

Key inspection report

CARE HOME ADULTS 18-65

Springfield House

Wheyrigg
Wigton
Cumbria
CA7 0DH

Lead Inspector
Nancy Saich

Key Unannounced Inspection
5th November 2009 10:30

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 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 mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Springfield House
Address	Wheyrigg Wigton Cumbria CA7 0DH
Telephone number	016973 45530
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mrs Margaret Blair
Name of registered manager (if applicable)	Mrs Margaret Blair
Type of registration	Care Home
No. of places registered (if applicable)	3
Category(ies) of registration, with number of places	Learning disability (3)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care home only - Code PC

to service users of the following gender:

Either

whose primary care needs on admission to the home are within the following categories:

Learning disability - Code LD

The maximum number of service users who can be accommodated is:
3

Date of last inspection

27th October 2008

Brief Description of the Service:

Springfield House is a former farmhouse that has been adapted to accommodate up to three people with a learning disability. Accommodation is provided in a domestic setting with service users living as part of the registered manager's family. The home is located in a rural area and is set in its own grounds. The home provides wheelchair accessible transport. The home is registered to take up to three people with a learning disability. Charges per week are £398.

SUMMARY

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

The Quality Rating for this service is 1 star. This means the people who use this service experience adequate quality outcomes.

This was the main or 'key' inspection for the service and the visit was unannounced. We went to the service at around 10:30 a.m. and stayed until mid afternoon.

We met two of the three residents; spoke to the provider and her deputy and to members of the family who also live in the house.

We read individual files and looked at other documents relating to the home. We also walked around the building and had lunch with one of the residents.

Before the visit we had sent the provider a form called the Annual Quality Assurance Audit (the AQAA). This asks for information and statistics about the service and for plans for future developments. This was done within the timescale.

We also sent surveys to residents, staff and to people who visit the home. The responses in our returned surveys were all very positive.

What the service does well:

People told us they were supported to make their own decisions and trusted the provider to guide them.

The home has simple risk assessments in place so that people can be kept safe and free from harm.

People in this service tell us they are happy with the activities they have. They spend a lot of their leisure time together, although the newest resident spends most of the week at a day centre.

They have opportunities to go out into the local community and friends and family are encouraged to visit.

The provider offers a varied diet and tries to encourage people to eat well.

The three people in the home told us they were happy with the emotional and personal care they receive.

They receive good levels of personal care and we could see they also receive emotional support from living within what is a family home.

People have attention from the G.P and the district nurse and are supported to go to hospital and other specialist appointments.

People have their own single rooms and are encouraged to have all their personal possessions around them. The house was clean and tidy on the day of our visit and peoples' clothing and bed linens were properly looked after.

The provider understands how to recruit new staff but has not done this for a number of years. She is aware of her responsibilities if this were to change.

What has improved since the last inspection?

The home now makes sure that everyone has a daily diary where the staff can record how people are and what they have done during the day.

The provider is now much more aware of her responsibilities in reporting adult protection matters.

The management of medication has improved with the deputy taking control over all medicines.

The provider told us she had made improvements to plumbing and drainage in the house and was planning to improve the central heating.

The provider and her deputy have updated some of their training with refresher courses in manual handling and other health and safety matters.

What they could do better:

The registered person needs to make sure she always receives a full assessment of need before she admits a new person. New residents need to be supported in making the decision to become permanent.

The written plans of care need to be easier to read and have more details about how to help people make the most of their lives.

People in the home need much more support in managing the way they budget their money and be given help to access their own benefits.

Last year we asked that everyone who delivers care understand how to protect vulnerable people. The home still has not updated their information about safeguarding people and no one has had up to date training. The requirement is repeated.

The provider now needs to develop a training plan for everyone who works in the home so that they can deliver care safely and understand current good practice with people who have learning disabilities.

The provider needs to show that she or someone who acts as the manager of the home has qualifications at level 4 NVQ. She intends to register her daughter in law as a manager. We want her to do this by the due date.

