

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

Dimensions 2 Dunstans Drive

2 Dunstans Drive, Winnersh, Wokingham, RG41
5EB

Tel: 01189795362

Date of Inspection: 09 October 2013

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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
Requirements relating to workers	✗	Action needed
Complaints	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	Dimensions (UK) Limited
Registered Manager	Mr. Cosen Sayi
Overview of the service	Dimensions 2 Dunstans Drive is a care home providing personal care and accommodation for up to four people who have learning disabilities or autistic spectrum disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

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 9 October 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

We looked at all the information we hold about Dimensions 2 Dunstons Drive.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service. This is because the people using the service had complex needs which meant they were unable to tell us their experiences.

During our inspection we observed a relaxed and welcoming atmosphere from the people living in the home and staff. One relative of a person using the service we spoke with was complimentary about the care their relative received. They told us "I am very happy with the care X receives. I know X is very happy in the home."

Care was planned with the involvement of the people who use the service and their relatives where appropriate. Support plans reflected their individual needs. We found people were provided with appropriate care to meet their needs.

A relative we spoke with told us the home was always kept clean and tidy. However the provider had not maintained appropriate standards of cleanliness and hygiene in the shower rooms in the home. This meant people were not protected from the risk of infection. We observed a clean environment throughout the rest of the home.

All the required information checks were in place prior to the employment of staff with the exception of full employment histories. The provider was unable to provide a satisfactory explanation for these gaps in employment histories. This meant the provider did not have an effective recruitment process, to ensure that people who use the service were not placed at risk of being cared for by staff who were not suitable.

There were processes in place for recording, investigating and resolving complaints from people who use the service and their relatives. The provider had written information on their complaints procedure, including an easy read version, which had been made available to people who use the service and their relatives.

People's records were accurate and fit for purpose. People's records could be located promptly when requested but were not securely stored. There were incomplete records relating to people employed.

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 21 November 2013, 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

We looked at the records of all four people who use the service. These included an initial assessment with the person. Individual needs were then identified and detailed support plans and associated risk assessments completed. Support plans we looked at were individualised and person centred. Support plans provided staff with details of where assistance, prompting or support for the person was needed. Staff we spoke with gave detailed examples of care they provided to people. This demonstrated their knowledge of people's needs and the appropriate support required when receiving personal care and when engaging in community activities such as swimming. This was confirmed by relatives we spoke with.

During the day of our visit we observed people living at the home communicating when they wanted assistance. We saw the staff understood what assistance was required. This demonstrated a good knowledge of each individual person.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. The risk assessments and risk reduction measures, included in the care plans, were specific to the needs of the individual. These were in place to help staff minimise risk and protect people and staff from harm. These covered specific events and circumstances such as falls, use of showers, swimming, and eating and drinking. Support plans and risk assessments we looked at were reviewed six monthly or sooner following changes in their personal care needs. This was confirmed in all four support plans and risk assessments we looked at. For example, one person's needs were reassessed and a revised support plan completed following guidance received from a dietician.

We saw that formal reviews of care took place annually and included the person living in the home, their key worker and their relatives or representatives. Relatives we spoke with confirmed that they were invited to attend these meetings. One relative gave us an example of the provider taking action to meet an identified need following the last annual

review. Easy read, pictorial documentation had been used when involving people in reviews of their care and support.

People had received medical care when required. For example; we saw records that showed people had seen various healthcare professionals such as their doctor, optician and the dentist. All people using the service received an annual health check with their GP. The manager and staff told us they communicated any changes in people's care, health and support to staff during a handover meeting at the beginning of every shift. This was confirmed by observations we made. We noted any changes in people's care, health and support had been recorded in each person's record we looked at. A relative we spoke with told us the provider kept them informed of any changes in their relative's care. They said, "They (staff) always keep me informed even if X is only going to see the GP for a blood test."

The daily notes showed care and support were delivered in line with people's individual care plans. The written records provided detail of what care had been provided and who had provided the care.

Staff training records showed us staff had completed training related to supporting people's specific care needs, for example, epilepsy. Support plans we looked at gave clear guidance to staff about the management of people's epilepsy. Staff training records we looked at showed that staff had completed training related to supporting people's specific care needs. For example, all seven care workers had completed training in epilepsy, whilst six had completed training in percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is a form of tube feeding for people who are unable to or have difficulties in swallowing.

There were arrangements in place to deal with foreseeable emergencies. Individualised personal emergency evacuation plans were accessible within each person's care file. There were procedures in place for dealing with emergencies that may impact on people, such as loss of utilities. The procedures aimed to minimise the risks to people living in the home.

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.

Appropriate guidance based on the Department of Health Code of Practice on the prevention and control of infections and related guidance (2008) was available for staff to follow. However, people were not protected from the risk of infection because people were not cared for in a clean, hygienic environment when using the shower rooms.

