



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Crossways Nursing Home
Address:	86 Hookhams Lane Renhold Bedfordshire MK41 0JX

The quality rating for this care home is:	two star good service
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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.

Lead inspector:	Date:
Sally Snelson	0 4 0 2 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 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

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- 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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Internet address	www.csci.org.uk

Information about the care home

Name of care home:	Crossways Nursing Home
Address:	86 Hookhams Lane Renhold Bedfordshire MK41 0JX
Telephone number:	01234771694
Fax number:	01234772432
Email address:	lynn-r75@hotmail.com
Provider web address:	

Name of registered provider(s):	Contemplation Homes Ltd
Name of registered manager (if applicable)	
Lynn Susan Rawlins	
Type of registration:	care home
Number of places registered:	30

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	30
terminally ill	4	5
Additional conditions:		
No one falling into the age range of 45-65 years in the category of PD may be admitted to the home when there are already 5 persons in this age range and category excluding those with terminal illness.		
No one falling into the category of terminal illness (TI) or (TI)(E) maybe admitted to the home where there are 4 persons of these categories already accommodated within the home.		
The home can accommodate a maximum of 30 service users of either sex		
Date of last inspection		
Brief description of the care home		
Crossways is a private nursing home owned by Contemplation Homes. The home is in the village of Renold, near Bedford. Some local shops are within walking distance, and the home is on a bus route to Bedford.		

Brief description of the care home

There are 30 places for mainly older adults, some of whom may be terminally ill, and all of whom need nursing care.

The accommodation is situated over 2 floors, and there is a small passenger lift. There are 6 shared rooms and these are fitted with curtains for privacy. There is a maintained garden with a covered patio area, raised vegetable patch and green house. There is space for parking to the front of the building.

The following information about fees was obtained during the inspection. The highest fee is 740.00 pounds and the lowest fee 630.00

Items not covered by the fee include private chiropody, hairdressing, and newspapers. Further information about this home can be obtained by telephoning, e-mailing or visiting the home. There is also a web-site address.