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 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.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

2

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

Assessment and admission procedures in this service need to be improved so that people are given the right kind of opportunities to make their own decisions about moving into a home.

EVIDENCE:

There had been one admission to the home since our last visit. We did not get the opportunity to speak to this person as they were out during our visit. We checked on the file and could find no social work assessment on file and only a simple order form for the placement. The home had not completed an assessment prior to the person being admitted. They had managed to gather information about this new person so they had some details on file.

We judged that this means that the home had taken on someone without full information. A full social work assessment wasn't available and it was difficult to know whether this person had been given a range of options and choices about the admission.

There had been no review meeting held to look at whether the admission was the best thing for the person involved.

There was no social services contract and no contract from the home seen on the day.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

6,7,9

People using the 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 in this service tell us they are happy with the choices afforded to them but we want to see more emphasis placed on helping people to become as independent as possible.

EVIDENCE:

Each of the three people who live in the home had a care plan. We read all three plans on the day. We judged that these plans gave sufficient details for the delivery of care, given that there is only the provider and her daughter-in-law who give care for most of the time.

However we did judge that the plans could be improved by including more detail and more planning to help people be as independent as possible. The plans would benefit from having more emphasis on individual needs and choices. When we visited last year we recommended that the provider look into current good practice and look at 'person centred thinking' and 'person

centred planning'. She had not looked at this and we encouraged her to think again about ways to update the planning and delivery of care so that people are given as much choice as possible. We would also like to see 'easy read' and 'pictorial' text so that people could understand more easily. Currently people don't have copies of their plans.

We heard from residents on the day and in surveys that they were given support to make decisions for themselves. Some of them have lived in the service for a number of years and consider themselves to be part of the family and they told us they were happy to be guided by the provider.

We checked on the individual financial files. All three people owed money to the provider and there was no planned budgeting in the home for individuals. People were spending money without being supported to keep within a budget. We want the provider to make sure that she gives people the opportunity to remain within budget. This ought to be included in care plans where people need support to do this.

Each person had a simple risk assessment in place in their files. People are kept safe and free from risk because they live in a small, family orientated environment. The residents of the home tend to do things together and the two people we spoke to said this was their choice. The newest person does go out to a local day centre and has different interests that are met by going out daily.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

12,13,15,16,17

People using the 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 told us that they were happy with the activities and entertainments provided.

EVIDENCE:

Only one of the service users goes out to day centre. All three do go out to an evening social club that the provider's family help organise. People in the home said they had similar interests and spend days out and holidays together. There was evidence to show that they have visitors from the local community and that they go shopping. The home is somewhat isolated but people told us got out enough and were involved in local events.

We had evidence to show that friends and relatives are made welcome in the home and that one person goes out to visit a relative in another care setting. The newest member of the group has more opportunities for making new relationships through the day centre but the others lead a quieter life. One person told us that this was their preference.

We saw that people had their rights respected but we talked to the provider about helping people to take more responsibilities for themselves. Again we suggested that a 'person centred' approach might help the provider to look at ways to help people become more responsible and more independent if that is appropriate to their needs.

We sat with one of the residents at lunchtime and shared a light snack lunch with her. We also heard about meals out and the residents told us they were happy with the food provided and got the kind of food they preferred. There was a good range of food available in the home on the day of our visit. Some people do need to be encouraged to eat a balanced diet and the provider and her deputy try their best to encourage this.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

18,19,20

People using the 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 in this service are happy with the personal and emotional support they receive.

EVIDENCE:

The people in this service receive personal and emotional care from the provider and her daughter-in-law. There is also another person who 'steps in' when necessary. The size of the service means people get very individual care. The people we spoke to were happy with the way this was done.

We had evidence to show that the two longest resident people had got to a point where they were unhappy with anyone else giving them care. The newest person needed very little personal care and we learnt from surveys that people were happy with the arrangements in place.

