

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

## Redstacks

36 Heads Lane, Hessle, HU13 0JH

Tel: 01482640068

Date of Inspection: 22 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>Management of medicines</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Mrs Audrey Zeane Redmore
Registered Manager	Mr Jeffrey Donnelly
Overview of the service	<p>Redstacks is a privately owned care home registered to an individual. The home is a large house set in its own grounds in a residential area of Hessle and has been extended to provide accommodation for 14 older people who may have a memory impairment. Communal accommodation consists of one lounge and one dining room. Private accommodation consists of 12 single bedrooms and one shared bedroom. The garden provides a safe environment and is easily accessible. There is parking for eight cars.</p>
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
<b>Summary of this inspection:</b>	
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	5
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Management of medicines	8
Safety and suitability of premises	10
Supporting workers	11
Assessing and monitoring the quality of service provision	13
Complaints	15
<b>About CQC Inspections</b>	16
<b>How we define our judgements</b>	17
<b>Glossary of terms we use in this report</b>	19
<b>Contact us</b>	21

## 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 22 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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Our inspector visited the service and assessed six essential standards of quality and safety which helped us answer our five questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service and the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

We found that people were having their care and welfare needs met by staff who provided support to them in a safe way. Care plans included assessments of need and an action plan to instruct staff on how best to care for people. We found that staff followed the instructions of the care plans.

People that used the service experienced safe practices with the handling and administering of their medication because staff followed the procedures in place and accurately recorded when medicines had been administered, stored or disposed of.

We found that the premises were safe and suitable for providing care and accommodation to older people who may have a dementia type condition.

Is the service effective?

We found that people received effective care because they had care plans in place to inform staff on how best to meet peoples' needs. Staff understood peoples' individual preferences and accessed health care support when necessary to ensure peoples' health care needs were effectively met.

Staff had been appropriately trained to care for older people and so they used their skills effectively to ensure peoples' needs were met.

Is the service caring?

People were treated kindly and with respect. We observed and heard staff being patient and understanding and we found that people were given the time they needed to do things at their own pace. Staff were caring and encouraging.

Is the service responsive?

We saw that staff responded to people whenever they requested support and offered assistance at strategic times to ensure people were comfortable and their needs were met. People were listened to regarding their complaints and action was taken to remedy any concerns relatives may have had. The service was responsive to peoples' wishes and requests.

Is the service well led?

There was a suitable quality monitoring and assurance system in place which enable the provider to identify any shortfalls in the service and to address them to improve on the quality of service provision.

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

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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 peoples' safety and welfare.

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### Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

At our last inspection of the service in January 2014 we found that whilst the care provided had been of a satisfactory standard, care documentation had not been satisfactorily maintained or kept fully up to date. We had issued a compliance action and the provider had sent us an action plan saying when they would be compliant with the regulation.

At this inspection in May 2014 we checked the progress that the provider had made. Although the provider had initially requested a longer timescale to achieve compliance we saw that there had been improvements made in updating and maintaining documentation since our last visit in January.

We spoke with people that used the service, relatives and senior staff about peoples' care and welfare. We looked at peoples' care files to assess compliance with the regulation.

People told us they were quite content at Redstacks. They said, "It is a very clean home, the food is good and the staff are helpful", "We are well cared for and want for nothing" and "I've lived here some years now and everything is pretty good. We have what we want and the staff are good to us."

Relatives we spoke with told us they had been happy with the service and the care their family members had received. They said, "Mum has been here some years now and while she has deteriorated over that time, the staff have always cared for her in a way that best suited her needs" and "We were happy with the service for X right from the start. It provided just the support she needed. We can see that the home is clean and comfortable and the staff are helpful."

We saw that people were assisted with the support they required, with mobility, personal

comfort and nutrition. We heard people being treated with respect and dignity and we saw that needs were met effectively by a responsive staff team. We observed that there were few organised activities, but we saw that there was a steady stream of family visitors. Some visitors took people out for a time, others spent time with people in their rooms or the dining room, but we saw that all visitors were made welcome and their company was appreciated by the people they visited. We saw that visitors were very much a part of the support that people that used the service received and so this overrode the need for organised activities.

We discussed with the senior staff and the administrator, occupation of people that had been diagnosed with a dementia type condition. We saw that while people may have had a mild dementia they were not provided with any specialist care or pastime.

We observed that there was no supervised occupation for people with dementia conditions. Supervised occupation could include being involved in folding laundry, hanging out washing, organising and tidying ones' bedroom, polishing furniture, setting dining tables, rummaging among items of memorabilia or talking with staff about book, magazines and peoples' past histories. This meant people with dementia that used the service were not having their needs for stimulation and occupation fully met. The provider may find it useful to note that this lack of activity (occupation) for these people could become more pronounced as peoples' conditions worsened.

