

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

Kingfisher Court

Rownhams Lane, North Baddesley, Southampton,
SO52 9LP

Tel: 02380739006

Date of Inspections: 25 June 2014
23 June 2014

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

Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Dolphin Care Limited
Registered Managers	Mrs Alexandra Ruth Downes Mrs Julia Spriggs
Overview of the service	Kingfisher Court provides specialist accommodation and rehabilitation facilities for those with Acquired Brain Injury and associated neurological conditions. It is located in North Baddesley on the outskirts of Southampton Hampshire.
Type of services	Care home service with nursing Long term conditions services Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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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 23 June 2014 and 25 June 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 and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

At the time of our inspection, Kingfisher Court was providing accommodation, care and support to nine people with Acquired Brain Injury and associated neurological conditions. Some of the people using the service had complex needs which meant they were not all able to tell us their experiences. We observed the care and support being given and how staff interacted with people. We spoke with the registered manager, deputy manager, three support workers and one person who used the service. Following our inspection we spoke with two relatives of people who use the service in telephone conversations. We also looked at care and support records.

At the time of our inspection Kingfisher Court had two registered managers for this location. In this report the registered manager refers to Alexandra Downes.

This is a summary of what we found –

Is the service safe?

The service was safe. We saw guidance for staff about maintaining people's dignity whilst care was provided. One relative we spoke with said: "I'm really happy with the care and support my relative receives. They have only been at Kingfisher Court a short while but they have come on in leaps and bounds".

Specialist engineers visited annually to service and carry out maintenance works on equipment. Records demonstrated the passenger lift had undergone routine maintenance in March 2014. The five overhead hoists and one mobile hoist had been serviced in May 2014 in accordance with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). A fire risk assessment had been carried out 26 May 2014. This had highlighted

three defects within the home which were addressed by the provider on 6 June 2014.

Support staff we spoke with told us that they felt the staffing levels were adequate to meet the needs of the people living at the service and they were managing their workload effectively. One person using the service said: "There is always plenty of staff around to help us".

People's personal records including medical records were accurate and fit for purpose. All records we looked at provided up to date information and guidance on how best to meet people's care needs. We saw that medical appointments were recorded and that care plans had been updated to reflect changes in care that resulted from medical appointments.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Relevant staff had been trained to understand when an application should be made, and how to submit one. The registered manager was aware of recent changes to the legislation and was awaiting further guidance from the managing authority.

Is the service effective?

The service was effective. The four care plans that we examined had been reviewed within the previous 28 days. We saw that each person's care had been reviewed by the registered manager with support workers healthcare professionals and the person receiving care.

Is the service caring?

The service was caring. We saw evidence that specific risk assessments had been completed for people based on individual needs that identified and the type and degree of support they required.

Is the service responsive?

The service was responsive. One person had been identified as at risk from developing pressure areas. We saw a plan had been put in place to reposition the person every two hours. We reviewed the care notes for this person for the previous two months prior to our inspection. Records demonstrated that the person was repositioned every two hours which included night time.

Is the service well led?

The service was well led. Support workers told us that before people came to live at Kingfisher Court the registered manager assessed their needs to ensure that the home and support workers could meet those needs. One support worker said: "As a team we focus our efforts on managing the adjustment that is sometimes necessary when people come into the home".

The registered manager told us: "We communicate with people's families regularly and if there are any problems we deal with them straight away. The annual satisfaction survey is an important means for us to check whether we are getting things right as far as relatives are concerned" This meant that there were processes in place to regularly seek people's views on the care and support provided.

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

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with support staff who told us that people received an assessment of their needs before receiving care and support at Kingfisher Court. This was to ensure that the service was able to meet the person's needs and requirements. One support worker said: "Before people join this little community the registered manager will assess their needs to ensure that we as support workers can meet those needs. As a team we focus our efforts on managing the adjustment that is sometimes necessary when people come into the home. Some of our people find change difficult to cope with and it requires planning and monitoring".

We reviewed the care and support plans for four people who use the service and saw evidence that their needs, requirements and preferences had been assessed thoroughly and reviewed regularly. We saw areas covered within the assessment included personal care, nutrition, medicines, mobility and communication. In addition we saw evidence that specific risk assessments had been completed for people based on individual needs that identified and the type and degree of support they required. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

One person who uses the service had been identified as at risk of having seizures at night time. Referral had been made to an occupational therapist and a specially adapted mattress had been put in place that would detect movement resulting from a seizure. This would trigger an alarm to alert support staff. Further referral had also been made for to a Neurological Psychiatrist to further assess the persons support needs. Another person had been identified as at risk from developing pressure areas. We saw a plan had been put in place to reposition the person every two hours. We reviewed the care notes for this person for the previous two months prior to our inspection. Records demonstrated the person was repositioned every two hours and included night time. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw from the care plans we reviewed that the plans identified tasks that people could do for themselves and how they had to be supported to maintain their independence. We also saw guidance for staff about maintaining people's dignity whilst care was provided. One relative we spoke with said: "I'm really happy with the care and support my relative receives. They have only been at Kingfisher Court a short while but they have come on in leaps and bounds. It's such a worry off my mind to know they are well looked after" This meant that care and support had been planned and provided in a way that promoted people's independence and upheld their dignity.

