

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

## Brunswick Practice Limited

2 Brunswick Road, Hove, BN3 1DG

Tel: 01273731586

Date of Inspection: 04 February 2014

Date of Publication: February 2014

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

|  |                     |
|--|---------------------|
| <b>Respecting and involving people who use services</b>          | ✓ Met this standard |
| <b>Care and welfare of people who use services</b>               | ✓ Met this standard |
| <b>Safeguarding people who use services from abuse</b>           | ✓ Met this standard |
| <b>Cleanliness and infection control</b>                         | ✓ Met this standard |
| <b>Assessing and monitoring the quality of service provision</b> | ✓ Met this standard |

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Brunswick Practice Limited  |
| Registered Manager      | Mrs. Florentina Marcu   |
| Overview of the service | <p>Brunswick Practice Limited is a dental practice situated in a residential part of Hove. It is accommodated on two floors and includes three dental surgeries. The service offers general and preventive dentistry, including dental implants, to both NHS and private patients. It also provides cosmetic dentistry and facial rejuvenation treatment. There is parking available.</p> |
| Type of service         | Dental service  |
| Regulated activities    | <p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>   |

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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 4 February 2014, 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 and talked with staff.

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### What people told us and what we found

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During our inspection we spoke with two principal dentists, one of whom was the registered manager for the practice. We also spoke with two dental nurses, two receptionists, and one administrator. We spoke with five patients or their relatives to gather their feedback about the quality of care they received. We looked at the service's policies, five sets of clinical records, and staff files. We also took information from other sources to help us understand the views of patients, which included a satisfaction survey.

We found patients were respected and involved in their care. A patient told us, "Everything is clearly explained, I have time to think about any alternatives before anything goes ahead".

We found that treatment was delivered in line with patients' care plans and adjusted to meet individual needs. A patient told us, "I cannot fault this dentist's care, they are really very good and I am very satisfied with what has been done". Another patient said, "We get a very good service here".

The practice had a safeguarding policy for the protection of children and vulnerable adults. Staff were aware of their responsibilities and procedures to follow in respect of safeguarding and whistle blowing.

The practice was following appropriate guidance in relation to infection control. The dental nurse who was the lead in Infection Control told us, "We are very vigilant with infection control and follow the guidelines exactly". A patient told us, "The place is always clean and welcoming, and the surgery is spotless".

The service had an effective system of audits in place, an incident reporting system and a complaint policy with clear procedures. Patients' views were sought to identify how the service could improve. One patient told us, "Their questionnaires are very comprehensive, they take a long time to fill but it is good to know they listen to what we have to say".

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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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Patients were given appropriate information and support regarding their care and treatment.

We saw that patients had access to comprehensive information about the practice, displayed in the reception and available on the service's website. This included information on emergency telephone numbers, actions in the event of fire, evacuation plan, price lists, and a complaints policy. There were a wide variety of informative leaflets about dental care, after care and hygiene techniques available. The service provided a leaflet about the practice and sign-posted new patients to their website. This meant that the service provided patients with appropriate information in relation to their care and treatment.

We spoke with five patients who all said that they were fully involved in the planning of their treatment. Their dentist had discussed the advantages and disadvantages of different options available with them and had enabled them to make informed decisions about their treatment. One patient told us, "This dentist practice is very good. They are clear, thorough, very professional and considerate". Another patient told us, "Everything is clearly explained, I have time to think about any alternatives before anything goes ahead". This indicated that the provider enabled patients to participate in making decisions relating to their care and treatment.

One of the two principal dentists told us that during the initial assessment of patients' needs, they established what they wanted to achieve. For example some patients preferred the treatment to focus on pain reduction, others on function to enable them to eat, and others on the way their teeth looked. Following an examination, the dentist proposed different options relating to the goals patients wanted to achieve. One patient confirmed this and told us, "The dentist listens to me, go through all my options and always respect my wishes". This meant that the service took into consideration the factors that were important to patients.

A patient told us, "My treatment is only discussed in the privacy of the surgery, I feel totally

safe with any confidential matters". We asked the receptionists how they managed situations when patients required privacy to discuss their medical history or individual requirements. They told us, "We invite the patient to come out of the reception area in the office area where they have privacy and cannot be overheard". This indicated that the service ensured that the environment allowed privacy in which the support needs of patients were met.

We looked at five patients' records which included care plans that had been agreed. There were entries which confirmed that the dentist had discussed options with them. The fees were discussed and patients' consent was sought and recorded before care and treatment began. We saw an example where a patient had discussed with the dentist the taking of an x-ray and had declined the procedure. The patient's wish had been respected. This meant the provider encouraged patients to express their views as to what was important to them in relation to their care and treatment.

The dentist described how they accommodated patients with anxiety by allowing extra time and ensuring good communication throughout each stage of their treatment. One patient told us, "I am a fairly nervous patient but the dentist makes me feel at ease". Another patient told us, "The receptionists are ever so kind and help me relax if I am apprehensive".

