care worker was being mentored by the team leader to ensure she was familiar with her responsibilities in that role.

We were shown a training matrix that gave an overview of all staff training completed, and when training courses were next due to be undertaken. This showed that all staff were up to date with training in safe working practices. It also indicated that staff had been given training specific to people's needs. This included courses on caring for people with dementia, nutrition, diabetes, equality and diversity, depression and mental health needs. The manager told us she and a manager from another scheme had also carried out in-house training such as care planning and safeguarding responsibilities with senior workers.

The majority of care workers and senior workers held National Vocational Qualifications (NVQs) in care at levels two or three. The manager had achieved NVQ level three in housing and support, and was working towards NVQ level five in health and social care.

Staff received appropriate supervision and support on a regular basis. Individual supervision was provided every two months, and staff were given a formal appraisal of their work annually. Monthly staff meetings were held to discuss good practice issues.

Staff told us they found the manager and senior staff supportive and they felt communication within the team had improved. One new care worker confirmed they had completed a thorough induction process, spent time shadowing experienced workers, and had been helped to identify their training needs. Staff told us they worked as a team and said they were committed to delivering continuity of individualised care.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service and their representatives were asked for their views about their care and treatment and they were acted on. Tenants and relatives' meetings were combined with coffee mornings to maximise attendance. This gave people the opportunity to meet with the manager and express their views. The manager told us she operated an 'open door' policy for people and their relatives, and would arrange private meetings, where appropriate. People and their relatives were also able to attend a forum for tenants within all Housing 21 provision.

The manager had also introduced monthly surveys to capture people's views and opinions about the service. The surveys included questions about staff; care practices; how safe people felt with the care they received; whether their support helped them maintain independence and good quality of life; and their overall satisfaction with the service. People were able to add any suggestions they wished to make about improving the service, and to raise any concerns. The large majority of responses we saw were positive about the staff and the service being received.

A range of audits and spot checks was seen to be carried by the manager and senior staff, covering areas such as care records and medicines, and observations of staff practice and performance. Any deficits identified were seen to be addressed by the manager. We were told that standards within the service were also monitored by senior management, and an annual scheme audit was completed by the provider's quality team. During this inspection we found that improvements had been made to the quality of the service in areas such as management of medicines and keeping people's care under review. However, the provider may find it useful to note that robust auditing arrangements had not been made following a safeguarding issue about people's personal finances.

We looked at the records kept of complaints. We saw people were given a copy of the complaints process as part of their written guide to the service. Two complaints had been logged in the previous twelve months, neither of which related to people's care. Both issues had been fully investigated and responded to appropriately. The people we spoke with expressed no concerns about the service and said if they had any problems they

would tell the staff or manager. A relative told us, "I've no complaints. It is first class."

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
Personal care	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safeguarding people who use services from abuse</b>
	<b>How the regulation was not being met:</b> The provider had not made suitable arrangements to ensure that people using the service were safeguarded against the risk of theft, misuse or misappropriation of money. Regulation 11(1)(4)(c)

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 01 July 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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