

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

## West Cornwall Hospital

St Clare Street, Penzance, TR18 2PF

Tel: 01736753234

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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>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Royal Cornwall Hospitals NHS Trust
Overview of the service	West Cornwall Hospital is an acute NHS hospital located in Penzance, Cornwall.
Type of services	Acute services with overnight beds Long term conditions services Urgent care services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

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

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We reviewed all the information we have gathered about West Cornwall Hospital, looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2012 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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We spoke with people about the service they received when we visited two medical wards and the Urgent Care Centre at West Cornwall Hospital.

People told us they had confidence in the staff and the service offered. People said they were satisfied with the care provided and the kindness and politeness of the staff. All the comments received from people at the time of the inspection were positive, and this was further supported by the comments received from the enthusiastic and knowledgeable staff. The staff told us they enjoyed working at the hospital, and they felt supported, both by their colleagues and seniors and also by Royal Cornwall Hospitals NHS Trust (RCHT).

One patient described their experience at West Cornwall Hospital in August 2012 on the NHS Choices website: "Excellent service - I really felt like the staff cared about me. They were attentive, helpful, thoughtful, considerate and patient. They listened to my concerns and addressed them properly. When I went for my booking appointment they did everything there and then - I saw five departments in an hour, so I wouldn't have to come back. And they were concerned about keeping me for an hour, they kept apologising, checking on me, chatting, bringing me drinks - I almost didn't want to go home! They really took care of me".

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

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We talked with people at West Cornwall Hospital and asked them if the service that they had received had met their preferences and choices. People told us they were content with the service provided and were able to make choices. People said when they were admitted to the West Cornwall Hospital they felt they were engaged with and treated as an integral part of the process. The provider may like to note none of the people we spoke with recalled having been asked about religion, sexuality, dietary observance or culture while in hospital, and none said they had seen their care plan or been advised they could see it if they wished.

There were comments made by patients via the NHS Choices website. Of the nine comments left on this website in 2012 one was a negative comment on the care received, one was a neutral comment, and seven were positive comments.

People we spoke to on our visit were positive about their care and treatment and described staff as caring, helpful, and friendly. People told us they felt involved in their care process, had met with their named doctors and felt fully informed of the care and treatment planned.

We looked at the Patient Experience Survey (PES), which is used by the Royal Cornwall Hospitals NHS Trust to monitor key themes which are national and local priorities. The September 2012 PES for West Cornwall Hospital showed 86% of people felt they had been fully involved in decisions about their care and treatment, with a further 9% agreeing to some extent. In October 2012 this changed to 84% and 16% respectively. 96% of people who used the hospital felt they had always been given enough privacy when examined or treated, but this fell to 88% when discussing their care or treatment. In October 2012 this rose to 100% and 94% respectively. 96% of people felt they had been treated with respect and dignity, and this rose to 98% in October 2012.

We walked around the hospital and saw clear signs throughout the hospital. This helped people find where they wanted or needed to be.

We observed appropriate, caring and personalised nursing and personal care given to patients by ward staff; nurses explained what they were doing and why. We saw privacy curtains were being used appropriately around beds and around trolleys in the Urgent Care Centre.

The Patient Advice and Liaison Service (PALS) advised us that interpreters and translators were available if requested by staff, patients or relatives. Braille translation and signing services, RNID typetalk, disabled facilities, wheelchair access, and bereavement support were also available.

The 2012 Patient Environment Action Team (PEAT) scored the hospital as 'Excellent' for Privacy and Dignity standards for confidentiality and for modesty, dignity and respect.

The provider may like to note that the location of the 'reception window' for the Urgent Care Centre was on a busy corridor and did not provide privacy for people.

**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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People we spoke with had no complaints regarding the care they received. Feedback from the NHS Choices website was predominantly positive, one person said "Excellent staff who treated me with respect and patience. Everything explained fully and calmed my fears about my operation. I cannot praise highly enough all the staff that I came into contact with. The staff on the general surgery ward are an asset to the NHS". Comments received on the day of the inspection included: "very good, excellent they do everything they can", "staff very nice, very understandable, very good", "staff are good, sometimes have fun", and "theatre staff were very reassuring during procedure".

Senior staff advised us that the admission criteria for the Urgent Care Centre was being revised to take into account the increased skills available provided by the medical staff cover. We were told all medical staff employed in the Urgent Care Centre had previous emergency department experience.

The emergency access targets and ambulance turnaround times are a national target. Records showed the Urgent Care Centre at West Cornwall Hospital had an average time to treatment of between 30 to 43 minutes in the last three months, and the average total visit time was 96 minutes falling to 87 minutes in the same period.