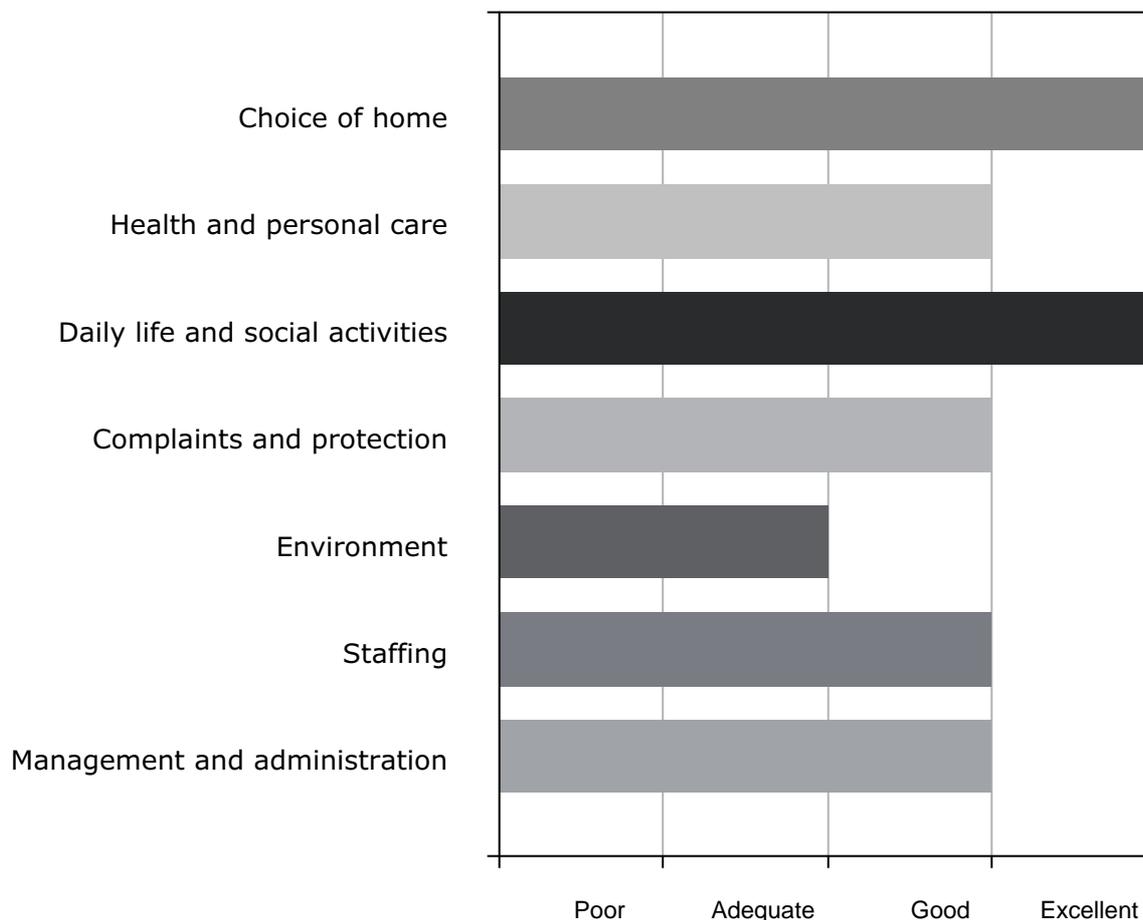
Summary

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:

This inspection was carried out in accordance with the Commission for Social Care Inspection's (CSCI) policy and methodologies, which requires review of the key standards for the provision of a care home for older people that takes account of residents' views and information received about the service since the last inspection. The Annual Quality Assessment Audit (AQAA) was due back the week following inspection and information from this will be used to form a judgement of the managements ability to identify strengths and weaknesses within the home and plan improvements.

Sally Snelson undertook this inspection of Crossway's. It was a key inspection, was unannounced, and took place from 09.30am on 4th February 2009.

Lyn Rawlings, the registered manager, was present throughout. Feedback was given throughout the inspection, and at the end.

During the inspection the care of three people who use the service (residents) was case tracked in detail. This involved reading their records and comparing what was documented to what was provided.

In addition to sampling files, people who lived at the home and staff were spoken to, and their opinions sought. Any comments received from staff or residents about their views of the home, plus all the information gathered on the day was used to form a judgement about the service.

The inspector would like to thank all those involved in the inspection for their input and support.

What the care home does well:

The manager is aware of the importance of ensuring that the staff know all about any prospective residents and that prospective residents and their families have detailed information about the home.

The staff team continually assesses people living at Crossway's and change the care they provide as care needs alter.

The home provides residents with a good range of activities which people can take part in if they wish. One person told us in our 'have your say survey' in response to the question about the activities provided by the home, ' I can take part, but choose not to. I go out Sunday with my family'.

The home provides the residents with a complaints policy which is easy to follow. The policy is also displayed in the home for use by visitors if the needs arrive. We were told in the 'have your say survey', that people knew how to complain. One respondent wrote, 'up until now i have never needed to complain, but i could easily talk to the manager about anything'.

The home was clean and tidy and a relative told us, 'the home is always bright and welcoming'

Talking to the staff team and the residents it was apparent that the staff were happy at work and were committed to providing a good standard of care. One person using the service told us, "my named nurse couldn't be more helpful, as are all the staff".

What has improved since the last inspection?

Since the last inspection the carpets in the ground floor communal areas, and some bedrooms, had been replaced.

The staff team prioritise training and as a result they continue to build on their skills and provide good quality care.

What they could do better:

There were no requirements only recommendations made as a result of this inspection.

Changes to the environment would make the whole home more accessible to more residents.

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.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line -0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

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

The manager understood the importance of ensuring that the home could meet a prospective residents needs before agreeing an admission. Therefore she visited new residents in their own homes, or places of care, to carry out a pre-admission assessment.

