

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

The Epsom Skin Clinic

11 Depot Road, Epsom, KT17 4RJ

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Date of Inspection: 14 January 2014

Date of Publication: February 2014

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✗	Action needed
Management of medicines	✗	Action needed
Requirements relating to workers	✗	Action needed
Complaints	✓	Met this standard

Details about this location

Registered Provider	Forever Young Medical Aesthetics Limited
Overview of the service	Epsom Skin Clinic is a privately owned skin care clinic located close to Epsom town centre and car parking facilities. It offers a wide range of medical aesthetic treatments, including laser treatments, as well as minor skin surgical procedures.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Surgical procedures

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 January 2014, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with staff.

What people told us and what we found

We visited The Epsom Skin Clinic and looked at the care and treatment of people who used the service. During our inspection we spoke to two staff members and the manager. We also received four responses to a patient survey we left in the waiting area.

All of the people we asked were very happy with the service. A person who used the service told us "The service here is literally perfect." They went on to say "A member of staff is fabulous at what they do; her knowledge and care are second to none."

All of the people we asked stated that staff had involved them in the discussions about their treatment and care. We saw that care and treatment had been planned and delivered in a way that ensured people's safety and welfare.

At our inspection in January 2013, we raised concerns about the cleanliness and infection control processes of the clinic. During this visit, we saw that the provider had not made all of the improvements required to be compliant with the regulations.

At our inspection in January 2013, we raised concerns about the arrangements that were in place to manage medicines. During this visit we still found concerns that related to the storage, monitoring and management of medicines.

The provider informed us of the process they used to recruit staff. We found however there was a lack of employment checks, such as references and criminal checks completed before staff had been employed.

We saw that the provider had a complaints policy and procedure in place and that information about how to complain was available to people in a format that met their needs.

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

What we have told the provider to do

We have asked the provider to send us a report by 05 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People received care and treatment that met their needs.

A person who used the service told us "The service here is literally perfect." They went onto say "A member of staff is fabulous at what they do; her knowledge and care are second to none."

All of the people we asked confirmed that staff explained to them exactly what their treatment entailed. We saw information given to patients prior to any treatment given, which included a brochure outlining treatments that were available and prices that related to various procedures. This meant that people were informed about the treatment they received.

We looked at a sample of both electronic and paper patient records that related to people's care and treatment. Each record had a registration form that was completed for each patient. The form included background information about a patient's medical history, current medication, any known allergies, and treatment undertaken. This information was reviewed prior to any treatment given. This meant that staff had the most up to date medical information that related to a patient.

Most of the people we asked told us that they were involved in the discussions about their treatment and care. They told us that their preferences and wishes were taken into account. This meant that people needs were taken into account in the delivery of their treatment.

We saw information such as after care information given to patients that related to the treatment given. The provider also told us that patients had access to an out of hours service if they had any concerns outside of the normal opening hours of the service. This meant that people who used the service were given information and care and support about their wellbeing in relation to the treatment given.

We noted that there were treatment rooms available on the ground floor for patients who had mobility requirements. We also noted that there were patient toilets available on the ground floor. This meant that arrangements were in place to facilitate patients who could not use the stairs.

We saw from the electronic patient records, information where a doctor had referred the care and treatment of a patient to another healthcare professional. For example, where additional treatment was needed. This meant that patients were referred to other professional bodies when appropriate.

The provider informed us that doctors received regular alerts and updates through the NHS. The provider had systems in place to record medical consumables used during treatment, which enabled them to identify and recall medical equipment, if requested. This meant that the provider followed appropriate guidance from external bodies.

The provider had systems in place to deal with unexpected emergencies, such as a patient collapsing. We noted that the provider had an emergency medical kit and oxygen in place. In the event of computer failure or if staff were unable to access the office, the provider had a system in place to back up their computer server and remotely access computer records.

The provider might like to note that the emergency plan we saw did not contain all emergencies that could reasonably be expected to arise, for example fire, flood, pandemics and electrical failure. This would minimise the impact to people if emergencies took place.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

People were not protected from risk of infection because appropriate guidance had not been followed. People were not cared for in a clean, hygienic environment.

The providers did not meet:
Regulation 12(2)(c)

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People were not protected from the risk of infection because appropriate guidance had not been followed.

We saw that the provider had not made all of the improvements that were required to be compliant with the regulations following our inspection in January 2013.

We asked people who used the service if the clinic was always clean when they attended. All of the people agreed with this statement. We asked if they ever had any concerns about the cleanliness of the clinic, three out of four stated they did not.

