

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

Church House Care Home

Coole Lane, Austerson, Nantwich, CW5 8AB

Tel: 01270625484

Date of Inspection: 28 January 2013

Date of Publication: February 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Akari Care Limited
Overview of the service	Church House Care Home is a 44-bed nursing home situated about a mile from the facilities available in the town of Nantwich. Church House Care Home has a conservatory, quiet sitting areas and a large lounge area which looks out on to the front garden and car park. It has off road car parking facilities available.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Church House Care Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safety and suitability of premises
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

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 28 January 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 talked with stakeholders.

What people told us and what we found

The inspection visit was carried out to check if improvements had been made following the previous review of compliance 12 November 2012. At the time of our visit there were 26 people who lived at Church House Care Home. During the course of the inspection we spoke with eight people who used the service and a family member. We found that improvements had been made to ensure that people received appropriate care in line with their assessed needs.

One person told us: "I've not noticed much change other than a few new faces but I've always found the staff to be okay."

We saw that care plan details and fluid and hydration documentation had improved. We saw clear monitoring of people's weights and that staff reported any change in people's appetite appropriately.

The Manager told us the home would be refurbished in the first wave of improvement plans from the provider Akari Care Limited and the refurbishments would commence in February 2013. Areas of refurbishment included general décor such as carpet replacements, equipment such as some new profiling beds, improvements to bathroom and laundry areas, sluice, garden pavements and new furniture. The Fire and Rescue service had revisited the home and were satisfied with the actions taken by the service to address fire drills and training.

Staff told us that there were sufficient permanent staff on duty to meet people's needs appropriately and people we spoke with raised no concerns about their care.

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

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

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with eight people who used the service during the course of the inspection. They told us staff treated them well and with dignity and respect. One person said they preferred their door to be open to see 'the going's on' and attended the lounge for activities if they 'fancied' what was on but they really enjoyed musical events. Another person remarked they did what they wanted when they wanted and said: "I do as I please." It was clear that they made their own choices in their day-to-day life.

People told us that staff in general helped them when needed and that the call bell answering times had improved. One person said: "When I ring for help I'd say that staff come within a reasonable time, I'm not saying you don't have to wait. There are times when staff are busy, particularly around breakfast; well it's to be expected because we all seem to want them at the same time."

Nobody raised any concerns about their care and they said if they did they would have no worries about raising them with the new manager. We saw that people were relaxed in the company of staff, we observed people enjoying activities arranged by the Activity Coordinator in the lounge area which they told us they had chosen to attend. They maintained regular family contact and visitors were observed to come and go throughout the day. We found the home had a calm, unhurried and pleasantly relaxed atmosphere.

When we spoke to one person about maintaining with the support of the staff their independence and they said: "I've not been here long and I really like it, the staff are lovely, attentive and kind, they really do their very best for you." Another person told us: "It's no better and no worse here than anywhere else, the staff try very hard to help everyone; it's not an easy job."

When we spoke to one person about maintaining their independence with the support of staff, they said: "I've not been here long and I really like it, the staff are lovely, attentive and kind, they really do their very best for you." Another person told us: "It's no better and no worse here than anywhere else, the staff try very hard to help everyone; it's not an easy job."

We asked people if they were involved in the planning of their care we were told that members of staff had developed their care plans. People said that they had been asked what things were important to them when these plans were drawn up.

We spoke with staff who told us they had 'Dignity Champions' who were staff whose role included heightening people's awareness around dignity, privacy, respect and promoting and enabling people's independence and choice. We saw that a 'Dignity Action' group meeting was planned for 30 January 2013 and a proposed 'Dignity Day' event in February. Details of these events were posted on the notice board in the home's reception area for all to see. Details of independent advocacy services were available to people living at the home.

We spoke to one family member who told us they took part in their relatives on-going support plan as did others such as social workers and doctors. They told us that staff communication was good and that they found the staff treated their relative 'appropriately' and gave examples such as they 'knock and announce who it is before walking into the room' and that the staff 'understood' their relatives care and support needs.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The inspection visit was carried out to check if improvements had been made following the previous review of compliance. During the course of the inspection we spoke with eight people who used the service and a family member. We also reviewed three care plans and risk assessments. We found that improvements had been made to ensure that people received appropriate care in line with their assessed needs.

The people we spoke with told us that the staff were 'kind' and 'approachable' and raised no concerns over the care or support they received. One person told us: "I've not noticed much change other than a few new faces but I've always found the staff to be okay."

We saw that the staff supported people appropriately and sensitively over the mealtime period and were not distracted when people required assistance with their meals. We heard staff ask people where they wanted to eat their meals, such as in the dining room or their own rooms. We observed that staff completed fluid and nutrition charts once they had provided any support.

The care plan details and documentation had improved. We saw clear monitoring of people's weights. The Manager demonstrated that should a person lose two kilograms or more this would be reported and appropriate measures put in place including contacting where appropriate the person's GP and dietician. Care plans contained details such as the type of mattress a person required and the person's weight to ensure that the mattress was set at the appropriate level of support to reduce the risks of pressure ulcers. We saw that staff completed documentation when they had assisted people to change their position in line with their care plan.