Evidence:

The home had a Statement of Purpose that was kept under review and included all the information required by the National Minimum Standards. On accepting a place at Crossway's each new person using the service was sent a letter and a brochure of the home that was known as the service users guide. This guide was written in plain English, included photographs of the home and the staff and introduced some of the other residents. This information had also to date been produced in Italian and Punjabi to ensure that the information was available to some residents and their families who had English as a second language.

Evidence:

We sampled contracts which again covered the required areas, broke down the fees to explain how much of the weekly rate covered nursing costs, accommodation and care. The contracts that we looked at had been signed correctly either by the person using the service or a representative on their behalf and a representative of the company.

The manager or a nurse would visit all prospective residents prior to admission and make an assessment to ensure that the home could meet their needs. The manager then ensured that all the correct equipment was available prior to admission and if necessary staff were updated about certain conditions. This pre-admission was particularly important as the environment did not lend itself to some large pieces of equipment that may be needed by some people for mobility or transferring. This will be discussed further in the environment section of this report.

Any new people using the service had an initial trial period.

Cross ways offered respite care but could not accommodate people who required intermediate care.

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.

Care plans included information about health care treatment and intervention, and ensured that personal healthcare needs including specialist health and nursing and dietary needs were met. Staff worked to clear and robust practises when caring for individuals who had terminal and degenerative conditions.

Evidence:

Care plans for residents were inspected, these contained detailed information regarding all assessed needs. In addition to the action staff needed to take to meet care needs, care plans also provided an explanation of the cause of the problem. Despite starting as generic plans, that required staff to tick appropriate boxes, additional information ensured that the plans were individualised and detailed the needs and preferences of the person using the service. Where possible, evidence was seen of the resident's involvement in the care planning process. The manager confirmed that the current system of recording the necessary care a resident required 'worked' for the staff team, however we would have liked to have seen more detail in some plans. For example if a person needed the support of staff for personal hygiene

Evidence:

the plan was clear that staff needed assist this person with a bath, wash or shower daily, but did not clearly explain preferences. For example, they would benefit from information such as, I like a bubble bath, with time to soak, I do not like to use soap or have perfumed products used. The manager told us the company had plans to introduce a new care planning system across all their homes in the near future as this shortfall had been identified.

Reading the care plans were saw that peoples needs were regularly assessed, and that as a result of these assessments additional equipment such as pressure relieving mattresses or food supplements were provided. All of the people using the service were weighed regularly and were seen by their GP's appropriately.

We checked the Medication and the Medication Administration Record (MAR) sheets. Medications were appropriately stored in a locked trolley that was secured to the wall. Controlled drugs (CD's) were stored appropriately and all administrations had been recorded accurately with two signatures in the CD register. The new months supply of medication had only just commenced so it was not possible to reconcile medications as most were delivered in blister packs and returned to the pharmacy at the end of the month. We noted that the medications that were not packaged in blisters were not carried forward on the MAR sheet so we were unable to reconcile these. We were pleased to see that staff used omission codes correctly and recorded the reason for any omissions on the reverse of the MAR chart. The manager or the deputy regularly audited the MAR sheets and recorded any problems they identified.

Residents spoken with said that staff treated them with respect and maintained their privacy and dignity. Respect, privacy and dignity were addressed within staff induction training. Interaction observed between staff and residents appeared extremely positive, appropriate and respectful. It was evident that staff had the skills to maintain the privacy and dignity of residents with high dependency needs.

The service provided palliative care within the gold standard framework and used Liverpool Care Pathways, this provided a framework in which to provide palliative care. It is based upon the latest up to date research in palliative care. People using the service were able to make advanced decisions about their end of life care and the manager was aware of the need of capacity assessments to support decisions. Where possible the family and the GP were also involved in end of life care.

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

Residents could be involved in a variety of activities that helped to stimulate them. The meals were balanced and nutritious and varying cultural needs could be catered for.

