



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Acacia House Nursing Home
<b>Address:</b>	33 Portsmouth Road Horndean Hants PO8 9LN

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
User doesn't belongs to any group	0 7 0 4 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

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## Information about the care home

Name of care home:	Acacia House Nursing Home
Address:	33 Portsmouth Road Horndean Hants PO8 9LN
Telephone number:	02392594138
Fax number:	
Email address:	acaciahouse@contemplation-homes.co.uk
Provider web address:	

Name of registered provider(s):	Contemplation Homes Ltd
Type of registration:	care home
Number of places registered:	27

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	27
Additional conditions:		
The maximum number of service users to be accommodated is 27		
The registered person may provide the following category of service : Care with nursing (N) to service users of the following gender: Either whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (OP)		

Date of last inspection									
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Brief description of the care home
Acacia House is in a residential area on the outskirts of Horndean, near Portsmouth. It is a care home providing nursing care for people aged 65 years or over. The home is also registered to admit terminally ill service users and up to five service users between the ages of 55 and 64 years. The home is arranged over two floors, with three ground floor communal rooms, including a large sunroom with views into the garden. There are twenty-three single bedrooms and two shared bedrooms. There is a shaft lift for access to the first floor. There are stairs to four bedrooms on a half-landing and to one of the shared bedrooms on the ground floor. There is a portable stair lift to provide access to these bedrooms.

### Brief description of the care home

The home has attractive, well maintained, gardens to the rear of the property, which are accessible to residents. There is a small car park at the front of the home. Current fees range between #650.00 - #855.00 per week. This information was provided by the manager on 16/04/09.

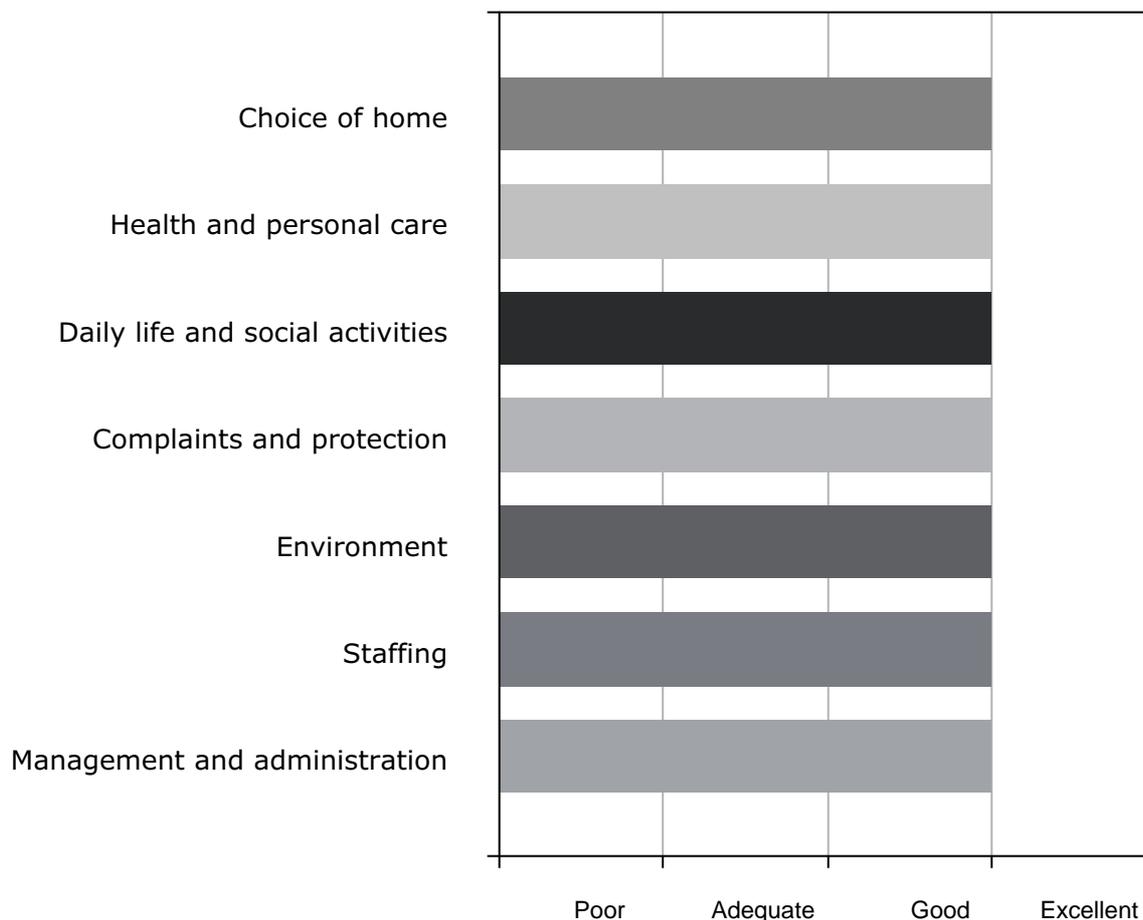
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The purpose of this key inspection is to assess how well the home is doing in meeting the key National Minimum Standards (NMS) and Care Home Regulations.

