

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

## Northbourne Medical Centre

Eastern Avenue, Shoreham By Sea, BN43 6PE

Tel: 01273464640

Date of Inspection: 16 October 2013

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

## Details about this location

Registered Provider	Northbourne Medical Centre
Registered Manager	Dr. Caroline Alice Scott Butler
Overview of the service	<p>The Northbourne Medical Centre provides general medical services to a population of approximately 10,200 people in Shoreham by Sea and surrounding areas. There are seven general practitioners (GPs), four practice nurses and three health care assistants. It is a training practice and usually hosts one GP trainee and undergraduates from the local medical school.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and were accompanied by a specialist advisor.

We spoke with members of the Patient Participation Group (PPG).

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### What people told us and what we found

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We spoke with seven patients who attended the practice on the day of our inspection, three of whom were members of the practice's PPG. They all spoke highly of the care and support provided by the practice. One said, "For me they (the GPs) have been absolutely fantastic." Another said, "I just want to say how thrilled my wife and I are with the practice." They all said that staff were friendly and helpful and they could usually get an appointment when they needed to. They all felt informed and involved in decisions about their care.

We spoke with three GPs, the practice manager and two reception staff. They all said they received sufficient training to undertake their roles. They all felt well supported in their roles through supervision, informal mentoring, regular practice meetings and annual appraisal.

We found that the practice had policies and procedures in place to safeguard children and vulnerable adults and that staff were aware of their roles and responsibilities in relation to this. This meant that patients who used the service were protected from the risk of abuse.

The practice regularly sought the views of patients through surveys and the PPG. Their views were used to improve the service. We saw that learning took place from significant events and that the findings from national and local audits were implemented. This meant the practice had an effective system to monitor the quality of service that patients received.

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.

Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Patients' privacy, dignity and independence were respected.

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### Reasons for our judgement

Patients who used the service understood the care and treatment choices available to them. All of the patients we spoke with told us that the GPs explained and discussed their care and treatment options with them. They all said they were provided with enough information and felt involved in making decisions about their care. They said the doctors took their time listened. One patient said, "There's always a discussion, always." Another said, "I was given choices." Another said, "They're listening doctors."

The doctors we spoke with explained how they involved patients in their care. We saw that they used a number of resources to support this which included patient leaflets and information packs for specific conditions, for example diabetes. One GP showed us the literature they used at the practice which provided patients with advice and information about different contraception methods. This included the risks associated with each method and meant that patients could make an informed choice. We also saw that there was a comprehensive range of patient literature available in the reception area which provided patients with information about different conditions and support services. We also saw a practice leaflet that provided information on the services provided by the practice. This meant that patients were given appropriate information and support regarding their care or treatment.

The GPs explained how they involved patients in decisions about referrals to secondary care. Either the GP or reception staff discussed referral options with patients to enable them to choose and book their own appointments. This meant that patients were given choices about where they received secondary treatment.

Patients' privacy and dignity were respected. The practice manager informed us that the practice had a code of confidentiality which was explained to all new staff. The code was included in the practice's employee handbook which all staff had to sign to confirm they had read and understood the contents. We saw evidence that this was the case.

The reception staff we spoke with were able to demonstrate a good understanding of the importance of maintaining patient confidentiality and respecting patient privacy. They were able to give examples of how they did this. This included using screen savers on computers to ensure personal information was kept from view, not leaving messages on patient's telephone answering services and not asking patients the reason for needing an appointment. They told us that if patients needed to discuss personal issues at reception then they would take them to a private room they used for this purpose.

We observed the consulting rooms took account of people's need for privacy with blinds at the windows and curtains which could be drawn around the couch. We observed that staff always knocked before entering. In the waiting area background music was played to obscure private conversations at the desk. The practice had a chaperone policy in place and the details of which were posted on the wall in the waiting area. This ensured that patients could have someone else present for any consultation, examination or procedure where they felt one was required. This could be a family member or friend or a formal chaperone, for example a trained member of staff. The practice manager told us that most reception staff had attended medical chaperone training. The staff we spoke with confirmed this to be the case.

The patients we spoke with said that they felt their privacy and dignity was respected. They said that staff were friendly and polite. One patient said, "The staff are friendly and courteous." Another said, about the staff, "They are all very discreet." Another said that they had noticed that staff offered patients a private area if required.

People's diversity, values and human rights were respected. We saw that the surgery had push button doors to allow disabled access. The practice provided a number of translation services for people whose first language was not English. We saw evidence that this had been used on a number of occasions. The practice also provided interpreting services for patients with hearing or visual impairments. There was a hearing loop available for use by patients with difficulty hearing. Two of the patients we spoke with commented and we also observed that the reception desk was too high for people who used a wheelchair. The practice manager informed us that the practice was moving to new premises in April 2014 and that this had been addressed in the new design. They said that the receptionists always came round to the other side of the front desk if someone was in a wheelchair. This meant that the practice took care to ensure that care and treatment was provided to patients regardless of any disability they may have.

**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.

Patients 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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All of the patients we spoke with spoke highly about the care, treatment and support they received from the practice. They said the GPs were kind and caring and that they were always listened to. One patient said about the GPs, "Their sensitivity is second to none." Another said, "You are treated very well" and "They (the doctors) are on the ball – things happen quickly." One patient told us how since she had moved to the practice that her diabetes was now under control. They told us that they attended the diabetes clinic run by the practice nurses which they described as "fantastic". They said they felt really confident about the care and treatment they received.

