

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

## Emersons Green NHS Treatment Centre

The Brooms, Emersons Green, Bristol, BS16 7FH

Tel: 01179061801

Date of Inspection: 30 October 2013

Date of Publication:  
November 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	UKSH South West Limited
Registered Manager	Mrs. Pamela Mackie
Overview of the service	Emerson's Green NHS Treatment Centre is part of UKSH South West Limited. The centre provides services for NHS patients.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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Since the inspection of March 2013 the service had continued to look at the needs of the wider community and innovative ways to improve services for patients. They were continuing to expand their services so that patients could have access to new care and treatment services within their local community.

Discussions with staff at all levels who were involved in this review were proactive and expressed the aims and objectives to strive for excellence in the services they provided. Care UK recognised the importance of investing in their staff.

The centre received positive feedback from their patients with regards to the staff, the care they delivered and the facilities available. We looked at the NHS Choices website to see what reviews and ratings had been provided by patients. There were 159 ratings to date. Patients were asked to rate staff co-operation, dignity and respect, involvement in decisions, cleanliness and same sex accommodation. The centre had received the top five stars rating across all sectors.

Patients had left numerous positive comments about the service and their experiences. One patient wrote "From the moment I arrived at the hospital, to the moment I left, the staff couldn't have done more for me. The receptionist showed me where to go, the care assistant admitted me, the nurses held my hand during the procedure and helped me afterwards, the consultant treated me with dignity and respect. I was so impressed with the dedication and commitment shown by all. I was instantly put at ease by staff and everything was explained to me, the nurses and doctor were reassuring and empathetic. It's clear to me that the staff work extremely hard to ensure that patients are looked after appropriately and they deserve so much credit".

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

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## **More information about the provider**

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

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

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

One patient was asked if they were happy for us to attend their consultation appointment and they verbally consented to this. The patient had returned to the centre to get the results of their x-rays and to discuss the treatment options available to them. The consultant provided very clear verbal explanations about the results of the x-ray and showed the patient the comparisons between the patient's x-ray and a normal x-ray. They also drew diagrams for the patient so that they had a better understanding of their condition.

The consultation was unhurried. The patient was informed about all of their options both medically and surgically, the advantages and disadvantages, the surgery procedure itself and the risks with surgery and general anaesthetic and the recovery post operatively. At the end of the consultation the patient chose to have surgery. The consultant proceeded to go through the consent form and discussed everything in more detail. The patient was very satisfied with the consultation and told the consultant "I am more than happy with your explanation, nobody has ever explained my condition like this to me before and I don't feel pressured".

We looked at the results of a weekly "patient feedback report" for the endoscopy department and the pre assessment unit. Patients were asked "Were you happy with the consent process for this procedure and did you understand your consent choices and feel that your wishes were respected?" They were rated 95% and 93% irrespectively and responded "yes, definitely".

The service had an extensive, detailed policy for consent and provided staff with clear guidance and support. The policy and procedure outlined its aims and objectives in order to help ensure that patients were protected and their rights were respected.

We spent time speaking with the Medical Director and two nurses about consent. All three

were very knowledgeable about the policies and procedures about consent and their individual responsibilities.

They provided us with a good level of detail and understanding about those patients who had been assessed as not having the capacity to consent. They were able to give us some good examples where best interest meetings had taken place with a multi-disciplinary involvement. One nurse told us that team meetings were useful in order to share examples of where this had happened so that they could discuss what went well and what could be done differently. We saw specific consent forms for people who could not consent, records of best interests meetings and a best interest check list.

We saw various consent documents that were tailored specifically for different types of investigations, treatments and operations. These were detailed documents which provided patients with clear accounts of the procedure itself, alternative procedures, and associated common and less common risks with such procedures. Other additional information was provided in the form of leaflets where required. Patients took all this information away with them after their consultation so that they had time to digest and consider their options.

The consent forms provided a robust timeline of events including the discussions between the consultant and patient. There was also a section enabling a patient to withdraw their consent and a section for an interpreter to sign a statement for those patients where English was not their first language. We saw that there had been 29 occasions between the months of March and October 2013 where an interpreter had been required.

There was a robust surgical/treatment/procedure check list where consent was checked several times prior to any intervention. A 'health record audit' tool was also completed for each patient and this tool also addressed consent. This included checking signatures and dates, correct completion of consent forms detailing the reasons and advantages for surgery and the complications.

The service had also developed care pathways for all staff to follow so that they had the correct guidance and procedures to support patients effectively and safely. We looked at the pathway for dental treatment which addressed explanations of any procedure/treatment, any potential risks and obtaining consent. Patients who were attending the dental surgery received a letter prior to their appointment. This informed patients that there would be an interval period following an assessment so that they could consider all the information and their options before consenting to any treatment.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that helped ensure patients safety and welfare. Various systems were in place to assess, monitor and evaluate care and treatment that patients were receiving.