During our visit in January 2013, we identified that the cleaning schedule was not sufficient to cover all of the areas of the building. During this inspection, we saw that a schedule for cleaning was kept for one treatment room only. This was where the minor operations took place. Staff had a daily list of cleaning tasks. The list provided details of the items that needed to be cleaned and the different cleaning products used for each task. We saw that staff had signed when the tasks had been completed. However, the scheduled did not cover the remainder of the clinic. We saw that there were some cleanliness issues such as dirty air vents, limescale in the sinks and dirty trolleys in the treatment rooms. This meant that whilst there were some arrangements in place to manage hygiene and infection control, people were not fully protected against the risks as there was no systematic approach which ensured that all areas of the clinic were appropriately or routinely cleaned.

During our visit in January 2013, we identified that there was only one mop available to clean the entire clinic. During this visit we noted that there were three mops, one used for the floors, one for the toilets and the other for the treatment room where the minor operations took place. This meant that there were arrangements in place that reduced the risk of cross contamination.

During this visit, we raised concerns about the condition of some of the sinks in the clinic which had limescale. This would make it difficult to clean effectively as limescale is a rough surface that can harbour bacteria. The manager told us they would arrange for the limescale to be removed.

During our visit, we raised concerns about the condition of the trolleys in the treatment rooms which were dirty. This meant that there were not adequate arrangements in place to manage hygiene and infection control

We saw that the provider had policies and procedures that related to hygiene and infection control. The policies included managing spillages, managing waste and needle stick injury. During our visit in January 2013, we identified that the manager could not provide evidence of vaccination or immunity to protect staff, who used needles, from Hepatitis B which is a blood borne virus. During this visit the manager informed us that the doctors and nurse had provided Hepatitis B certificates; however the manager could not produce this information at the time of our visit. This meant that the provider could not assure us that staff were protected against the risk of infection from a blood borne virus.

We saw that the clinic used single use equipment items which were disposed of after use in appropriate clinical waste bags or containers. This meant there were arrangements in place that minimised the risk of contamination.

We saw that clinical waste and sharps containers were available throughout the clinic. Waste was separated and stored securely for collection at the rear of the building. This meant that there were systems in place that related to waste management. The provider might wish to note that during our visit however, we noted that not all of the sharps bins had the necessary information recorded on the front of the bin.

We asked the people who used the service if they noticed staff wash their hands and use protective clothing when appropriate; three out of four people stated that they did. We saw antimicrobial gel, surgical scrub and antibacterial gels (to kill or hinder the growth of bacteria) were available throughout the clinic. We also observed disposable gloves and aprons available in the treatments rooms. Clinical staff wore shoe covers, surgical clogs, scrubs, hair nets and hats. This told us that staff had been made aware of and used appropriate methods and equipment to minimise the spread of infection.

The staff that we spoke with confirmed that they had received infection control training either through NVQ training or by a previous employer. When asked for their opinion on the most important elements in infection control, staff responses included "Keeping everything clean. Making sure everything is sanitary" and "Cleanliness, being specific when setting up the room, using gloves and antibacterial gel." Staff informed us that updates and additional training were given by the doctor who led the service and who was also the nominated infection control lead. This told us that staff had a working knowledge of their role and responsibility that related to infection control.

The manager told us that if a member of staff was off sick due to a contagious illness they would have to be symptom-free for 48 hours before they were cleared to come back to work. This meant that processes were in place to protect against or minimise the spread of infection.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

The providers did not meet:
Regulation 13

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We asked people who used the service if they had been given information about the medicines used in their treatment and care, including the risk. Three out of the four people said they had, the fourth person did not answer.

During our visit in January 2013, we identified that the medicines were in a cupboard which had no lock, in an unlocked room adjacent to the upstairs waiting area. During this visit we noted that although the medicines were now stored in a locked cupboard and locked freezer they were in an unlocked room which could be accessible to people who used the service. We also saw the storage of other medicines and medical equipment in unlocked fridges and a cupboard in treatment rooms adjacent to the waiting area which were accessible to people who used the service. In addition, we noted medicines stored in refrigerators that did not have temperature gauges. This told us there were not suitable arrangements in place that related to the storage and security of medicines. This also meant that people who used the service could gain access to medicines and medical equipment, posing a risk to their safety and welfare.

During the visit in January 2013, we identified three items of medication that were more than six months out of date. During this visit we identified and raised concerns with the manager about a number of items we found that had expired. This meant that people who used the service were not protected against the risks associated with out of date medicines. After the visit, the manager confirmed that he had disposed of the expired medicines. At the time of the visit staff were unable to show us a central system for logging, reviewing and monitoring medicines. The manager told us that they were in the process of recording all this information on a central log.