The findings of this report are based on several different sources of evidence.

Tracey Horne, Regulatory Inspector, visited the home on 7 April 2009. We spoke with two service users, one visitor and three staff. We looked around all of the communal areas and in some bedrooms. We looked at some records that the service keeps and talked with the manager. The people living in the home prefer to be referred to as residents, therefore the rest of the report will reflect this. We looked at The Annual Quality Assurance Assessment (AQAA) that was sent to us by the service. The AQAA is

a self assessment that focuses on how well outcomes are being met for people using the service.

A range of Surveys were returned to us. These comprised eight from service users and four from staff.

We also looked at:

Information we have about how the service has managed any complaints.

What the service has told us about things that have happened in the service, these are called notifications and are a legal requirement.

The previous key inspections and the most recent Annual Service Review.

Relevant information from other organisations.

What other people have told us about the service.

### **What the care home does well:**

Residents we spoke to and who returned our surveys were generally happy.

The assessment process is good at ensuring the home can meet the prospective resident's needs.

The home provides a very homely, clean environment.

Staff are caring and helpful.

Activities are very good and varied such as going out to musicals, theatre and the cinema.

Staff receive good training and feel supported by the manager.

Visitors feel very welcome.

### **What has improved since the last inspection?**

My life Books have been introduced, completed by residents their families and friends.

An activities coordinator has been employed to arrange and review activities.

All staff have had teaching on the Safeguarding of Vulnerable adults in line with Hampshire's Adult Protection Policy 2008.

Staff have received training in specific areas such as dementia, infection control, MRSA, palliative care, safeguarding of vulnerable adults and the Mental Capacity Act.

Refurbishment and decoration is ongoing.

### **What they could do better:**

Care plan paperwork is being improved and new assessment tools are being introduced.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line –0870 240 7535.

## Details of our findings

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## Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is good information available about the home to help people make a choice about whether the service will be suitable for them Peoples needs are known before they move in.

The home provides intermediate care.

Evidence:

The AQAA states that "there is a brochure, statement of purpose and website that offers detailed information of the services we provide." Residents surveyed said that they had received enough information about the home before they moved in so they could decide if it was the right place for them." During the visit we spoke with one relative who confirmed they had been given information about the home and said, "Right from the first phone call to make inquiries, staff were helpful and friendly. When i visited the home it had a lovely homely atmosphere and i could see my relative living

Evidence:

here happily." Records of one resident who had been recently moved into the home were seen. These contained assessments of needs from which an initial care plan had been devised and had been completed before care had started . The manager confirmed only trained staff complete an initial assessment to ensure the home can meet the persons needs. The prospective resident, their relative and health care professionals, where appropriate, are consulted during this process.

The AQAA stated that emergency admissions, respite and trial visits tend to become permanent or the resident returns to their home after their short stay.

There wasn't anyone staying for short term care when we visited.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has a well-developed system of planning and reviewing care, which reflects residents wishes and aspirations. This ensures that resident's needs are met within a risk management policy involving residents or their representatives in decisions that affect them.

Evidence:

Each resident has a plan of care that has been drawn up from the initial assessment of their needs. Staff surveyed were asked "Are you given up to date information about the needs of the people you support or care for?". They generally felt that they were. One said "care plans are always up dated plus we have handover at the beginning of each shift" The manager said that she has been part of re developing the care plans to be more 'person centered' and hopes they will replace existing care plans soon. Care plans seen gave information to staff about specific physical needs such as washing and dressing, mobility and nutrition. One resident agreed to what was written in their care plan and confirmed it had recently been updated. Care plans also contained assessments of risk where a particular issue had been identified and gave staff

## Evidence:

guidance on how to support the resident safely, for example where residents needed to be hoisted. Other risk assessments seen included nutritional assessments, pressure areas and use of bed rails. Those seen were up to date and had been signed by the resident where appropriate. Staff said care plans were easy to follow. One newly appointed member of staff said "This is my first care job and i found the care plans easy to follow, they helped me to know what support each person needs."

Records showed residents were able to see or consult with any health and social care professional of their choice when they needed to. The AQAA stated a regular private podiatrist attends the home every six weeks. Residents maintain links to community services such as out patient clinics, dentists, opticians, nutrition nurses, dietitians, speech and language therapists and physiotherapists.

One resident spoken with confirmed that staff call a doctor for them if they feel unwell. The manager said that a GP visits regularly.