Risk assessments were in place and had been recently updated to reflect the changes in support needed. Risk assessments balanced safety and effectiveness with the right of the individual to make choices and took into account their capacity to make choices and their right to take informed risks in their daily life.

The Manager told us that they audited the care plans and we saw evidence of a completed audit within one of the care plans reviewed.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The inspection visit was carried out to check if improvements had been made following the previous review of compliance. We found that the home was clean, tidy and had a calm atmosphere. We spoke to eight people during the course of the inspection, they told us they were happy with their rooms, that their rooms were warm enough, clean and tidy and they raised no issues or concerns about the homes environment.

During the last inspection we saw that the regional manager had requested more call bell panels so they could be heard in all areas of the home. They also asked the call bell company whether a change could be programmed into the call bell system to differentiate between an emergency call and other calls. The Manager told us they were waiting for the call bell panels to arrive but they had been ordered.

We saw that following the last inspection the Portable Appliance Tests (PAT) had been completed which was an area of improvement that had been addressed. When the Fire and Rescue Service inspected in October 2012 they found areas of concern which the Manager acted on immediately, planning and prioritising in order to reduce the risks. The Fire and Rescue Service had since revisited and were satisfied with the action plans in place.

We saw at the last inspection that the pavement slabs to the garden areas were uneven and needed attention as they posed a trip hazard. The regional manager informed us that they had also identified this hazard during their audit of the home. Although this area of improvement had yet to be addressed, the Manager told us that the refurbishment and capital expenditure included addressing the garden areas.

The Manager advised that the home had received a site inspection by the provider and the estates management. They had been informed that the proposed refurbishments would form part of the first wave of improvement plans for the homes within the Akari Care Limited group and this would commence in February 2013. Areas of refurbishment included general décor such as carpet replacements, equipment such as some new profiling beds, improvements to bathroom and laundry areas, sluice, and new furniture.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The inspection visit was carried out to check if improvements had been made following the previous review of compliance where suitable arrangements had not been initiated in a timely manner to cover any identified staff shortages. During this inspection, we found that improvements had been made and that there were sufficient staff on duty to meet people's needs appropriately.

We spoke with people who used the service, staff and a relative during the course of the inspection visit. One person who used the service told us: "It has been quieter here recently and the bells are not going off all the time, I think there seems to be enough staff as I've not had too long if I needed help." Another person said: "I've no concerns about the staff at all."

The Manager told us that she worked 40 hours per week and that she used some of that time to provide care and support to people who lived at the home as well as her managerial role. We saw that there were two qualified nurses on duty during the day duty shifts and one at night. There were five carers on both the morning and afternoon shifts with an activity coordinator and three carers worked each night. There were 26 people who lived at the home at the time of the inspection.

The Manager demonstrated that they had successfully recruited permanent staff into the vacant positions which ensured that people who lived in the home benefited from staff continuity. We saw that when agency staff were required the Manager used the same agency staff where possible in order to reduce the risks of lack of staff continuity in meeting people's and support needs. The Manager told us they had recently appointed a Deputy Manager in order to provide additional support to the Manager and staff team. The home employed an administrator who provided administration and telephone support for the service. The Manager advised that they were recruiting for two vacant carer positions, which had been advertised, and the home's own staff provided any cover needed in the interim period.

The service employed a full time maintenance person. Two domestic staff were on duty every day or three on occasion. One staff member provided a full time laundry service. We saw that the home employed a head chef, chef, two kitchen assistants and a kitchen staff member who provided bank shift cover.

The Manager and staff used a dependency tool within the care plan documentation, this tool assists in the evaluation of how many staff are required to meet the people's care needs. We were told that other types of dependency tools were being evaluated by the organisation. The Manager demonstrated that staff had received information and awareness around their policy on reporting sickness and absence and sourced bank staff or agency cover in the event of an emergency.

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

Our judgement

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.

Reasons for our judgement

This inspection visit was carried out to check if improvements had been made following the previous review of compliance and we found that improvements had been made.

We met and spoke with eight people who used the service. One person told us: "If the new staff stay that will be a good thing. We need to get to know them and them us, but I'm very settled here and all the staff are lovely." Another person said: "I enjoy the activities here and meeting other people, the staff are very kind and the nurses know what they are doing."

When we spoke to staff they were positive about the work they did and they were clear about their role in supporting people to make choices in their day to day lives. The staff we spoke with told us they were receiving the support and supervision necessary to ensure the health and welfare of people who used the service was maintained. They also told us there was always a senior member of staff available if they required advice or guidance. The supervision records maintained by the Manager demonstrated that staff were receiving regular supervision and where appropriate appraisals. Staff told us the Manager also worked with them in providing care and support to people who lived at Church House Care Home.

