



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Waterfall House
Address:	363-365 Bowes Road London N11 1AA

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.

Lead inspector:	Date:
David Hastings	2 8 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 Adults (18-65 years) 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.cqc.org.uk

Information about the care home

Name of care home:	Waterfall House
Address:	363-365 Bowes Road London N11 1AA
Telephone number:	02083680470
Fax number:	02083510485
Email address:	Marina.dhunnoo@blueyonder.co.uk
Provider web address:	

Name of registered provider(s):	Bhagwath Narain Dhunnoo
Type of registration:	care home
Number of places registered:	27

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	27	0
Additional conditions:		
Eleven specified service users who are over 65 years of age may remain accommodated in 363/365 Bowes Road.		
Not to exceed 18 Adults of either gender with a mental disorder, excluding learning disability or dementia (MD) at Waterfall House 363/365 Bowes Road, New Southgate, London, N11 1AA		
Not to exceed 4 Adults of either gender with a mental disorder, excluding learning disability or dementia (MD) at 24 Brookdale, New Southgate, London, N11 1BP (satellite)		
Not to exceed 5 Adults of either gender with a mental disorder, excluding learning disability or dementia (MD) at 26 Brookdale, New Southgate, London, N11 1BP (satellite)		
One specified service user who is over 65 years of age may remain accommodated in 26 Brookdale, Waterfall House. The home must advise the regulating authority at such times as any of the specified service users vacates the home.		
The home must advise the regulating authority at such times as any of the specified service users vacate the homes.		
Date of last inspection		

Brief description of the care home

Waterfall House is a care home registered to provide support and accommodation to 27 adults of either gender with mental health problems. The home's service user guide states that Waterfall House offers rehabilitation to those with a mental illness with a view to living an ordinary life in the community.

Waterfall House consists of three separate units: 363/365 Bowes Road accommodating 18 service users, 24 Brookdale accommodating 4 service users and 26 Brookdale accommodating 5 service users. Twelve service users are over the age of 65.

The building in Bowes Road consists of two-semi detached houses, which have been connected internally and extended to provide additional living space. 24-26 Brookdale are both ordinary suburban semi-detached properties positioned next to each other and about five minutes walk from Bowes Road. The home was opened in 1988 with seven service users all around 50 years of age. In 1992, 24 Brookdale opened and a few years later 26 Brookdale was opened - these homes are for more independent service users. Waterfall House is a home for life but service users can move on if they choose to. The properties have well maintained front and back gardens. Local shops and all other amenities are close by. Arnos Grove tube station is five minutes walk away.

Bowes Road is staffed 24 hours a day, whilst the two houses in Brookdale are staffed for a few hours during the day and are unstaffed at night. Service users can contact Bowes Road for support if needed.

At the time of the inspection there were 21 service users living in the service. The current range of fees in the home is from three hundred pounds - five hundred pounds a week.

The provider must make information available about the service, including inspection reports, to service users and other stakeholders.