Residents confirmed that their individual privacy was respected. Staff were seen to knock on resident's bedroom door and wait before entering. Staff were observed to talk with residents in a friendly and respectful way. The AQAA stated that privacy, dignity and resident rights form an integral part of staff training and this is evident in their daily care. Residents are respected at all times and choice is supported through discussion and actions.

We found medicines to be securely and appropriately stored. Two residents confirmed they received regular medication by staff as their preference.

Care plans detailed medication needs and most Medication Administration Record (MAR) sheets had been completed accurately, one had gaps where staff should have signed to show that the medication had been offered to the resident. This was brought to the attention of the manager who said she would investigate.

Staff confirmed only trained nursing staff administer medication. We saw one member of trained staff administer lunch time medication appropriately.

The AQAA states that stringent medication policies and procedures are in place. Self administration of medication is promoted where appropriate and have effective risk assessments in place along with the appropriate policy and procedure which includes safe storage.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Relatives involvement is encouraged and there is a wide range of activities provided. Residents enjoy a choice of meals served in a relaxed atmosphere.

Evidence:

The AQAA stated that there is a monthly activity plan that is optional and flexible. An activities coordinator is employed to arrange and review activities to ensure suitability and resident choice. One to one sessions with activities coordinator for bed/room bound residents as well as group exercise based activities are provided to promote independent living skills. Records regarding activities include residents individual activity plan, feedback and evaluation sheets and an activities diary, photographs of various activities and a memory album. An activity plan was available for each resident in communal areas and in each bedroom and showed a variety of activities from visiting places of interest to outside agencies coming to the home. Three residents and one relative said the activities were very good. One member of staff said "we organise a variety of events and activities and invite relatives and friends, for example an Easter party is being organised for the weekend which relatives are invited to." "We have activity meetings, records of these are kept so that we can monitor what is going well and ways in which we can improve. Residents are involved so that we can arrange

Evidence:

the activities to suit their individual and group needs."

The manager said that the portable equipment in the 'snoozelem' quiet room is taken to people in their bedrooms if they wish. The equipment consists of a glitter ball and various color projection items which are designed for promoting relation. The manager said the home was full of relatives on Mothering Sunday. "The home was buzzing" Eight residents responded. Two agreed that the home always arrange activities, four ticked usually , one sometimes and one commented "I do not participate."

The manager said that residents can receive visitors in private if they wish. One resident said " My visitors are made to feel welcome." One relative said " Acacia Nursing Home have recently invited relatives to meetings which is great."

The AQAA states there is clear choice of food available for residents including those with with various disabilities e.g. dysphasia, diabetic, coeliac. Staff said that they use pictures of food to enable each resident to choose their preferred meals for the following day from a set menu.

Three residents agreed the meals are always "Very good", four usually and one sometimes. One stated due to their specific dietary requirements they cannot always have what's on the menu. The manager said that the home cater for special dietary requirements and go shopping on a weekly basis to ensure these needs are met and separate menus are devised with the resident's involvement.

Some residents eat their lunch in the sun lounge whilst others ate in their rooms. One resident said this is their preference.

We saw that people were given appropriate assistance by staff, that meals were pureed where required and that the mealtime was not rushed.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Procedures are in place to ensure that people can make a complaint should they need to do so. Policies and procedures are in place for protecting residents from abuse.

Evidence:

Residents surveyed were asked "Do you know who to speak to if you are not happy?" one said "always" and one said "usually". Four staff responded to our survey, all ticked 'yes' to knowing what to do if someone has concerns about the home. One commented "To document all concerns and report to management." One relative was confident that the home would respond appropriately if they had needed to raise a concern. We looked at the complaints log. This showed that no complaints had been received since we visited last. The manager said "This is because we sort out any issues before they become complaints." One relative confirmed this and said that they had only raised a couple of minor issues, but unless they spoke directly to the manager they weren't always made aware of the outcome.

The AQAA says that all staff receive training in adult protection. Two staff confirmed they have received this training.

Staff recruitment records showed that a satisfactory Criminal Record Bureau (CRB) disclosure had been obtained. The home had completed a Protection of Vulnerable Adults (POVA) first check on each new staff member. This is an initial basic check,

Evidence:

which the home undertakes whilst it awaits the results of the full CRB disclosure.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A safe, well maintained and clean, suitably furnished home is provided for residents which meets their needs.

Evidence:

We toured communal areas and saw some bedrooms. All areas were clean, warm and there were no adverse odors. Residents who responded to our survey stated that the home is always fresh and clean. "The home is always clean and has a homely atmosphere." Three residents agreed the home is always clean and they enjoy sitting in the sun lounge which looks out onto the garden. One relative agreed the home is clean "even in the corners" and said the home has a lovely homely atmosphere."

The AQAA says that the home provides adequate moving and handling equipment, specialist baths, passenger lifts and hand rails. This was verified during the visit. The home employ a gardener, cleaning staff and maintenance person.