We saw that the provider had a procedure in place to record any medication given by the doctor after treatment. This was recorded on the electronic patient's records. The information recorded included the item number, date, name and type of medication prescribed. This meant that the provider had a system in place to record medication and medical equipment used during treatment.

We saw that the provider had in place systems to record medical consumables used such as needles. This meant that arrangements were in place to record, monitor, and review consumables used

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider did not meet:
Regulation 21(b) Schedule 3

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider did not have a robust recruitment and selection process in place. We were unable to access staff records as they had been stored off site and were not accessible at the time of the visit.

We asked people who used the service if they had any concerns that the staff may not be properly qualified. All of the people told us they did not have any concerns.

The manager told us that the majority of staff employed were family members or friends known by the family, therefore all of the recruitment was made by 'word of mouth'. This meant that there were not suitable arrangements in place to verify the suitability of staff.

The staff we spoke with confirmed they had provided a Curriculum Vitae or that they were a family member of the provider. The manager told us that he would not interview anyone who had a long gap in their employment, as they would not be up to date with current practices. A member of staff confirmed that they had been asked to provide photographic proof of identification for example a passport or driver's licence, as well as certificates and qualifications. This meant that the provider had checked that people were who they said they were and that they were appropriately trained.

The manager informed us that as staff were either family members or were known through the family, references had not been taken up. This meant that whilst there were some arrangements in place to check that a person was of good character and suitably qualified, people who used the service were not fully protected as the provider had not obtained all the information set down in the regulations for each staff member.

The manager informed us that only the clinical staff (doctors and nurses) had completed criminal record checks (CRB or Disclosure and Barring Service check) which were

conducted by the NHS. Other staff had not been checked. This meant that not all staff who provided the regulated activity had undergone a Disclosure and Barring Service check. This meant it was not known if they had a criminal record that may have made them unsuitable to work with vulnerable people. The manager agreed that they would ensure that all staff would undergo a Disclosure and Barring Service check.

During the visit we asked the manager to provide a list of the contents of the staff files to ascertain what information had been recorded. We were told that this information would not be accessible until 27 January 2014. This meant that the provider could not produce or verify information required to be compliant with the regulations.

The manager informed us that they checked the clinical staff's professional registration and that clinical staff had their own indemnity insurance. This meant that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

There was a complaints system available.

We asked people who used the service if they would know how to make a complaint. Two out of the four people we asked said 'yes' and two said 'no'. Most of the people said that they could approach the staff and they felt staff would listen to any complaint or suggestion they had. A person who used the service said "A lot of the complaint procedures are done by raising concerns or issues verbally and this sometimes makes the resolution or response time too slow." They went on to say "I think complaints should be handled in writing so that a clear channel of communication is maintained between the customer and the Epsom Skin Clinic."

We saw information about how to make a complaint was made available in a hand-out given to patients. The document clearly explained how to make a complaint, and the process that the provider would follow. They also gave information on other agencies that a person could contact if they wished, such as the Care Quality Commission (CQC). The provider may wish to note that the CQC does not deal with individual complaints as stated in the patients' guide. Patients should be given information about the health ombudsman where they could take their complaints.

The provider had a complaints procedure in place. The procedure detailed how complaints were recorded, handled and acknowledged. We observed complaints information had been recorded on a central log. This log recorded key information such as the date the complaint had been received, details of the complaint, details of the investigation undertaken and action taken. We noted there had been one complaint made in December 2013 and we saw that this had been recorded appropriately and dealt with satisfactorily.

We saw information that captured and summarised patient's feedback about the service provided. The manager obtained this information by providing patients with an information card, which directed patients to a website to record their feedback about the overall opinion of their care and service provided. The manager told us that as a result of feedback about local anaesthetic cream used during treatments they had changed the cream. This showed us that the provider listened to and responded to comments made by people who used the service.

We asked staff what they would do if someone wished to make a complaint. One staff member told us "I would tell them to send an email to the manager." Another member of staff told us "I would refer minor concerns to the therapist." They went onto say "If they were still unhappy then speak to the manager." Staff knew where the complaints procedure was situated. This showed us that staff knew how to respond if they received a complaint.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Cleanliness and infection control</p> <p>How the regulation was not being met:</p> <p>People were not protected from risk of infection because appropriate guidance had not been followed. People were not cared for in a clean, hygienic environment.</p> <p>The providers did not meet: Regulation 12(2)(c)</p>
Regulated activity	Regulation
Surgical procedures	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Management of medicines</p> <p>How the regulation was not being met:</p> <p>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.</p> <p>The providers did not meet: Regulation 13</p>
Regulated activity	Regulation

This section is primarily information for the provider

Surgical procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010
	Requirements relating to workers How the regulation was not being met: People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider did not meet: Regulation 21(b) Schedule 3

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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