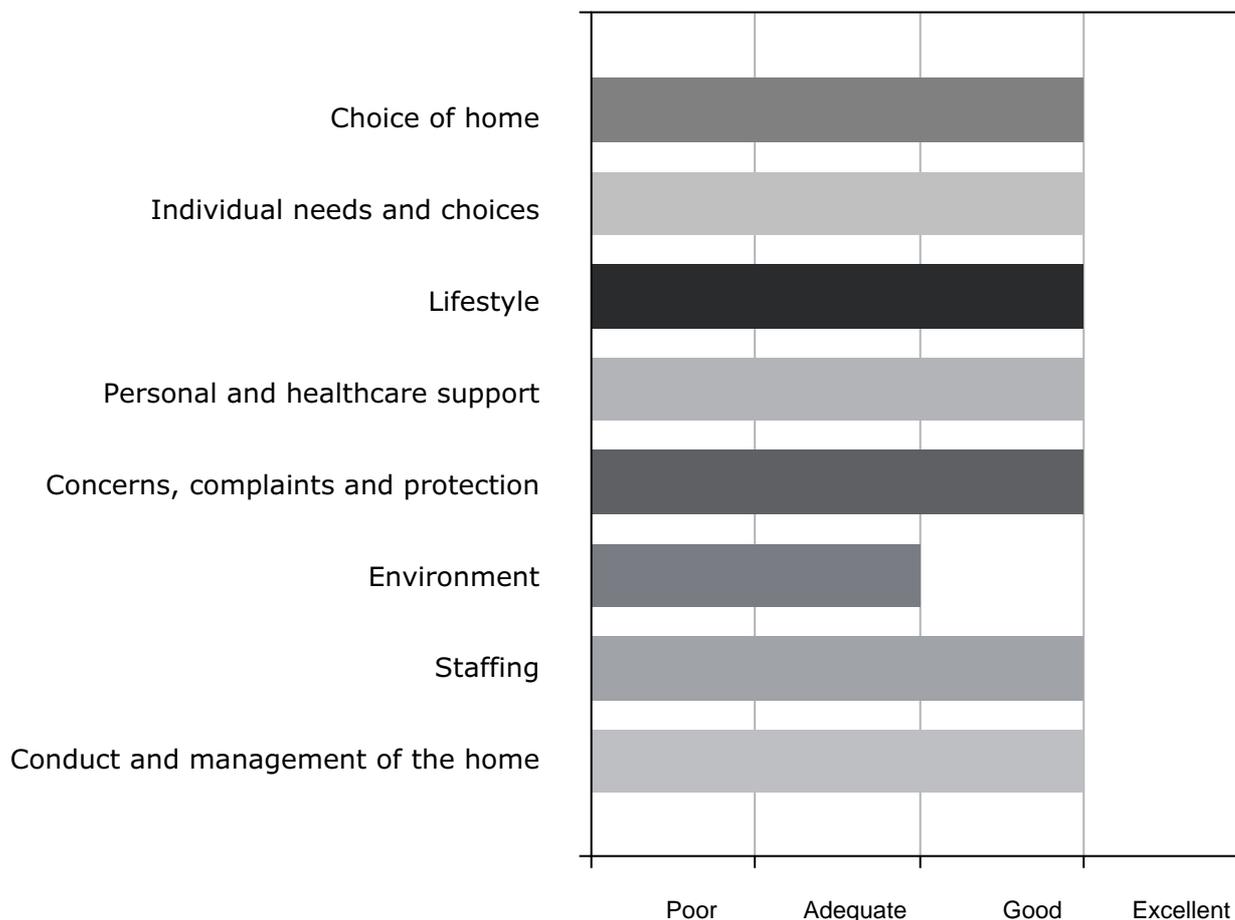
Summary

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:

We carried out this unannounced key inspection of this residential home on Tuesday 28th April 2009. We were assisted by the registered manager and the registered provider of the home who were open and helpful throughout the inspection. We spoke with nine residents and four staff members who were on duty. We looked around the home and visited the two other houses where residents who are more independent live. We examined various care records, staff files and health and safety documentation.

Prior to this inspection we sent out surveys to residents of the service. We received 15 responses back from residents. These responses were generally very positive about the service and the care and support people receive.

The home completed an Annual Quality Assurance Assessment (AQAA) prior to the inspection at the request of the Commission, and this was used to form part of the overall inspection process.

What the care home does well:

The people living in the home benefit from a service that has experience in supporting people who have enduring mental health issues and offers a professional, stable and supportive environment for them to live.

The residents all benefit from a comprehensive assessment and individual care plans that are regularly reviewed. These enable each person's individual needs to be met.

The home has good working links with health care professionals including the mental health service that enables the people living in the home to be supported with their healthcare issues.

The home welcomes relatives and other friends and supports residents to maintain relationships.