Care plans seen identified risk and any appropriate action needed to minimise risk. Care plans identified equipment to be used to aid moving and handling and promote skin integrity by relieving pressure. West Cornwall Hospital used an electronic system to display ongoing patient assessments. This helped staff with an 'at a glance' understanding of care needs, including any planning necessary before discharge of the patient.

We saw care plans and similar documents were in place and in use for each patient. Staff also confirmed that they liaised with other relevant professionals and agencies to ensure that people received the care they needed. We were told that staff handovers occurred between shifts and multidisciplinary team meetings took place each week. We were told 'Best Interests' meetings were also held on the wards and Independent Mental Capacity Advocates (IMCA) arranged where necessary if an individual's capacity to make decisions was questioned. We were told that the multidisciplinary team included nurses, student nurses, care workers, social workers, doctors, GP's and physiotherapists. These meetings enabled good communication to take place and care needs to be discussed to ensure person centred care was given.

Staff confirmed that appropriate and effective discharge from hospital was sometimes a challenge if care needs were complex. The medical wards employed discharge liaison nurses who worked jointly with health and social care colleagues, patients, their family and carers and had an overall remit to support patients with discharge planning from the time of admission when specific patient needs had been recognised. We were told this included liaison with other professionals, such as the Early Intervention Team (for example, occupational therapists and physiotherapists). One person told us "they've carers sorted out for when I go home".

The September 2012 Patient Experience Survey for West Cornwall Hospital showed 95% of people who used the hospital had been asked about their home circumstances prior to discharge, and all said their family or carers had been involved in discharge planning. In October 2012 this changed to 100% and 93% respectively.

Staff wore identity badges so that people knew who they were talking to and what their role was.

Staff told us the Royal Cornwall Hospitals NHS Trust adhered to the Mental Capacity Act to ensure that if an individual has capacity they are informed about their care and treatment and supported to make decisions. Equality and diversity, protection of vulnerable adults and mental capacity act training was included in staff training provision.

We saw staff were busy, but approachable and they showed they knew their patients well.

The provider might like to note that Medical 2 Ward was very hot, and we were told a staff member had fainted the week before the inspection. The hospital matron told us the area should be thermostatically controlled and this would be investigated.

**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.

People who used the service 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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Staff throughout the hospital confirmed that they and their colleague were confident they would report any incidents of perceived abuse. Staff also confirmed they had access to training relevant to their jobs, including safeguarding training, the Mental Capacity Act (MCA), Deprivation of Liberties Safeguards (DOLS) and the Independent Mental Capacity Advocacy Service (IMCA). We were given an example where mental capacity had been assessed, a best interests meeting held and a referral to a mental health team made for one patient.

The Royal Cornwall Hospitals NHS Trust employed a safeguarding adults named nurse who worked with the safeguarding adults named doctor and liaised with the Department of Adult Care and Support.

There were policies and information packages for staff across the Royal Cornwall Hospitals NHS Trust that gave guidance on their roles and responsibilities in respect of safeguarding adults from harm and abuse. The policies reflected national legislation requirements and the local multi-agency policy. Staff showed us safeguarding information displayed for staff to refer to. In the Urgent Care Centre a safeguarding prompt was automatically added to the admission sheet for any patient under 19 years of age. We were told of examples where referrals had been made via the safeguarding process in order to protect people.

**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. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We received no specific comments from people that use the service or from other professionals about cleanliness or infection control at West Cornwall Hospital. The comments made in 2012 on the NHS Choices website rated the hospital as clean, very clean or exceptionally clean.

The Royal Cornwall Hospitals NHS Trust had a Standard Infection Prevention and Control Policy with the Hand Hygiene and Safe Disposal of Sharps Policies integrated to this. This policy outlined the responsibility of staff and provided guidance to staff on the measures required to prevent the spread of infection in hospitals. Senior matrons and departmental managers were responsible for ensuring that staff were aware of the guidance and that it was implemented. Divisional directors were responsible for ensuring that medical staff (doctors) complied with this policy.

We were told that infection prevention and control advice was provided to staff by a suitably qualified and resourced infection control team. We met one of three infection control nurses with responsibility for identifying, monitoring and responding to infection control and prevention risks. The infection prevention and control nurses were responsible for the training of all staff on infection prevention and control. This included induction training for new staff and all mandatory training and updates across Royal Cornwall Hospitals NHS Trust.