We met staff who told us they had received an induction which included reading the organisations policies and procedures and that this was ongoing. They told us they were taught what to do in the event of a fire and about the homes fire procedures. They told us they felt welcomed into the staff team and they 'enjoyed' working as carers and nurses at Church House Care Home. They said they had completed supervision shadow shifts with the Manager and other senior staff and had had the opportunity to read people's care plans and meet people who lived at the home prior to providing care and support.

On the day of the inspection a staff meeting which was planned took place. Staff told us they were encouraged to attend and found the meetings useful and that these were minuted. They said that the Manager offered two time slots when possible for training events to try to ensure that both day and night staff could attend.

We saw evidence of the recent staff training and that progress had been made since the

last inspection in that all staff either had received or were booked to attend appropriate training to ensure they could safely meet people's needs. The Manager told us that some training did not provide certificated evidence so they ensured that the training information was held in a file with the names of the attendees for future reference. Some of the training was provided by the Local Authority which the Manager told us had been very useful in ensuring that staff had the most current up to date information available to them. We saw posted on the notice board information for staff about local training. The Manager showed us that staff had put their names down to attend training in areas such as the: 'Principles of Mental Health Awareness', 'Understanding the Safe Handling of Medicines', 'Equality and Diversity', 'Principles of Dementia Care' and 'Principles of End of Life Care'.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

This inspection visit was carried out to check if improvements had been made following the previous review of compliance and we found that improvements had been made.

We saw there were systems in place to seek feedback from the people who used the service. People were encouraged to complete a recent quality questionnaire. The Manager told us that the results were reviewed and action planned to address any identified shortfalls. An example was given that people had wanted more information about the menu choices available. A system was put in place in which the Chef talked to people and recorded their menu choice one day in advance of the meal but was flexible enough in that people could still change their minds on their menu choice on the day. One person we spoke with told us: "The Chef here is very good, they know what I like and they do ask what I fancy to eat each day." The Chef confirmed that they met and spoke with people about their dietary requirements. This included their menu choices, food journal records as well as records such as when a person ate less of their meal than usual this was reported and reviewed with the Manager. All surveys seen indicated that people were happy with the service and the care they received.

The Manager told us that the provider had plans to conduct quality surveys to include health and social care professionals.

One person who used the service told us: "We have residents meetings planned I think the next one is this week. We are having a get together with cheese and wine." We asked if they found the meetings useful they said they did but that not everyone liked to speak in meetings. The Activity Coordinator told us that at present the staff chaired the meetings but that if people who used the service wanted to chair these meetings this would be possible.

On the day of our visit a staff meeting had been planned and took place. We spoke to staff during the course of the inspection and they all told us that they enjoyed their work and found that the improvements made which had a positive effect on communication and on the time they had with people who used the service. Staff told us the Manager was 'approachable', 'listens to your ideas' and they told us they were 'supervised and

supported' in their practice.

We found that the provider had an effective system in place to regularly assess and monitor the quality of service that people received and we could see that this was being implemented.

One relative we spoke with told us they would speak with the manager if they had any worries or concerns. They also told us that they felt any worries or concerns they may have would be taken seriously, listened to and acted upon. None of the people who used the service spoken with wished to raise a complaint.

The manager provided us with detailed information about how the quality of the service people received was monitored. The process included regular checks (audits) being conducted by the manager and regional manager to assess the quality and appropriateness of the services provided. The manager provided us with examples of the checks that had been conducted (these were seen to include appropriate health and safety checks). We saw that audits such as medication, care plans, falls, accident, incidents and compliments and complaints were in place and had been undertaken. We looked at a sample of these audits during our visit, where these identified issues an action plan was implemented to remedy them in a timely and appropriate way.

We saw that the Fire and Rescue Service had revisited the home and were satisfied with the appropriate actions taken by the Manager and provider to address the issues raised.

We saw that the weighing scales had been serviced following our last inspection and that the homes Portable Appliance Tests (PAT) had been completed. The maintenance person told us that they were expecting a delivery of new doors on the day of our visit which formed part of the proposed refurbishment and improvements planned for the home.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our last inspection in November 2012 we saw some gaps in records and this meant that records did not always provide the information expected. During this inspection we saw that improvements had been made.

People we talked with did not comment on the management of their records, however, people were aware that information about their care was kept.

We visited the home and looked at records concerned with the care of people living at Church House Care Home and the staff working in the home.

We saw that appropriate information was available in each care plan we reviewed. We saw that this information included documents in relation to the care and treatment provided.

We saw that historical records were kept for people who lived at the home. This meant that it was possible to track people's progress and treatment throughout their stay at Church House Care Home.

We saw that files were kept in the two office areas which were lockable and that records could be located promptly. The provider may wish to note that the care plan files were held on open shelves in the staff office which when unoccupied would be accessible should the office door not be locked. The Manager and Administrator told us that access to the homes electronic records were appropriately password protected and the passwords were person specific.

We saw that the manager and provider completed audits, which incorporated reviews on the quality of the record keeping in the home, such as care plan audits.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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