The people living in the home all feel able and comfortable to express their views on how the home is working and anything they need or want to happen.

The home operates professional policies and procedures including those relating to staff recruitment and management, health and safety and medication. These help to safeguard the residents.

The homes are well located to enable the people living in the service to access local shops and other amenities.

What has improved since the last inspection?

Fifteen requirements were issued at the last inspection. All of these have now been complied with. These are as follows:

Residents have more regular review meetings with their care manager so they can have a say in how the service is meeting their needs

Residents have regular meetings so they can express their views about the home and suggest any improvements.

Clear records are now being maintained regarding staff holding cigarettes for residents.

The home now orders more fresh fruit and vegetables and relies less on frozen convenience foods.

Staff training on medication has been updated.

Guidelines are in place to inform staff when PRN medication should be administered.

The provision of a smoking room has ensured that the main lounge is maintained at a satisfactory temperature.

The registered person has made a number of environmental improvements to the

home.

Over half of staff team have now completed their NVQ training.

Staff at the home now have more regular staff meetings to improve the standard of care provided and support effective communication.

Staff have contracts of employment.

Staff have now completed their induction training so they have a better understanding about the expectations of their job role.

Staff have more regular supervision sessions so their performance can be discussed and supported.

A quality monitoring review takes place each year to find out what people who use the service think about the home and the support they receive.

Both day and night staff now undertake regular fire drills.

Four good practice recommendations were also issued at the last inspection. These have also been complied with. These relate to more involvement from staff around residents' care plans and daily living skills as well as better planning and recording of staff training that takes place.

What they could do better:

Three new requirements have been issued as a result of this inspection. These all relate to improving hygiene procedures at the home and therefore limiting the risk of cross infection.

One good practice recommendation has been issued relating to recording individual relapse indicators for all residents so that staff can look out for signs that a resident may be becoming more unwell.

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. You can get printed copies from enquiries@cqc.org.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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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.

The service makes sure that people who want to live at the home have their needs assessed before they move into the home on a trial basis.

Evidence:

There has only been one admission to the home since the last inspection. This person was admitted as an emergency and so pre assessment information was not as detailed as it usually is. We did see that the home had received information from the placing authority and the resident's care plan was satisfactory. The manager explained how pre assessments would normally be carried out and we saw this had been completed on other residents' files examined. The procedure for admissions to the home is also detailed in the "Service User Guide". We also saw evidence that 4-6 week reviews take place after admission to the home so that the resident can decide if they want to stay at the home on a permanent basis.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

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 clearly set out residents' health, personal and social care needs within a risk management system. This means that staff know how best to safely support everyone at the home. Residents have good access to health care professionals and are able to express their views about the home and the service they receive.

Evidence:

Six care plans were examined. Plans were clear and easy to follow, and subject to regular review. Plans covered needs around personal care, culture, communication and mobility. We also saw that risk assessments had been completed for residents and risk management strategies were in place to limit risks. For example a number of residents smoke and their risk assessment included an agreement to hand in their lighter to a member of staff before they go to bed. These assessments had been signed by the resident to confirm they agreed with this plan. From discussion with the manager and provider and examining files it would appear that people's mental health needs are relatively stable. However we discussed the need for recording individual relapse

Evidence:

indicators. This would give staff important information about what to look out for should a resident become more unwell. A good practice recommendation has been issued relating to this. Residents' weight is being recorded monthly.

The registered provider explained how residents were encouraged to manage their own finances with some monitoring. This was recorded on care plans we examined.

We also saw records of residents' meetings and there was evidence that residents have a say in how the home is run.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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.

People living in the homes are able to use local amenities and see friends and family according to their individual wishes. Residents' rights are respected. People are provided with a wholesome and appealing diet.