People that used the service who were cared for because of disability due to old age only, did have their needs satisfactorily met. We saw that their care files contained information in care plans about how best to meet their assessed needs and that these care plans had been regularly reviewed each month. Care plans were written according to peoples' needs, strengths and achievements and included information on a safe environment, communication, breathing, eating and drinking, elimination, maintaining body temperature, mobilising, working or socialising, sleeping and end of life care.

Care files also contained records for monitoring care (food and fluid intake, elimination, bathing and turn chart), health care (GP, district nurse, dentist, optician, visits to and appointments at hospital. Checks were also made on peoples' weight and their skin integrity) and risk assessments (falls, accidents, mobilising, nutrition).

People had patient passports in place to ensure information about their care needs was sent to hospital with them on admission, so that healthcare professionals were informed on how best to care for them.

All this meant people that used the service experienced safe and effective care that met their needs. The service was responsive to peoples' needs and preferences, staff were caring and care and support was given by a team of staff that were well led.

**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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Appropriate arrangements were in place in relation to the recording of medicine. Medicines were kept safely. Medicines were safely administered. Medicines were disposed of appropriately.

We spoke with people that used the service, senior staff and the administrator about safe management of medicines. We looked at the systems for receiving, storing, administering and disposing of medicines that people required.

People told us they were satisfied with the arrangements for handling and taking their medication. They said, "The girls do the medicines", "Oh I don't want to look after my tablets", "I don't take any medication at all, so need no help with this" and "Yes I am happy for the staff to look after my tablets, as I might muddle them up."

A senior staff member told us that a monitored dosage system (MDS) was used as supplied by a pharmacy in Hull. MDS is a weekly or monthly measured supply of medication dispensed by the pharmacist in individual doses to be taken on specific days at particular times. We were told that the medicines were stored in a medicine trolley which was secured in a locked cupboard along with any surplus items. We saw the storage arrangements and found them to be safe and satisfactory. We saw that controlled drugs (CDs) were also stored safely.

We found that the MDS packets were printed for starting on a Monday, but the senior staff told us delivery of medicines meant they should be started on a Wednesday. The provider may find it useful to note that staff had taken medicines from the MDS packet starting on the Monday. While medicines were accounted for this could have caused confusion for staff at times when people that used the service refused their medication and could have led to mistakes being made in administering medicines and recording them.

When we looked at medication records: the medication administration record (MAR) sheets, we saw that medicines had been receipted into the service. We saw that staff had signed the MAR sheets when medicines had been administered or they used the correct omission codes when not administered.

However, we saw how administering medicines from the packet starting on a Monday instead of a Wednesday had caused confusion for staff. One person had been to a hospital appointment and had missed a dose of paracetamol. The next day this had resulted in staff taking the first available tablets from the packet, which did not correspond with the signature on the MAR sheet for the day it had been signed as given. The confusion was logically followed and all medicines were fully accounted for, but confusion had arisen so that the wrong day's tablet had been administered.

We discussed making sure that medicines were taken from their packets on the correctly labelled day and signed for on the corresponding date on the MAR sheet to avoid any confusion happening again. The provider would have to ensure the next delivery of medicines would be administered from their packets starting on a Wednesday at the point they were labelled as such.

The senior staff told us there was medication held for one person in a 'Just in Case' box, supplied by the district nurse in case an 'end of life' situation were to arise. The controlled medicines in the box had been receipted into the service's controlled drug register and the other medicines in the box had been receipted on the district nursing notes. All of these medicines were only administered by the district nurse.

We found that there were systems in place for returning unused medicines to the pharmacy and these included accounting for and recording them in a returns record. Systems were satisfactory and ensured safe procedures were followed.

Management of medicines was safe, so people that used the service received their medication safely and when they required it.

## Safety and suitability of premises

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained.

We had seen from our records that there was an outstanding concern against this standard, which meant we needed to check the standard for compliance.

We spoke with people that used the service, senior staff and the administrator about the safety and suitability of the premises. We looked around the property and viewed all private and communal areas.

People we spoke with did not give us any feedback about the safety of the premises, but they told us they were happy with their bedrooms and with the cleanliness of the home.

Senior staff and the administrator told us that bedrooms were redecorated on becoming vacant, and maintenance or replacing of furniture was carried out when necessary or according to a planned maintenance programme. We saw that all bedrooms contained appropriate furniture, were decorated to a good standard and were personalised with people's possessions and small items of their own furniture.

The laundry and kitchen were safe for use and staff followed safe procedures when working in these areas. There was an enclosed garden/patio area for use by people that used the service and it could be accessed from the conservatory lounge, the dining room or the corridor.

We saw that the environment was clean, safe and fit for use.

**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. Staff were able, from time to time, to obtain further relevant qualifications.

At our last inspection of the service in January 2014 we found that training had not been updated in line with the company's usual policy and there were some gaps on the training records held by the service. We had issued a compliance action and the provider had sent us an action plan saying when they would be compliant with the regulation.