One patient we spoke with on the ward told us it was their second operation at the centre and that their spouse had also had an operation previously at the centre. They told us "The centre was recommended to us by friends. We have been totally satisfied with the care we have received and we have recommended the centre to many people. The attention to detail from the time you walk through the door until the day you go home is exceptional".

Other patients we spoke with told us "They are all really wonderful, the staff love working here and they work very hard with a smile on their face", "They are all very friendly and so helpful if there is anything you don't understand or that may be worrying you", "All eventualities are covered, the staff check on me all the time, they really know everything they need to know" and "It's been a faultless experience from start to finish, I couldn't have asked for anything more".

Care UK recognised the importance of investing in their staff. We saw a written statement that said "Staff engagement and involvement, open and consultative communication channels and genuine opportunities for raising issues and providing feedback is paramount to the longer term success of the company".

It was evident when we spoke with staff and observed them during our visit that they were committed to their roles and responsibilities and the patients in their care. Staff comments included "We have a great team and work well together", "Things are going very well, we are empowered to keep improving and the training opportunities are good" and "I couldn't work anywhere else, I feel that we make a difference and that patients are happy with all aspects of their care".

We saw staff assisting patients with their consultations; they were kind, courteous and supportive. The atmosphere throughout the centre was calm, relaxed and patients were safe. The patient who had agreed for us to attend their consultation spoke with us

afterwards. They told us "I cannot fault this service I have never received treatment like this before. I thought I would have to wait at least four months for my operation but I have been told it will be four to six weeks. The consultant was excellent I am very satisfied".

We looked at the results of surveys for patients who had attended day care facilities between the months of April to September 2013. Each section had an overall satisfaction rate. Patients felt that waiting times to be seen were minimal and gave an overall satisfaction rate of 90%. Patients were asked if the surgical team met their expectations and the overall satisfaction rate was 99%. Ninety seven per cent gave an overall satisfaction rating with regards to outpatient staff meeting their expectations.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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This year the centre was inspected by PLACE (Patient Led Assessment of Care Environment). PLACE was set up by the government in 2012. The team was led by specially trained assessors who have been previously been patients and they undertook an assessment from the patient's perspective.

Part of the assessment included 'food quality'. PLACE awarded a score of 98.44% for the quality of food. One PLACE assessor commented in the report "We were particularly keen to sample the centres food and to talk to the patients. We tried all the food that was being served in the centre and then after lunch we spoke with the patients about it. The feedback was very positive and people described the food as, hot, delicious and nutritious".

Some surgery and treatments required patients to stay in overnight and short term for recovery periods. Patients were provided with breakfast, lunch and an evening meal. The menus were extensive and reflected seasonal trends. All menus provided people with the options that were suitable for diabetics and vegetarians and indicated which meals were gluten free, low and high calorie and low salt and fat.

Patients were also able to request a specific portion size and whether they required a larger or smaller portion compared to a normal sized portion. For patients who preferred a lighter option the menus also had a 'light bites' selection. The centre had large restaurant facilities where day patients, out patients and visitors could select from the menus.

We had lunch with staff during our visit. We chose braised steak with a winter vegetable medley and mash potato and asked for a small portion. The presentation, size and taste of the meal was very good. We spoke with three patients who had also chosen the same meal and we asked them their thoughts. Comments included "It was delicious and the steak was so tender", "It was a wonderful meal and just right for this time of year, I couldn't fault it" and "It was super and so tasty".

Other patients also spoke with us about the food and drink facilities at the centre. Comments included, "We had roast beef on Sunday the meat was so tender it melted in the mouth", "My appetite is quite poor at the moment so the smaller portions are good for me" and "The nurses have been great and they always make sure that I have plenty to drink".

Although patients only stayed for short recovery periods on the wards the staff monitored weight and hydration so that they were supported appropriately and effectively. Patients were weighed on admission and the nurses used a recognised assessment tool (MUST) to determine if people were at risk of dehydration or malnutrition. Patients input and output was recorded if required so that any poor intake would be identified.

We spoke with the head chef about their role and responsibilities, their experiences and views of the food provided at the centre. They told us that they had a good supportive staff team who worked "very hard" to provide good quality meals to patients and visitors. All the produce was sourced locally and the chef was very pleased with the quality of supplies. The chef was very knowledgeable about dietary needs and made every effort to meet with patients and visitors to gain their views about the service they provided.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We spoke with patients and asked them if they felt that staff were suitably equipped and knowledgeable in order to care for them. All comments received were positive and included "Oh yes I feel so safe in their hands I cannot fault any of them", "They know their specialty and they are confident carers" and "They explain everything in a way that I understand, they amaze me how they know so much, they are truly dedicated".

We looked at the results of a weekly "patient feedback report" for the endoscopy department. Patients were asked "Did you have confidence and trust in the staff that treated you?" 95% of the patients replied yes, always and five per cent replied yes, sometimes. The feedback report for the day ward recorded that 98% of patients had scored yes, always and the report for the inpatient ward recorded 97%.