Evidence:

We observed residents helping out around the home during the inspection. Some residents were preparing the lunch with staff support and other residents were helping with the washing up after. Every person had a rehabilitation plan in their file. These tended to relate to preferred activities such as watching television and did not detail activities of daily living. This was discussed with the manager who agreed that a more practical and detailed rehabilitation plan would be beneficial. A good practice recommendation has been issued. The manager explained that a number of residents go to a day service, which meets the needs of people who have mental health issues.

Evidence:

We spoke with one resident who attends training courses and he told us these were very enjoyable. We could see that many of the people living in the home are very independent and can take themselves out shopping and use public transport. One person we spoke to said she did not feel able to go out on her own and the staff take her shopping. We also saw evidence that the staff go for walks with the residents and help them to go to the local shops. One resident commented, "I go out a lot".

We observed some of the people living in the home enjoyed playing games and doing drawings.

We also saw evidence that people are supported to follow their preferred religious and cultural beliefs and traditions. People are supported to visit their place of worship.

Several of the people we spoke to told us how much they enjoyed seeing families and friends. They said that families are welcome to visit the home and some go to see their relatives. The manager said that visitors were always welcomed and there were no visiting restrictions. The majority of residents have visitors.

Staff we interviewed were able to explain how they ensure residents are able to make decisions about their care and daily living activities. Residents we spoke with felt they were able to maintain their independence within safe boundaries. One person commented, "We can do what we like. They don't bother us too much".

The kitchen was clean and tidy on the day of the inspection. Some people living at the home help out with cooking as part of their activities of daily living. The menu is devised with input from residents and the provision of fresh fruit and vegetables has increased since the last inspection. This means that residents now have a healthier diet. The manager explained to us that the dietary needs of people on special diets and culturally appropriate diets are being met at the home. Residents told us they enjoyed the food at the home. One person commented, "I like the food".

Records indicated that staff have completed food and hygiene training. Environmental health last visited the service in 2007 and awarded the home 5 "scores on the doors".

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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.

People living in the home can be assured that they will be assisted to access healthcare appointments to get the support they need. Medication systems within the homes are well organised.

Evidence:

Visits by health care professionals such as doctors, district nurses, chiropodists, dentists and opticians were being recorded in care plans we examined. These showed that people had good access to these professionals. People who use the service also confirmed that they have good access to health care professionals.

Residents told us that staff were respectful when helping them with personal care tasks and these tasks were clearly detailed in care plans we examined. Staff we interviewed were able to give examples of how they ensure the privacy of people they support.

We examined satisfactory records in relation to the receipt, administration, storage and disposal of medication at the home. The manager ensures that a pharmacist visits

Evidence:

the home every three months to check that medication is being dealt with properly. We also saw that residents' medication is being reviewed by their doctor on a regular basis. We saw a training overview for staff which, indicated most staff have completed medication training. We were informed that only trained staff administer medication at the home.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

The home has a clear complaints procedure and appropriate procedures to protect residents from abuse.

Evidence:

The service operates a satisfactory complaints procedure and there have been no complaints made since the last inspection. There have been no adult protection investigations about residents either.

People living in the home told us that if they had any problems they would complain to the staff or the manager. No one we spoke with said they had any complaints about the service.

The home has an adult protection procedure to guide staff on what to do should they have suspicions of or receive a disclosure of abuse. Staff have received training in adult abuse and further training has been planned for those staff who have not had the training yet. Staff we spoke with were clear about their responsibilities to report any suspicions of abuse to the appropriate person. The manager was aware of the procedure for reporting any allegations of abuse to the appropriate authorities.

People who use the service said they felt safe at the home.

Evidence:

The manager told us that residents either manage their own money or are supported to do this by their family or social services.

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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

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 general environment in this home has improved since the last inspection. However infection control measures need to be tightened to protect both staff and people who use the service.

Evidence:

We looked around the three houses and visited a number of residents' rooms with their permission. The main home at Bowes Road has had some refurbishment and new flooring has been fitted in communal areas. A conservatory has been built at Bowes Road for people who smoke and the main lounges were warmer as a result. There are three shared rooms but all the other bedrooms are single.