We observed the interactions between people and the provider and her deputy. We saw caring interactions that could be found in any family setting. The emotional needs of people are met through this close knit arrangement.

We saw in people's daily diaries that they get visits from the G.P and district nurses. They also have access to specialist health care providers. We had a survey returned from one of these and they were very positive about the way the home supported people's physical needs.

Only the deputy deals with medication in the service and we checked on the ordering, storage and administration of medicines. The arrangements were satisfactory and the system used was suitable for the size of the home. We asked that the provider keeps in mind the possibility of people managing their own medicines in the future.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

22,23

People using the 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 management of complaints and protection matters need to be brought up to date so that people are properly safeguarded.

EVIDENCE:

We asked to see the complaints procedure for the service. Two out of the three people in the home had limited access to this. Unfortunately the details were out of date and stated that the commission dealt with complaints. This now needs to be updated and explained to people who use the service and copies given to other people who are involved with the home. The procedure needs to be presented in an 'easy read' format to meet the needs of people who use the service.

We had received no formal complaints about the service and no one had any concerns on the day.

There had been no reports related to adult safeguarding made in the last year. No one expressed any concerns on the day.

We asked the provider and her deputy about their understanding of adult safeguarding as there had been a problem with this before the last inspection and we made a requirement about this.

We spoke to them in depth and the provider was able to discuss her role with more confidence. We learnt that they still did not have up to date information

from the Cumbrian safeguarding team and no one had attended any training. We repeat the unmet requirement from last year and also require that everyone who delivers care or services in the home receives training on adult safeguarding.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

24, 30

People using the 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 in this service live in a family setting and are relaxed and comfortable in their environment.

EVIDENCE:

Springfield House is a period property in a rural location. Access to the home by public transport is somewhat limited. The service has its own specially adapted transport and people are taken out and about. The provider can help with transport for visitors who don't drive.

Accommodation for residents is in downstairs rooms that have been added to the original house. The family live in the house and there is separate sitting areas for residents. One person spends a lot of time in their own room but the others like to sit with family members. It is their choice to do this and the residents lounge is not used very much.

Each person has a single bedroom and shares the bathroom. These rooms were comfortably decorated and furnished. People are encouraged to personalise their rooms.

People told us they were happy with their rooms. All areas of the home were tidy and clean on the day. The bed linens and personal clothing were clean and well cared for.

The provider told us that she had made improvements to the plumbing during the last year and was going to make some changes to the central heating systems.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

32, 34, 35

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

Further planned training for everyone who works with people is needed so that care and services can be as good as possible.

EVIDENCE:

This small home is staffed by the provider and her daughter-in-law who acts as her deputy. They have a part time member of staff and one person who does some housework on a voluntary basis. We judged that this allows people to get acceptable standards of care.

The provider and her deputy have qualifications in care at NVQ level 2 and have been in their roles for a number of years.

There has been no new recruitment of staff for a number of years but the provider was aware of her responsibilities if she had to take on new staff.

Last year we recommended that the provider update staff training and might want to include updates to care planning, an understanding of person centred care, training on working with people with learning disability, updates on medication management and other core training updates on things like food safety and nutrition, fire safety and general health and safety matters. We also advised her that staff needed a working knowledge of the Mental Capacity Act and the new Mental Health Act.

We did have evidence to show that the provider and deputy had done some training in managing medication and in general health and safety. They had both completed manual handling training and done some induction training with the Adult Placement scheme that they have now decided not to join.

There was no new training plan and the provider has not as yet accessed any training on person centred care. The part time worker had not attended any training. We also discovered that no one in the home had attended adult safeguarding training and had not had updates to their knowledge of changes to legislation. We also judged that the team need to update their training in terms of up to date practice.

We now require that a full training plan is devised and all staff in the home – that is the provider, her deputy, the part time carer and the voluntary worker - attend training that meets the needs of their job roles.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

37, 39,41, 42

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

This home needs to be managed by someone with a relevant qualification who can make sure that management systems function correctly.