The opportunity for staff to develop knowledge and skills was fully supported by Care UK. Staff told us that personal professional development was important to them individually and was encouraged by Care UK. Care UK were proactive in ensuring that staff were up to date with current practice so that patients received safe, quality care.

Staff were provided with an individual budget per year. They were empowered to manage their budget and access training and courses that would enhance their roles and increase their skills and expertise. We saw that staff completed training request forms outlining the course details and the course objectives. Staff also recorded why they felt the course was suitable for them and what their personal objectives/expectations were.

We looked at training plans that staff had developed for 2013. They contained details of the training/course they wished to attend and the rationale for choosing them. Examples included developing skills in leadership in order to become an effective leader, to be competent in the use and application of acupuncture and to develop presentation skills to help effectively teach others.

Staff also attended updates in their specialist fields and attended events and seminars. "Speciality" meetings were held where staff could cascade any learning to groups of staff through discussions and presentations. In addition to this Care UK provided "in house"

training, mandatory training and E-learning.

One member of staff spoke with us about their access to a training programme facility called "develop me". The programme was updated every three months and provided staff with a list of various courses available to them in order to further exceed and develop their skills. The member of staff had been on three courses so far which included "appraisals, conduct and capability". They said that all three courses had been "very good".

Staff reflected on training they received and this was discussed during supervision sessions to determine if it had been worthwhile and effective. We saw clear written evidence that staff had carefully considered which courses and what training they wanted to attend.

There was effective peer support in place for all staff that worked at the centre. Staff told us they felt supported by management. Comments included, "They are all very approachable and helpful", "We are supported throughout the day and there is always someone we can talk to for any help or assistance" and "We have excellent communications between all colleagues".

Care UK had recently conducted a staff survey entitled "Over to you 2013" which achieved an 87% response rate. Seventy three per cent of the staff said they were "proud to work for Care UK". Ninety two per cent said they felt they were able to ask members of their team for help or advice when they needed it. Eighty four per cent said that their work gave them a feeling of personal accomplishment and 85% said their manager communicated effectively and regularly.

There was an annual appraisal process which tied in with the supervision arrangements. There was an established formal recording of supervision for all staff. Plans were devised for discussion which included work issues, staff issues, personal development and training. Staff were supported to carry out their work in a safe working environment where any potential risks were assessed and monitored by management on a regular basis.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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Care UK had an internal "Assessment Team" who had recently conducted assessments for all of its 11 treatment centre sites. Staff told us that the assessment was a "rigorous" and "very thorough" audit. An extensive report was produced following the assessment and we were given a copy of the document. The assessment was scored and risk rated. It was conducted in order to scrutinise the quality of the services provided and see where improvements could be made.

The assessment team were "highly" complementary about the centre and said they were a "high performing, very impressive hospital and team". Other comments received in feedback from the team included "Patients are safe, staff work hard and work together like a well-oiled machine", "Staff are providing patients outstanding, personalised patient centred care" and "Deeply impressed with the best practice that all departments evidenced and we will be sharing this across secondary care".

Three areas were identified from the assessment with regards to where improvements could be made which included waiting times for surgery. The management team told us it had been identified that due to unforeseen circumstances some patients were waiting for their surgery. This included unexpected issues for example, complications during surgery.

A plan was put in place immediately after reviewing the processes that the centre followed. It was decided that they would stagger admissions to help reduce waiting times. Surgeries were tracked and patients were contacted to come in later than arranged if required. This had improved patient experience and waiting times had reduced from an 80% to 95% success rate.

There was evidence that learning from incidents took place and appropriate changes were implemented. The centre monitored incidents, accidents and significant events. The recorded information contained clear, detailed accounts. This included describing the actual event, what went well, what could have been done better and what changes have been agreed. This meant that the service was proactive in identifying any trends and helped ensure further reoccurrences were prevented.

We saw a matrix which detailed all the meetings that were planned for 2013-2014. Frequency varied dependent on the type of meetings and included, weekly, bi-weekly, monthly and quarterly. Clinical governance and speciality meetings were held and speciality meetings included a surgical group, Orthopaedics, mortality and morbidity, and anaesthetics.

We looked at the minutes for the Operational Governance Committee meeting for September, the Clinical Heads of Department meeting for October, the ward meeting for October and the Health and safety Committee for September. Meetings evidenced a good level of attendance and the minutes provided clear, concise information about discussions that were held. Items were listed for discussion, the actions required, the responsible person and target dates. The meetings were used to evaluate and review how the service was run. It gave opportunity to update staff on current events and practice and looked at how improvements might be needed in some areas.

We saw various audits were carried out which included patient experience, complaints, safety, infection prevention and control, operational effectiveness, the workforce, clinical effectiveness, delayed discharges and leadership and governance.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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