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

We observed a clean environment throughout the home with the exception of the two shower rooms. Care workers had responsibility for cleaning the home in addition to caring for people. A relative we spoke with told us that the home was always clean and tidy. They told us "The home is very clean. They (staff) keep everything nice for everybody."

There was a daily cleaning schedule undertaken by day and night staff. The manager told us that the staff member in charge for each shift would check that these schedules had been completed. The manager also carried out periodic checks of cleanliness in the home. However he confirmed that these checks were not recorded in any documentation for us to see. We looked at a provider audit of cleanliness and infection control at the home dated 7 June 2013. We found that no concerns had been identified.

During our observations within the home we noted that in one shower room underneath the plastic shower mattress was wet, dirty and mouldy. Underneath both the shower seat and commode (located over the toilet seat) were dirty and soiled. There was a small tear in the padded seat of the commode. When we informed the manager of this, they told us they never checked these areas when carrying out audits of cleanliness. They took immediate action to address these concerns. Underneath both the shower mattress and shower chair had been thoroughly cleaned before we completed our visit. However the commode remained unclean underneath and the small tear in the seat had not been repaired.

In the second shower room we saw an area of mould on the ceiling above the shower area. The manager and staff we spoke with confirmed this was a longstanding problem they were trying to resolve with their landlord. People were not protected from the risk of infection because people were not cared for in a clean, hygienic environment when using the shower rooms.

The provider's policy for infection control and protection was dated January 2013 and based on the Department of Health Code of Practice on the prevention and control of infections and related guidance (2008). In the provider's 'Infection Prevention and Control Policy' reference was made to green cleaning equipment for the kitchen, blue for general areas, red for toilet /bathroom floors and yellow for isolated areas following identification of an infection. However we could only find yellow, green and blue cleaning equipment located in the garden area close to the utility room. We were informed by staff that the blue equipment was used in toilet/ bathroom and utility areas. The yellow equipment was used in kitchen areas. Green equipment was used for communal areas such as the corridors and lounge area. There was no equipment identified for use should an infection be identified in the home. Guidance for staff on the use of the yellow and blue equipment was displayed on a cupboard in the utility room and confirmed what they had told us. No information was displayed in relation to the use of the green equipment. There was a risk that following the identification of an infection the wrong equipment could be used for isolated areas thereby not protecting other users of the service from the risk of infection.

When we informed the manager of this, red equipment was identified for use in infected areas. Guidance information displayed in the utility room was revised to reflect the use of four different coloured sets of cleaning equipment. However, we have not been able to test that this compliance has been sustained.

There was an identified infection control lead. The lead ensured staff were informed of any changes in guidance on protection against the risks of acquiring health care associated infections. We saw evidence of this in notes of the staff meeting dated 30 July 2013. We looked at the provider's 'Infection Control' folder and found there were guidelines for staff about how to recognise, control and manage symptoms that may indicate a possible outbreak of an infection. The manager was unable to provide any guidance on infections such as Norovirus (winter vomiting virus) when we requested this. Staff told us they had received infection control training. We looked at the home's training records which showed six out of seven staff had received training in infection control.

There were antiseptic hand washing gels and paper towels in the toilet and shower areas. Protective clothing such as plastic aprons and gloves were available for staff use when doing personal care tasks. Staff we spoke with told us that gloves and aprons were used when providing personal care for people living at the home. Hand washing guidelines were displayed in the kitchen. Such guidelines were also available for staff to read in the provider's 'Infection Control' folder kept in the office and on the provider's intranet.

There was guidance on cleaning up spillages or handling laundry. Staff we spoke with knew the correct procedure to follow when dealing with bodily fluid spillages and handling laundry. Guidelines for handling soiled laundry were displayed in the shower and utility rooms. The manager told us there had been no outbreaks of health care associated infections in the home

There were guidelines for the protection of staff, such as: how exposure to infections would be managed; and the circumstances under which staff may need to be excluded from work. In the provider's 'Infection Prevention and Control Policy' reference was made to the requirement for managers to produce a Control of Substances Hazardous to Health (COSHH) assessment on body fluids for their service to identify what the risks are to staff and the precautions to be taken. We noted such assessments had been completed for people living, working and visiting the home in provider's COSHH folder we looked at. This meant people who use the service, staff and visitors were protected from the risk of

infection.

During our visit we saw clinical waste was stored in an unlocked yellow clinical waste bin on the drive way outside the home. This meant unauthorised people had access to this clinical waste thereby potential placing a risk to their health and safety because of the risk of infection. When we informed the manager of this they immediately locked this bin, thereby ensuring secure storage of the clinical waste. However, we have not been able to test that this compliance has been sustained.

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.

The provider did not have an effective recruitment process to ensure that people who use the service were not placed at risk of being cared for by inappropriate staff. All the required information checks were in place prior to the employment of staff with the exception of full employment histories.