We were told that the Royal Cornwall Hospitals NHS Trust had systems in place for waste management and they had a contract with a company to ensure pest control measures were in place. There was a Decontamination Policy and the Royal Cornwall Hospitals NHS Trust had a Decontamination and Sterile Services Manager. This was to ensure that all equipment was thoroughly cleaned, disinfected and sterilised as appropriate to reduce the risk of infection. Infection incidence data showed hospital infections were well controlled across the Royal Cornwall Hospitals NHS Trust locations (including West Cornwall Hospital).

West Cornwall Hospital was seen to be clean at the time of our visit, with sufficient and appropriate hand washing facilities throughout the location. Staff made use of aids to control infection, such as aprons, and gloves.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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All of the staff we spoke to confirmed that they had access to the training available throughout the Royal Cornwall Hospitals NHS Trust. Staff did not perceive any disadvantage in accessing training because they did not work on the main Royal Cornwall Hospitals NHS Trust site. Training recently provided included Mental Capacity Act and Deprivation of Liberties Safeguards training, and we were told of further dates when training had been arranged.

Staff, ward managers and matrons confirmed 'personal development reviews' (PDR) for staff were taking place. This was supported by one to one meetings for individual staff, clinical supervision and team meetings. In addition, we saw minutes from bi-monthly elder care governance meetings and ward sisters meetings. We were advised that the ward sisters fed back to the staff in their teams. The hospital matron confirmed additional supervision was an option for staff, but ward managers "should know their staff well" and pick up if there were any training or supervision needs.

We were told staff were supported by visits from members of Royal Cornwall Hospitals NHS Trust board, and the chairman visited the hospital on the day of our inspection. The hospital matron and department sisters felt staff benefited from and valued the visits.

## 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 people received. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

### Reasons for our judgement

We received no specific comments from people that use the service about assessing and monitoring the quality of service at West Cornwall Hospital. Observation of staff (including nursing staff, care staff, catering staff, and cleaning staff) showed that they worked using safe practices and were very aware of their environment and the type of patients they were dealing with.

We were advised by staff and by Royal Cornwall Hospitals NHS Trust board members that the members of the board took part in ward 'walkabouts' so that staff could approach them and raise any matters or concerns. If issues were raised, a letter was sent to acknowledge and then followed up with a further letter about what actions were to be taken.

We were told that 20 sets of notes were randomly selected from medical records each month to be audited, and each department had an annual audit of record keeping. The pharmacy department had Medicines Act compliance audits.

Audits and areas for improvement were detailed in Quality Accounts published in June 2012. These can be found on the Royal Cornwall Hospitals NHS Trust website: <http://www.rcht.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/ChiefExecutive/Reports/QualityAccounts20112012.pdf>

West Cornwall Hospital had an ongoing local inpatient survey, from which reports were produced each month and shared with each area. The surveys asked questions of patients on such topics as: single sex accommodation, noise, staff attitude, hand hygiene, patient information, analgesia, involvement in care, food, cleanliness, environment and transport. Some of the content was designed to mirror the national patient survey so that responses can be monitored throughout the year. Results from the Patient Experience Survey (PES) are reported to the Royal Cornwall Hospitals NHS Trust board every six months. There were also local patient surveys related to specific departments.

The September 2012 PES for West Cornwall Hospital showed there were 61 responses, with 94% of people rating the care they received overall as excellent, 4% as very good and 2% as good. 96% of people said they would definitely recommend the hospital to friends or relatives, with the remaining 4% saying they probably would.

The October 2012 PES for West Cornwall Hospital showed there were 49 responses, with

85% of people rating the care they received overall as excellent, 11% as very good and 4% as good. 98% of people said they would definitely recommend the hospital to friends or relatives, with the remaining 2% saying they probably would.

Wards had national best practice guidance and pathways and some developed their own. Best Practice guidance was agreed with the relevant wards so they 'owned' it.

During a tour of the hospital we saw health and safety notices displayed throughout and warning notices: for instance where there may be cleaners working or near to where ongoing refurbishment was taking place.

## Records

✓ Met this standard

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

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### Our judgement

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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.

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### Reasons for our judgement

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We received no specific comments from people that used the service or from other professionals about record keeping at West Cornwall Hospital.

There was a range of policies and procedures in place to ensure patient records and medical records were kept and maintained for each person who used the service and were updated as soon as practical. The Information Lifecycle and Corporate Records Management Policy set out how the Royal Cornwall Hospitals NHS Trust manages its Corporate records effectively and ensured procedures in place for the creation, use, storage, availability, audit, retrieval and disposal of corporate records. The policies and procedures took into account relevant national guidance

During our visit to West Cornwall Hospital we noted that patient's notes were kept securely on the wards and in the Urgent Care Centre. Nurses, doctors and other health care professionals were observed to put the notes away after using them.

## 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.

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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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