Some people using the service were unable to communicate with us due to their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed positive interaction between support workers and people using the service. For example we observed a support worker working with one person who uses the service to enable them to use a computer. The support worker was attentive, calm and responded to the needs of the person. We also observed support workers regularly engaging with people in the communal lounge and asking if they needed support and having friendly conversation.

We saw that each person's care had been reviewed monthly by the registered manager involving support workers, healthcare professionals and the person receiving care. Reviews had also occurred to which people's relative or representative had been invited. The support planning and review documentation showed that people and their representatives had been involved in decisions about how support and care was provided to them. This meant that the provider had ensured that people's care and support was kept under review.

There were arrangements in place to deal with foreseeable emergencies. Each person living at Kingfisher Court had a Personal Emergency Evacuation Plan (PEEP) in place. This gave clear and concise instruction on the level of assistance needed to evacuate people from the home in the event of a fire. The PEEP's folder was located at the main entrance next to the fire alarm location panel. There was also a fire evacuation file which included environmental risk assessments to be handed to the emergency services in the event of fire.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Policies and procedures were in place and relevant staff had been trained to understand when an application should be made, and how to submit one.

The registered manager told us that one person using the service was subject to Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA) and aims to make sure that people living in care homes are looked after in a way that does not inappropriately restrict their freedom. A requirement under DoLS states that Deprivation of Liberty safeguards must not be implemented without authorisation from the managing authority (local authority).

The registered manager explained that Mental Capacity Act 2005 Deprivation of Liberty Safeguards authorisations were only requested when it was in the best interests of people who lacked capacity. We looked at the documentation for one person who was subject to DoLS. Records demonstrated the provider had considered the persons wishes, consulted with family, involved the person and considered the least restrictive options. Records also

showed that a psychiatrist, best interest's assessor, mental health nurse, social workers and Independent Mental Capacity Advocate (IMCA) had been involved in making particular decisions. This meant that people who use services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

Safety and suitability of premises

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. There was a detailed health and safety policy and procedure in place which support staff showed understanding of. Checks and audits took place to ensure fire equipment was working properly, for example, we saw records of weekly fire alarm test, weekly fire extinguisher checks, weekly emergency light test and monthly fire drills. This meant people were confident that appropriate measures were in place to ensure their safety in the premises.

Specialist engineers visited annually to service and carry out maintenance works on equipment. Records demonstrated that the passenger lift had undergone routine maintenance in March 2014. The five overhead hoists and one mobile hoist had been serviced in May 2014 in accordance with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). A fire risk assessment had been carried out 26 May 2014. This had highlighted three defects within the home which were addressed by the provider on 6 June 2014.

Risk assessments were completed for key areas such as fire safety, control of substance hazardous to health, (COSHH) and the environment. Support staff were involved in this process and they showed good understanding of the risks and control measures. The provider had a contract for pest control. We saw records of visits to attend the home regularly ensure that any risk from pest's was kept to a minimum. Waste was managed effectively; there was a contract in place with a specialist team for disposing of clinical waste including sharp instruments.

Fire evacuation sledges were available and located at the top of each of the two flights of stairs. These would aid the evacuation of people safely with limited from the upper floor if required in the event of an emergency.

The systems for recording and reporting of incidents and accidents were clear to staff and there was a procedure in place. They were analysed and discussed at meetings for learning.

There were communal lounges, shared kitchen and dining room, activity room, computer area for people to use. They were furnished and decorated to an appropriate standard for comfort and relaxation.

We saw regular audits of the quality and safety of the service took place and were recorded. An area manager for the provider visited the home regularly and carried out audits. We looked at the latest audit dated June 2014. This included interviews with three people who use the service which indicated they were happy with the care and support provided. It also included observations of the building and noted any improvements or repairs that were required. The area manager also looked at health and safety in and around the building, fire safety and accident and incident reporting.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The registered manager told us staffing levels had been determined based on risk assessments and meeting the needs of people and the activities taking place. The providers staffing risk assessment states: "Lowest level of staffing must be four carers plus one nurse during the hours 7am-7pm. The lowest level of staffing at night must be two carers plus one nurse".