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

We spoke with the manager and four members of staff who were able to confirm the recruitment process. Staff we spoke with told us they had been through a thorough recruitment process and had not been able to start work until their enhanced Criminal Records Bureau (CRB) check (now called Disclosure and Barring Service checks) and references had been received. This is to ensure that people employed for the purposes of carrying on a regulated activity were of good character.

We reviewed four staff recruitment files. The records showed that the following checks had been carried out: proof of identity, recent photographs, references, a health declaration, and CRB check. These checks were to ensure that people employed for the purposes of carrying on a regulated activity were of good character, assessed as physically and mentally fit for that work and demonstrated satisfactory conduct in previous employment in services involving work with children or vulnerable adults where appropriate.

The provider's recruitment and selection policy made reference to the requirement for a full employment history and written explanation for any gaps in information. However, there were gaps in employment history in all of the four records we reviewed. There were no written explanations for these gaps in the documentation we looked at. The manager was unable to provide a satisfactory explanation for these gaps. This meant the provider did not have an effective recruitment process to ensure that people who use the service were not placed at risk of being cared for by inappropriate staff.

Complaints

✓ Met this standard

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.

Reasons for our judgement

There were processes in place for recording, investigating and resolving complaints from people who use the service and their relatives. Staff we spoke with were able to explain how the complaints process worked. The provider had written information on their complaints procedure, including an easy read version. These had been made available to users of the service and their relatives. We saw easy read copies of the complaints procedure in each person's bedroom. Easy read information was also on display in communal areas of the home.

The manager told us relatives had the opportunity to raise a complaint or comment informally with them on a daily basis, during a review of care meeting or when they visited the home. A relative we spoke with confirmed they had received a copy of the provider's complaints procedure. They had never made a complaint but stated they would be confident to raise any issues and concerns should the need arise. We looked at the complaints log and found no complaints had been raised.

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

Our judgement

The provider was not meeting this standard.

People's records and other records relevant to the management of the service were accurate and fit for purpose. Records could be located promptly when requested. However people's records were not kept securely.

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 had a policy providing guidance on the storage and disposal of records. We noted that all seven staff and the manager had signed to confirm they had read and understood this policy. Records could be located promptly when requested. However people's records were not securely kept. For example, people's daily notes were kept unlocked in the lounge area. These records were left in an area that was accessible by anyone visiting the home. We observed people's support plans and financial details were kept in folders on top of chests of drawers in an unlocked office. This office was located next to a door leading to the outside driveway. During our visit there were occasions when no staff were present in this unlocked office. On one occasion during the morning we noted the door leading to the driveway was open and no staff were present in the office. This meant there was a risk of access to confidential information by unauthorised personnel coming into the home from the driveway entrance.

When we informed the manager of our concerns in relation to the secure storage of people's records, they told us they would ensure that the office door would be locked when not in use by staff. The manager told us people's daily notes would be kept in the office until a locked filing cabinet could be purchased for the lounge area. The manager informed us that the secure storage of people's records had been added as an agenda item for the next staff meeting on 15 October 2013. This was confirmed in documentation we looked at. The office door was not locked on any occasion during our visit.

Care workers' personnel files were securely stored in a locked filing cabinet in the office. They could be located when requested. We saw these records could only be accessed by the manager.

People's personal records were accurate and fit for purpose. We saw people's personal records were kept updated and reviewed in a timely way. Where necessary these records were signed and dated by the management and care workers. Risk assessments and care plans were reviewed as needed or at set six monthly intervals by the care workers and

manager. We saw the plans and risk assessments had been signed and dated by each person's key worker and the manager following an annual review of their care.

There were incomplete records relating to people employed. For example we looked at the recruitment files of five staff members and found there were gaps in employment histories in three files we looked at. This meant that the provider could not be sure staff employed were suitable to provide care.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control
	How the regulation was not being met: People were not protected from the risk of infection because the provider had not maintained appropriate standards of cleanliness and hygiene in relation to premises occupied for the purpose of carrying on the regulated activity. Regulation 12(1)(a) (2)(c)(i)(ii).
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
	How the regulation was not being met: The provider had not ensured that information specified in Schedule 3(6), notably a full employment history, together with a satisfactory written explanation of any gaps in employment, was available in respect of a person employed for the purposes of carrying on a regulated activity. Regulation 21(b).
Accommodation for persons who require	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010

This section is primarily information for the provider

nursing or personal care	Records
	How the regulation was not being met: Service users were not protected against the risk of unsafe or inappropriate care arising from a lack of proper information about staff employed for the purposes of carrying on the regulated activity. Accurate records in respect of persons employed for the purposes of carrying on the regulated activity had not been maintained. Records in respect of each service user were not kept securely. Regulation 20(1)(b)(i) (2)(a).

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 21 November 2013.

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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