Evidence:

Three people were responsible for organising activities in the home on a part-time basis. These people worked together to plan a monthly activity plan which was highly decorative and made into a poster to be given to people using the service and visitors. Because there were three part-time staff organising activities they were able to cover seven days a week and provide at least one activity each day. The activities on offer included exercises, singing, cleaning brass, tasting fruits, videos, bingo and many more different and varied ideas to engage people. It was clear that the plan took into account those people who chose to remain in their bedrooms, and those who had communication difficulties. The activity co-ordinators were responsible for assessing peoples interests and recording how they had responded to the different activities provided. Residents spoken with confirmed they could choose how to spend their day and felt their expectations and preferences were met. One person said, " I can join in if i want, if not i can watch or go to my room". Another said, "I want to help them",

Evidence:

and he was pleased to help fold the laundry. Theme days were arranged and staff joined in these, the next themed day was around Valentines day and preparations were under way. We were told that tea at the Ritz with a tea dance and dainty sandwiches had been much appreciated.

On the day of the inspection staff spent one to one time with people in the rooms and there was an entertainer in the lounge. A local vicar also visited to offer communion to those who wanted it and hand massages were being offered in between times. We noted that while providing any care, or activity, staff involved other residents that were nearby and this helped to stimulate them and keep them alert. Where possible residents were provided with the opportunity to go out of the home, to visit relatives. One resident went out of the home weekly to play bingo. We noted that visitors were welcomed into the home at anytime and could use a first floor lounge, which was rarely used by the residents, to meet their relative or friend in private, if they wished.

Nutritional risk assessments were carried out on admission and were reviewed as required. Individual dietary needs and requirements were recorded within care plans. The registered manager said that residents were asked on a regular basis for new ideas for the menu. Residents spoken with were satisfied with the quality of meals provided. On the day of the inspection some residents had a port or sherry with their lunch and another resident looked forward to his friends visiting and them having a whisky together. The home worked to a rolling menu plan that offered choices and alternatives as required. In addition to preparing a varied nutritional meal the cook sometimes provided homemade cakes for afternoon tea.

A satisfactory Environmental Health (EHO) inspection of the kitchen had recently taken place

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.

Robust complaints and protection policies ensured that people were kept safe at all times.

Evidence:

The home had a complaints procedure that was given to all residents with the pre-admission information. Residents spoken with felt they could approach staff with their complaints should the need arise. The home had received two complaints about the service, neither were directly related to care issues. The complaints had been taken seriously and the complaints procedure had been followed and the complainant issued with a resolution in the expected timescale.

Policies and procedures were in place for the safeguarding of vulnerable adults (SOVA). The manager was fully aware of the correct procedures to follow and reported unwitnessed falls and trips correctly to us and to the local safeguarding board. One staff member spoken with confirmed they had received training in this area and was aware of policy and procedure.

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

The people that lived at Crossway's nursing home lived in a comfortable environment. However the environment did put restrictions on some people choosing the home as a place to live.

Evidence:

All areas of the home seen during this inspection appeared clean and well maintained. The home employed a dedicated cleaning team and a maintenance man who was responsible for decorating, small maintenance jobs and the garden. As at previous inspections the manager made us aware of plans to redesign the home and provide personal accommodation that was more suitable for the needs of more people. For example, less shared bedrooms, and larger en-suite bedrooms that would easily accommodate wheelchairs and moving and handling equipment. At the time of the inspection the only bedrooms that were vacant were shared rooms and the home had a waiting list of people wanting single accommodation. Since the last inspection carpets in the downstairs hallways and lounge had been replaced, but some of the carpets on the first floor were worn. We remained concerned that the lift in the home was small and would not take a wheelchair with footplate's. The manager made it clear to new residents that they would be transferred using a 'glider' or a wheelchair without footplate's. This had been discussed in detail with physiotherapists in the past.

Evidence:

Most of the residents choose to use one of the lounges which had an adjacent dining area. There were additional communal rooms on the ground and first floor that were used less frequently, but available at all times. As with many of the care home storage space was a premium and we did note that equipment such as hoists had to be stored in communal rooms.