We looked at the staff roster covering the previous two week period and found safe staffing levels for both day and night had been maintained. In addition staff were supported by the registered manager and her deputy between the hours of 7.30am – 5pm. We saw the provider did not have 'on site' management cover on Saturday or Sunday. The registered manager told us this was provided by the nurse in charge with either herself or her deputy being 'on call'.

Support staff we spoke with told us they felt the staffing levels were adequate to meet the needs of the people living at the service and they were managing their workload effectively. One person using the service said: "There is always plenty of staff around to help us".

Staff training records demonstrated staff had received appropriate training which ensured they were suitably qualified, skilled and experienced to meet people's needs. For example, they had completed training in safeguarding of vulnerable adults, moving and handling, basic first aid, fire safety awareness. Staff had also been trained to identify, intervene and support people with challenging behaviour safely. The providers training for this, known as 'Positive Range of Options to Avoid Crisis and use Therapy and Strategies for Crisis Intervention (PROACT-SCIP)', which aims to support staff to use non-physical interventions to prevent a crisis from occurring. This meant that staff were skilled in providing care to enhance a person's quality of life and give people the skills to communicate their own needs.

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

We saw from the care plans we reviewed that people's feedback on the service and their level of satisfaction had been noted as part of the review process. One person told us: "The staff keep an eye on me; they're always asking if I'm OK. When we do a review they ask me again and I always tell them I'm happy because it's true" The registered manager told us that survey forms are sent out twice yearly in December and June.

The registered manager took up her post in February 2014 and was aware that the December survey had not been completed. The registered manager also said: "We communicate with people's families regularly and if there are any problems we deal with them straight away. The annual satisfaction survey is an important means for us to check whether we are getting things right as far as relatives are concerned" We have a survey ready to send out in the next couple of weeks and we will continue to seek feedback twice yearly" This meant that there were processes in place to regularly seek people's views on the care and support provided.

Support staff told us that staff meetings were held every four to six weeks and this enabled them to raise any issues about people's care and support. We reviewed the minutes recording the last three staff meetings. We noted that meetings appeared very care oriented that staff had proposed solutions to problems. It was apparent that these had been discussed at the meeting and addressed by the registered manager. The registered manager told us: "Staff meetings have not taken place a regularly as I would have liked but I am addressing this" The registered manager showed us a plan of meetings she intends to have going forward. For example, weekly clinical meetings, monthly nurses meetings, monthly support staff meetings and a full staff meeting every three months. The registered manager also said: "I am here most of the time and support staff always have access to me if problems arise" This meant that staff had been provided with the opportunity to raise any issues they had about the service either formally or informally.

The registered manager told us that they also monitored the service through the staff supervision process. They told us that staff received one to one supervision where their practice was observed. We reviewed the records relating to this during the inspection.

Staff confirmed that their performance had been assessed through observations of their practice and one to one discussions. This meant that the quality of the service provided was monitored by the provider.

The service's complaints records indicated that six complaints had been received in the previous 12 months. All had been dealt with in accordance with the service complaints policy and we noted that steps had been taken to resolve them to the satisfaction of the complainant. This meant that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

We saw documentation from a health care professional that reflected positively the care and support that had been provided by the staff at Kingfisher Court to a person who had used the service but who had passed away in November 2013. For example, "From the start your team provided superb care which was focused at all times on the individual. Your carers found intuitive ways to meet [their] very specific and very often challenging needs" The provider may find it useful to note that Regulation 16 (1) of the Health and Social Care Act 2008 states that the provider must notify the Commission (Care Quality Commission) without delay of the death of a service user. We have asked the registered manager to forward a retrospective notification to the Commission in relation to the death of a service user.

We saw evidence that the provider had developed checklists to ensure that important areas of the service were monitored regularly. For example the home's monthly checklist included auditing care plans and medication records to ensure they were accurate and up to date. The provider also carried out a monthly health and safety check which monitored incidents and accidents, the safety, security and cleanliness of the premises and maintenance of the home's vehicle.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. We spoke with two support workers who told us that people's care records were located safely and said they could access the records when necessary. One support worker explained that care delivered was documented in records and were kept in people's personal files.

People's personal records including medical records were accurate and fit for purpose. All records we looked at provided up to date information and guidance on how best to meet people's care needs. We saw that medical appointments were recorded and that care plans had been updated to reflect changes in care that resulted from medical appointments.

For example, one care record we looked at showed that the person had their fluid intake recorded because they were at risk of dehydration. We looked at the person's fluid intake records which had been updated to reflect this. A support worker we spoke with said: "It is very important that we record our observations and comments accurately and clearly to ensure that our colleagues understand the care we have given".

Two support workers accurately described the needs of people they supported. We looked at four people's care records and asked the support workers to tell us about two of those people's needs. They were knowledgeable about the requirements of each person and were able to describe the risk associated with providing care. This meant that the care records were accurate and reflected people's individual needs.

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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