Communal toilets did not contain paper hand towels or anti bacterial soap to limit the risk of cross infection. Some residents have continence problems and incontinence pads are provided. However these are not being disposed of properly and could also be an infection hazard. The cupboard where chemicals are stored did not have a warning sign on the door, which was also unlocked. This could present a risk to residents. Three new requirements relating to these issues have been made in the relevant section of this report.

Evidence:

All houses were clean and tidy on the day of the inspection and residents confirmed that the home was always clean.

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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.

People are supported by staff who have been properly recruited and who are receiving training relevant to their job.

Evidence:

The staffing levels consist of two care staff on the day shifts and one waking night staff at Bowes Road. In addition there is also one member of staff working for seven hours each day at Brookdale.

People who use the service said they were happy with the staff at the home. There have been two staff newly recruited but most staff have worked at the home for many years. One resident told us, "We all get on".

Staff we spoke to were positive about the training offered by the service and there were relevant training certificates in staff files. Training for staff included: Food hygiene, Care skills and equality and diversity. Staff have also attended training regarding the Mental Capacity Act 2005. The service has developed a training plan for this year.

Records indicated that staff receive regular supervision and all staff files examined

Evidence:

contained a written induction record.

Records examined indicated that over half of the staff team have attained NVQ level 2 or equivalent. Some staff have also attained NVQ level 3.

Staff files we examined contained the required information needed to protect residents from unsuitable staff being employed. This included proof of identity, written references and enhanced criminal record checks.

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

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.

People who use the service can be confident that the home is run by an experienced and appropriately qualified manager. Their health and safety is protected by the appropriate measures being in place.

Residents are able to have a say in how the home is run.

Evidence:

The registered manager has completed the registered managers' award and also attends training relevant to her role. Both staff and residents were positive about the manager and the way the home is managed. One member of the staff team told us, "She encourages us a lot and explains things to us".

The service has a yearly quality assurance review. Surveys are given to residents, their representatives and other stakeholders. Information from these surveys is then collated and forms the basis for any improvements to the service. There are also regular residents' meetings so people who use the service can have a say in how their care is delivered.

Evidence:

Fire safety measures are in place. The fire safety records were inspected in Bowes Road and Brookdale and weekly fire alarm checks and monthly fire drills are recorded. On the day of the inspection the fire doors in the home were closed. The fire alarm and extinguishers had received their service and records were available to confirm this had taken place. The home has a fire safety risk assessment and emergency plan. The training records for staff were inspected and they had received fire safety training.

The certificates were in place to confirm the gas system and portable electrical appliances had been serviced in all the houses. A satisfactory electrical installation certificate was also seen.

The current insurance certificate was displayed and was satisfactory.

The staff training records were inspected for a sample of staff and they had received appropriate health and safety training including first aid and food hygiene.

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
1		13	<p>The registered person must ensure that the procedures for dealing with and disposing of incontinence waste are reviewed.</p> <p>This is to ensure that incontinence waste is disposed of in a way that does not compromise infection control procedures.</p>	01/07/2009
2	42	13	<p>The registered person must ensure that any cupboard that contains cleaning chemicals has appropriate signage and is locked at all times.</p> <p>This is to ensure that residents are protected from exposure to dangerous chemicals</p>	01/07/2009
3	42	13	<p>The registered person must ensure that anti bacterial soap and paper hand towels are available in all toilets in the home.</p>	01/07/2009

			This should ensure that the risks of cross infection is reduced.	
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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	9	The registered person should ensure that possible relapse indicators are recorded on each person's care plan so staff have information about what to look out for should a resident become more unwell.
2	16	The registered person should ensure that each person's rehabilitation plan contains practical and detailed information regarding activities of daily living that they wish to take part in.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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