Each bedroom had hospital beds and many were profiling beds that could be adjusted to suit the need of the individual. Beds had mattresses that were pressure relieving and the home owned, or could borrow, a range of specialist mattresses if assessments determined the need.

It was apparent from touring the building that people were encouraged to personalise their bedrooms and could bring small items of furniture and other personal possessions from home.

Sampling of the fire logs confirmed that all the required maintenance and safety checks were completed and up to date. The staff team were committed to ensuring that infection control policies were based upon the latest research based information. We saw staff using protective clothing and the washing or 'jeling' of hands being undertaken appropriately. The laundry area was appropriate and was clean and well organised.

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.

Resident's needs were met by the numbers and skill of the staff team. Also resident's were protected by robust recruitment policy and practises.

Evidence:

At the time of this inspection there were 27 residents living in the home. The home provided nursing care so there were qualified nurses on duty at all times. Residents and staff spoken with felt there were sufficient staff on duty to meet resident's needs and that staff were trained and competent to do their jobs. On the day of the inspection the manager was interviewing some prospective staff members. The manager would carry out the first interview and would be supported by another staff member for any subsequent interviews and job offers.

There was a good rapport between the staff team, and staff spoke of enjoying their jobs. This was apparent by the low turn-over of staff.

The deputy manager was responsible for ensuring that the staff team received not only mandatory training but also any specialist training, and that all training was reviewed and updated as necessary. Staff training records were seen. All new staff received induction training and worked with a more senior member of staff during this time. Three staff personnel file were examined and these contained all relevant references

Evidence:

and checks. In one file it was apparent that there had been a delay in getting references because the staff member had lived and worked abroad in the past. It was not clear from the records what steps had been taken to get the references and risk assess the situation. The manager and the administrator agreed that they would include an audit trail in the file if this situation arose again.

At the time of the inspection the majority of the care staff had, or were working towards, a National Vocational Qualification (NVQ) in care. The manager and the deputy ensured that they kept themselves updated and were currently attending training on infection control and deprivation of liberty. The home had taken active part in introducing better end of life care in the area.

Nursing and social work students could undertake placements at the home and the registered nurses have done training in mentorship to support this.

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 health, safety and welfare of residents and staff was promoted and protected by regular audits and health and safety checks.

Evidence:

The registered manager was a qualified nurse with many years management experience. She was supported by a deputy manager and a part-time administrative assistant. The administrator kept detailed records and had introduced a system whereby she was reminded electronically of any checks, and other time sensitive information, that needed to be updated.

An in-house quality assurance programme was in place with monthly audits of medication, weights and falls being carried out by the manager. The provider or a representative of the company visited monthly and produced a report, as required by Regulation 26. This was used to assist the manager in running the home and addressing any issues.

Evidence:

Following the inspection the manager sent us a completed AQAA that provided us with the evidence that the management was aware of the services strengths and weaknesses and had a vision for the future. This document supported our judgement that the service was a good service and would not routinely be inspected for 24 months.

The home only held small amounts of money on behalf of some of the residents. None of the people we were case tracking used this service, preferring to be billed for any additional expenses such as chiropody or hairdressing. We checked one persons money and this balanced correctly and the receipts were in place for all transactions.

The manager and two other qualified staff supervised the care staff team. There was documentation available to provide the evidence that staff received at least six supervision sessions per year and that all staff had an annual appraisal from the manager. We discussed the supervision format and it was apparent that the manager understood the focus of supervision, and also continued to offer some clinical supervision.

As already detailed all health and safety policies and practises were in place.

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
1	7	There should be more detail in care plans to ensure that consistent care is provided and residents do not have to be asked about how tasks should be undertaken
2	9	Where 'as required' medications are carried forward from one month to the next the number of tablets/capsules or the amount of medication should be recorded on the MAR sheet. This allows the manager to audit medications at any time.
3	29	If it is not possible to obtain all the required documents relating to recruitment there should be a note about this on file that details why certain decisions were made.

Helpline:

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Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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