The dentist and the receptionists explained to us how emergency appointments were made available. All information about the practice was provided in a larger format or in Braille upon request to assist persons with visual impairment. Extra time was allocated for patients with nervous disposition or whose mobility was impaired. The dentist described how they communicated in writing with a deaf patient. Translation, advocacy and signing services were available to the practice if required. A receptionist told us, "We used a sign interpreter last week". This indicated that the service ensured that care and treatment was provided to patients with due regard to their individual needs.

We saw that computerised records were password-protected with a security and back-up system to respect confidentiality. We saw that all staff had signed the service's confidentiality policy and the information handling policy. We observed the receptionists addressing patients discreetly when needed. This indicated that the need to maintain confidentiality was taken into account by the service.

Annual questionnaires inviting patients to comment on their care and treatment were provided to patients. Patients returned their completed questionnaires in a space allocated in the reception area. We looked at the last survey which was dated in December 2013. This meant the provider had systems for gathering the views of people who used the service.

**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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Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

We spoke with the dentist who explained each step of the process involved when people first came to the service. The dentist described how people's needs were assessed to reflect their wishes and how care plans were written. We looked at five sets of clinical records that were computerised. All included details of people's allergies, a summary of their medical history and current medication, a clear assessment of needs and a treatment plan to meet those needs.

The dentists reviewed the care plans at the beginning of each visit to check if anything had changed, and updated the care plans accordingly. We saw that the dentists referred patients who needed specialist treatment appropriately. Patients' requests about their treatment were respected. For example, we saw that a patient had chosen to decline an anaesthetic injection after having considered their options. Their wish was respected after discussion to ensure they made an informed decision. This indicated that the service assessed people's needs, planned and delivered care and treatment in such a way as to meet their identified needs.

We saw recommendations for regular oral hygiene techniques in patients' care plans. We saw records showing the dentists discussed healthy lifestyle alternatives with patients when necessary to promote oral health. The dentist carried out risk analysis including tooth wear, soft tissues, current oral health regime, decay, lesions and diet. The dentists discussed risks associated with oral cancer. X-rays were taken when appropriate. The dentist provided patients with a wide range of informative leaflets on care and after care when necessary. This indicated that the practice encouraged the prevention and early detection of ill health wherever factors presented a risk to patients' health and welfare.

We spoke with five patients who were treated at the practice. All told us that they were satisfied with the care they had received. One patient told us, "I cannot fault this dentist's care, they are really very good and I am very satisfied with what has been done". Another patient said, "We get a very good service here".

We saw that the dentist and staff invited patients to comment on the quality of their care and treatment. We saw that the service carried out yearly satisfaction surveys for all patients and that the results were processed for performance auditing and identifying possible improvement. The last survey was carried out in December 2013. Analysis indicated that all patients who took part in the survey were satisfied with the quality of their care and treatment, the staff and the premises. A comment highlighted a patient's wish to have flowers in the waiting area, and this was discussed at team meeting. This indicated that the provider monitored the quality of the service that people received and took account of comments and complaints.

The service had procedures in place for dealing with emergencies. These procedures addressed the steps that were to be taken in case of fire, flooding, equipment, heating or electrical failure, patients' allergic reaction, choking and other eventualities. We saw records showing that all fire protection equipment on the premises were last serviced in June 2013, and that electrical appliances were checked in May 2013. There were clear evacuation plans for people to follow, assembly points were clearly indicated and all staff practised fire drills every six months. All staff had received training in fire and first aid and their training was up to date. We found the service had first aid equipment that included oxygen and a defibrillator. The equipment was maintained and ready for use. The service had an out of hours answerphone and referred patients to a helpline for emergencies. This indicated that the service had procedure in place for dealing with foreseeable emergencies.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

Patients were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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Patients were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw that the service had carried out a criminal record check and a check against the list of people barred from working with vulnerable adults and children, before allowing any member of staff to work at the service. This meant that patients were protected by the service's recruitment process.

We saw that the provider followed local authority policy and procedures for safeguarding children and adults at risk. Contact details of local safeguarding teams were displayed to enable urgent referrals when needed. Staff told us they knew where to access this information should they suspect abuse was taking place. Staff stated that they knew how to identify signs of abuse. We asked staff to tell us about steps they would take should they suspect abuse was taking place. They demonstrated a sound knowledge of the appropriate procedures including the referral process to other organisations. A dental nurse told us, "I would not hesitate in contacting the dentist and the local social services if I suspected a patient was being abused in any way". This indicated that the staff recognised their personal responsibilities in safeguarding people who used the service. Although the staff had been trained by the registered manager who had undertaken training in safeguarding, we noted that they were not a qualified trainer. We discussed this with the manager who ensured that the staff were scheduled to undertake official training in the safeguarding of children and vulnerable adults within the next month. We saw records that confirmed this. This indicated that the provider took reasonable steps to identify the possibility of abuse and prevent it before it occurred.