Three staff commented in our survey that "Extending the home to make bedrooms bigger would give more room for hoisting" The manager is very aware that space and storage is a problem, and said there are plans to redevelop the home in the future.

Records show that an Environmental Health officer had inspected the home in 2008 for

Evidence:

standards in food hygiene and had given a good rating.

Laundry facilities are sited away from areas where food is prepared or stored and are appropriately maintained. Liquid soap and paper towels were supplied in communal hand wash areas.

Staff were using protective clothing to prevent the spread of infection.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents feel that a sufficient number of staff are on duty to meet their individual and group needs. There is sufficient skill mix within the team to meet residents' needs. The homes recruitment practices ensure resident's safety.

Evidence:

The AQAA states that there is a good skill mix of staff which is maintained through rotas to ensure person centered care. The home manage to retain staff.

One member of staff who responded to our survey stated "Shortages do happen sometimes. The resident to staff ratio is not always correct. sometimes agency staff are used during the day." Staff comments included "Getting more staff and providing lunches for staff who work 8-8." "Employ more staff to cope with the work load, dealing with residents with mental health problems." "The home provides adequate care given that the staffing levels are always at minimum."

The manager said that the home has two vacancies, a recruitment campagne is underway but the shifts are to cover weekends which is proving difficult to recruit. The home use the same agency staff to cover the shifts where necessary to provide continuity of care. We looked at the staff rota which showed suitable number of trained and care staff. When we visited there were two trained nurses and four casre staff on

Evidence:

duty as well as domestic, catering and maintenance staff.

The manager confirmed three waking staff are on duty at night one of whom is always a nurse.

The manager said additional staff would be brought in to work if needed, for example if a service user needed more help. Staff have agreed as part of their contracts that meals will not be provided by the home.

A training coordinator oversees the wide range of training offered to staff. Some carers are qualified to assess other staff who are working towards achieving their National Vocational Qualification (NVQ) levels 2 and 3 in care and domestic work.

All staff surveyed ticked 'yes' to being given enough training. Comments included "I am new to the role & have been on lots of courses, managing challenging behaviour, dealing with vulnerable adults, infection control and fire training." "I have been given training about understanding abuse, discrimination and other in service training relating to my job description." Two ticked 'always' to feeling they have the right support, experience and knowledge to meeting the different needs of people. "I think this is supported by training". Two ticked 'usually' Two staff said the training is very good and is specific to the residents needs.

We checked the records of two staff who had been employed in the past twelve months. They both contained completed CRB and POVA first checks , two references, completed application form with employment history and a statement of terms and conditions. Four staff responded to our survey three ticked 'very well' to induction covering everything they needed to know. Comments included " I had a handover week with the person who previously did my job, which was very usefull." "My induction and shadowing covered almost everything about my job before i started." One ticked 'partly' and stated "The induction package has changed since i started, it wasn't very thorough but has improved greatly."

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management of the home ensures the health, safety and welfare of residents and staff are promoted and the home is run in the best interests of the residents, whose views about living in the home are formally sought.

Evidence:

The AQAA says that the manager is completing the Registered Manager Award with Highbury college and is due to complete in May 2009 and has over ten years nursing experience, primarily within elderly care. The management approach creates an open, positive and inclusive atmosphere. This is demonstrated in monthly resident, relative and staff meeting which enable everyone to have their say in how the service is delivered.

In talking with the manager and staff it was evident that clearly defined management structure was in place. All of the staff spoken with were aware all of their responsibilities and the limits of their authority. Three staff stated their manager

Evidence:

meets regularly for supervision. " We have minuted weekly meetings" "Appraisals are held periodically."

Staff said the manager "is very approachable and listens to new ideas and suggestions and acts upon them." "My manager is always available if I have any problems and wish to discuss anything. " Residents, a visitor and staff were full of praise for the manager and the way in which they manage the home.

As part of the homes quality monitoring system, residents and their representatives, staff and visiting health care professionals are invited to complete satisfaction surveys. The manager confirmed surveys had recently been distributed and the findings were being collated so were not available at the time of this visit. The manager said she will address any areas of improvement highlighted in the surveys. Complement letters and cards were available and were very complementary of the care provided.

The AQAA states that policies and procedures have also been reviewed and updated as necessary.

The manager oversees weekly, monthly and annual Health and safety within the home, these include maintenance of electrical systems and equipment, water temperatures and servicing of boilers and central heating systems.

Monthly fire drills are carried out within the home which gives the manager an opportunity to assess the knowledge of the staff in fire prevention as well as fire fighting and evacuation and identify training needs.

We were informed that all of the hot water supplies to baths were fitted with thermostatic controls set at 43 degrees centigrade and all radiators and hot pipes were covered to prevent a resident or staff being burnt.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
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## Helpline:

**Telephone:** 03000 616161 or

**Textphone:** or

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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