At this inspection in May 2014 we checked the progress that the provider had made. Although the provider had initially requested a longer timescale to achieve compliance we saw that there had been improvements made in training completed by staff since our last visit in January.

We spoke with people that used the service, relatives, senior staff and the administrator about training opportunities and training completed. We looked at the records of training completed in the last three months.

People and relatives we spoke with did not give us any feedback about staff training, but they told us they thought the service of care had been satisfactory and that the staff had been thoughtful and caring.

The senior staff member and the administrator told us that since the last inspection the provider has ensured some staff completed training in the mandatory subjects (those that staff were expected to complete). These included safeguarding adults from abuse, fire safety, moving and transferring people and the Mental Capacity Act 2005. Staff had also completed training on Parkinson's disease, falls prevention and first aid. They said that other training courses would be updated throughout the rest of the year, especially for those staff that hadn't completed any yet. These included other mandatory courses on management of medicines, infection control and health and safety and a supplementary course on dementia.

We saw evidence of the training that had been completed in the form of training records

and certificates of attendance, completion and achievement. These had been completed across a period of time from February 2014 to the day of our inspection. Staff had not completed any training in caring for people with dementia, continence care and diabetes, but we were informed by the administrator that these areas could and would be covered using a training company's workbooks. Staff had already been working through the workbooks to update their training in the mandatory subjects. Workbooks were assessed on completion by sending them to the training company.

We observed staff assisting people with their care, health and mobility support needs and we saw that staff were suitably skilled in their approach, exercised patience and understanding and were knowledgeable about peoples' needs and preferences.

All this meant people that used the service were cared for by skilled, trained staff and so their needs were effectively met.

## 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 received.

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### Reasons for our judgement

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People that used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We spoke with people that used the service and senior staff about quality assuring the service and we looked at the quality assurance recording systems and documentation held by the service. These included details from audits carried out by a senior member of staff and satisfaction questionnaires that had been given to people and their relatives.

People we spoke with could not recall being formally asked for their views of the service but they told us the staff asked them daily if things were satisfactory. They said, "We are often asked if things are okay" and "oh the staff check with us all the time to see if we are happy." Relatives we spoke with told us they were always kept informed about peoples' situations and their health. They said, "The senior staff keep me up to date with Auntie's progress and tells me what has been happening to her" and "Mum's health care is always relayed to me by the senior staff and if there is anything she needs the senior lets me know."

We looked at some of the audit reports that the service completed to ensure people received a satisfactory service and we saw that there had been several audits completed since our last inspection. These included infection control, health and safety, personal care and medication audits. We saw that these had been evaluated on specific evaluation forms to determine what needed to be improved upon.

We saw that there had been a satisfaction questionnaire issued to people that used the service and to their relatives in February 2014. Responses for these showed that people that used the service and their relatives were generally satisfied with the service. They were positive about the quality of food provided, the activities available, care and support given, the environment and the attitude of the staff. Healthcare professionals had also been consulted and asked about their views of the service. Their comments included, "I feel the home has a very high standard of care. The staff are friendly and treat the residents kindly" and "Most of the staff I have come into contact with are very caring (to

residents) and also pleasant to visitors. The quality of the food is excellent and the music events are always jolly."

We were shown a testimonial letter from a relative which stated, "I have been a consultant geriatrician and stroke physician for the past 15 years in Hull and I can affirm that Redstacks is a very caring home. The management and leadership are of the highest standard. The home has been nursing my mother in bed very well for nearly two years."

We saw that the service had held staff and resident meetings to discuss issues of concern and interest and to determine decisions about changes in the service. These meetings had been recorded in formal minutes.

All this meant people that used the service experienced opportunities for improvements in the quality of the service and care provided to them and so the service was being well led.

There was sufficient evidence that people, their relatives and healthcare professionals and other visitors to the service were consulted about the quality of support, the environment and staff attitude and there was information in the form of audits to show which areas of the service were being checked for their quality. The provider may find it useful to note that while information had been gathered about the service and it had been analysed and used to make changes, there was no formal feedback system available to the people from whom information had been obtained.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People were made aware of the complaints system. Peoples' complaints were fully investigated and resolved, where possible, to their satisfaction.

We spoke with people that used the service and senior staff about how complaints were handled by the provider. We looked at the complaint procedure and the records of complaints that had been made in the last year.

There was a complaint policy and procedure in place for people and staff to follow. These were on display in the service and were accessible to everyone.

People we spoke with told us they had not needed to make complaints, but knew who to tell if they had. They said, "We have nothing to complain about", "The staff are lovely. We never need to complain" and "I have nothing to complain about, but if I did then I would tell the senior staff or the provider."

The log and record of complaints that we saw included one complaint which had been dealt with satisfactorily and there were several compliments about the caring staff, good food and how well staff had followed instructions from the district nurse.

This meant people that used the service had opportunities to have their complaints addressed and the service was responsive and being well led.

## 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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