We saw that staff had a system in place to record significant events. The dentist and practice manager ensured that each incident, risk assessment and relevant action plans were proportionally and appropriately recorded. The registered manager told us the practice held informal daily team meetings where staff could discuss any concerns they may have about patients or the practice. This indicated that the provider took reasonable steps to identify the possibility of abuse and prevent it before it occurred.

We were told that no form of control or restraint was used in the carrying on of treatment. There had been no instances of referrals to the relevant authorities to establish someone's best interest when they lacked capacity.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. We found that the practice operated in line with Department of Health guidelines. These guidelines provide primary care dental services with best practice on cleaning processes of medical equipment. We saw that a dental nurse was given specific responsibilities in relation to infection control and decontamination. The dental nurse who took the lead in infection control told us, "We are very vigilant with infection control: I inform the dentists and staff of updates in the guidelines every three months or sooner and keep accurate records ". They ensured infection control audits were carried out regularly and appropriately recorded. The last audit was completed in February 2014 and showed an overall score of 89% with the Department of Health guidelines. This indicated that the provider had an effective operation of systems designed to prevent and control the spread of health care associated infection.

We inspected one of the three surgeries, its decontamination area, the reception and waiting area and toilet facilities. We found the premises were cleaned by an employed cleaner to a good standard and well maintained. One patient we spoke with told us, "The place is always clean and welcoming, and the surgery is spotless".

We saw records indicating that all water lines were flushed daily and Legionella risk assessments were carried out. This meant that the provider maintained appropriate standards of cleanliness and hygiene in relation to the premises.

Staff we spoke with had a good knowledge of hand hygiene and used appropriate personal protective equipment. We saw clear notices about hand cleaning techniques were displayed. We saw records that indicated that all clinical staff had been vaccinated against Hepatitis B. Staff followed good hygiene practices; they wore clean uniforms, washed their hands thoroughly and followed a system to ensure that reusable items of equipment were only used for one patient before being cleaned and sterilised. This meant staff and patients were protected from the risk of infection.

We observed each step that was taken after each treatment had taken place in the surgery and in the decontamination area. This included removing the instruments that had been

used, wiping down all the surfaces, changing gloves and hand washing. The decontamination process that was followed included washing each instrument thoroughly, checking them under a magnifier, and placing them in devices used to sterilize equipment and supplies by subjecting them to high pressure saturated steam. Instruments were placed in individually sealed pouches that were dated after the sterilisation process. We saw that sterilised equipment and used items had been kept separate and that clean items were stored in hygienic conditions to reduce the risk of contamination. We saw records indicating that sterilizing equipment was serviced regularly. This indicated that the provider maintained appropriate standards of cleanliness and hygiene in relation to the equipment and reusable medical devices.

We viewed the practice's disposal of waste procedures and saw that the system was efficient in its recording and auditing. Clinical waste, hygiene waste and dental amalgam waste were separated in line with best practice guidance. We saw that waste was fastened in dedicated refuse bags, and disposed of securely. This confirmed that the practice correctly disposed of hazardous and non-hazardous waste.

## 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 patients received.

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### Reasons for our judgement

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

The practice manager explained the governance system that was used in Brunswick Practice. We found effective monitoring systems were in place to ensure the quality of service provision was maintained. These included regular reviews of all policies, procedures and protocol. These were then updated appropriately and staff made aware of the reviews.

There were policies addressing every aspect of the practice. They included information governance, patient information security, data protection, complaints, equality and diversity, patient's consent, safeguarding, health and safety, infection control, waste disposal and others.

The provider carried out audits in infection control, reviewed and amended the infection control policy to reflect updates of the Department of Health guidelines. The practice manager audited many other aspects of the service, ensuring the process was ongoing throughout the year. We saw that there were 'practice development plans' that identified improvements and action dates. For example we saw the last development plan indicating action needed regarding training and patient communication. We saw that the improvements recommended had been implemented. This indicated the practice identified, assessed and managed risks relating to the health, welfare and safety of patients.

Questionnaires inviting patients to comment on their care and treatment were provided to patients. Patients returned their completed questionnaires in a dedicated envelope in the reception area. One patient told us, "Their questionnaires are very comprehensive, they take a long time to fill but it is good to know they listen to what we have to say". The practice manager gathered the questionnaires and carried out an audit at regular intervals. All results were analysed, communicated to the staff and discussed at team meetings to identify improvement of the service. This demonstrated that the practice had gathered feedback from patients and had identified where improvements were needed.

We saw that an incident reporting system was in place at the practice. The accident book held two records of incidents or adverse events in the last 12 months and appropriate action had been taken.

We the service's complaint policy was displayed in the reception area. There had been one complaint in the last 12 months. We followed the path of the complaint and noted that the practice manager had responded to the complaint according to their policy to a satisfactory outcome. This demonstrated that the practice had procedures in place to deal appropriately with complaints.

## 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

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### Essential standard

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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)

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### Regulated activity

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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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