EVIDENCE:

The provider, Mrs Blair, has delivered care in her own home for a number of years and has experience of working with people with learning disabilities. She has NVQ in care at level 2 but has not completed the Registered Manager's Award at level 4. Her daughter in law is currently working on this award that confirms the skills and knowledge of people who manage homes. She told us that she was near completion of the award.

The provider told us that she intends to register her daughter-in-law as the manager of the home. We now require the provider to ensure that a manager's application is received by the due date.

We saw evidence in the home to show that the provider has a simple system in place that helps her measure quality outcomes for service users. We would like to see her systems becoming a little more formal and we recommend that she makes things like the annual development plan for the home and the outcome of any quality surveys available to people who live in the home and other interested parties.

We looked at a range of paper files kept about the residents and about the management of the home. Last year we recommended that the provider archive older information and made sure that she continually updates her record keeping so that she has easily accessible records. We did see some improvement but we retain the recommendation as some information was not up to date. We want her to continue to review and refine her record keeping so that it is simple, easy to access and meets the needs of this small home. The financial files had improved but still show people owing money to the provider due to the spending patterns of residents and some difficulties with benefits. We discuss this in earlier in this report.

Good, effective and simple health and safety approaches are taken in this service much as anyone would in their own home. Environmental Health does not check these small establishments as they treat them as normal domestic environments. The systems in place were simple food and fire safety procedures and general good housekeeping.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	1
3	X
4	X
5	x

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	3
7	3
8	X
9	3
10	x

LIFESTYLES	
Standard No	Score
11	X
12	3
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	x

CONCERNS AND COMPLAINTS	
Standard No	Score
22	2
23	2

ENVIRONMENT	
Standard No	Score
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
Standard No	Score
31	x
32	2
33	x
34	3
35	2
36	x

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	2
38	X
39	2
40	X
41	2
42	3
43	x

Are there any outstanding requirements from the last inspection? YES

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
2.	YA23	13 (6)	The registered person must update information in the home about adult safeguarding and must ensure, through training that all staff in the home are aware of how to protect vulnerable adults and how to report any potential abuse. This should have been completed by 15/01/09 and is repeated and extended.	04/01/10
3.	YA37	9 (2)	The registered person must complete the Registered Manager's Award or must register a manager who is qualified to this level. This should have been completed by 15/01/09 and is repeated and extended.	04/01/10
4.	YA42	13 (5)	The registered person must ensure that all staff who undertake moving and handling of people or objects have updates to their manual handling training and have their competence checked by a person who is appropriately trained to do so.	04/01/10

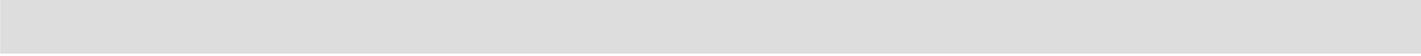
			This should have been completed by 15/01/09 and is repeated and extended.	
5.	YA2	14	The registered person must ensure that any new person is not admitted until all information has been received and a full assessment undertaken and the person is provided with a contract.	04/01/10
6.	YA35	18 (1)	The registered person must ensure that there is a staff training and development programme in place that helps staff fulfil the aims of the home and meets the changing needs of service users'.	04/01/10

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA6	It is recommended that all care plans are reviewed and that any support, aspirations or wishes are recorded in detail. It is also recommended that the provider consider adopting a person centred approach to care planning.
2.	YA22	It is recommended that the provider updates the complaints procedure for the home so that details are up-to-date and the format is accessible to service users.
3.	YA39	It is recommended that the registered person make available to residents and other interested parties the outcomes of quality assurance surveys and the resulting annual service review.
4.	YA40	It is recommended that the registered person update the home's policies and procedures so that they are in line with current legislation and recognised professional standards and are in an accessible format.

6.	YA41	It is recommended that recording systems in the home be reviewed so that all out of date information is stored and archived suitably and all new information is kept in an easily accessible format for individual residents. It is also recommended that detailed recording of daily events recommence.



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