The practice manager informed us that patients could make an appointment in various ways. These included coming in to the practice, booking by telephone or on-line. The practice also had an automated telephone appointment booking system which was available on a 24 hour basis. We were told that patients could book appointments for the same day or up to two weeks in advance. This enabled patients to book an appointment with a particular GP if they so wished. The patients we spoke with said they could usually get an appointment when they wanted to. One patient said they had no trouble getting an appointment and that, "There's always a doctor here we can see." One member of the PPG commented that some patients had expressed dissatisfaction with not always being able to book an appointment with a particular GP on the same day but that the practice tried to accommodate this wherever possible. The PPG members also commented that patients had found the automated telephone system difficult to use and that as a result an 'idiots guide' was being produced. The practice did not operate an out-of-hours service. Information about how to contact the local out-of-hours team was made available to patients on a recorded telephone message, on the entrance door, and the practice leaflet.

The manager informed us that the practice employed a member of staff dedicated to managing the 'recall' appointment system. This ensured that patients were always invited to attend routine follow up appointments and regular reviews for specific conditions, for example diabetes and asthma. The patients we spoke with confirmed this to be the case. One patient said, "They send me letters when I need updates". They said that they had recently been invited to attend for their annual flu vaccination. This meant that there were systems in place to monitor patients at risk of deterioration in their health status to ensure early intervention.

We were told that the GPs and practice nurses worked closely with the community nurses who were based on the premises. The community nurses had access to the same patient records as the GPs. We also saw evidence of regular multi-disciplinary meetings which included the community nurses and community pharmacists. We spoke with one of the community nurses who told us that they provided 'shared care' to patients with the practice nurses. This meant that care was co-ordinated between professionals who were involved in providing care to the same patients.

The GPs we spoke with told us that they attended a range of regular practice meetings which helped ensure they kept up to date with their knowledge clinical issues. These included monthly business meetings and bi-monthly educational and multidisciplinary team meetings. We saw records of the meetings which provided evidence that the practice regularly reviewed and discussed significant events, national guidance from the National Institute for Health and Clinical Excellence (NICE), the Quality and Outcomes Framework (QOF) performance indicators and the results of audits. This meant that the practice had a system in place to promote high standards of clinical practice.

There were arrangements in place to deal with medical emergencies. We saw evidence that all staff had received up to date training in cardiopulmonary resuscitation. We saw that an emergency drugs and equipment were kept in the practice and that these were checked regularly. This meant they would be fit for purpose in the event of a medical emergency.

The practice had arrangements in place to deal with foreseeable emergencies. We saw that there was a comprehensive and up to date business continuity plan in place. The plan outlined the arrangements in place to deal with foreseeable events such as loss of energy supplies, loss of the computer system and essential data and fire.

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

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## **Our judgement**

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The provider was meeting this standard.

Patients who use 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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We saw that the practice had up to date policies and procedures in place for safeguarding children and vulnerable adults. These included flow charts posted on the office walls for staff to refer to which provided guidance on the signs of abuse and what to do if they suspected abuse was taking place. They also included contact details for the designated adult and child safeguarding leads in the clinical commissioning group for advice and referral. We saw training records that showed all staff had received up to date training on safeguarding children and vulnerable adults.

All of the staff we spoke with were able to show that they understood the relevance of safeguarding children and vulnerable adults in general practice. They were able to describe the types of abuse that could occur and signs that might suggest someone was being abused or neglected. They knew who to contact if they had any concerns. This demonstrated that they understood their roles and responsibilities in relation to safeguarding.

The practice responded appropriately to any concerns they had about abuse. One of the GPs we spoke with told us they had referred their concerns about suspected abuse of a vulnerable adult in a nursing home to the local safeguarding authority. The GP had subsequently attended the local authority safeguarding meetings about his case. The practice also hosted a 'Children of Concern Meeting' which was attended by school nurses, GPs and health visitors. This provided an opportunity to discuss children already identified at risk and also families of concern. This showed that the practice worked collaboratively with other organisations in relation to safeguarding matters.

The practice manager informed us that three years ago it became practice policy to ensure all staff recruited by the practice were subject to a criminal record check. We saw that all staff who had been employed within the last three years at the practice had been subject to relevant employment checks with the Disclosure and Barring Service. This meant that the practice had sought information on their suitability to work with children and vulnerable adults.

**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.

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

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## Reasons for our judgement

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Staff received appropriate professional development. The practice manager informed us that all staff received regular training in key areas which included resuscitation, back awareness, fire safety, infection control, safeguarding and health and safety. We were shown training records which confirmed this to be the case. We also saw that some staff had attended other training courses which included information governance, telephone techniques and dealing with aggression. We were told that all staff were also given protected time to attend four in house and six external education sessions which provided learning for the practice as a whole team. These sessions were called 'Encircle' and we saw that they had included learning on, patient participation and information governance. We saw records that confirmed staff attendance at each session. This showed that the practice encouraged its staff to take part in ongoing learning and development.

The reception staff we spoke with said that they received sufficient training to undertake their roles. One said that they were continually offered training opportunities and that the practice always accommodated their training needs. They confirmed that they regularly attended 'Encircle'. We spoke with one new member of staff who told us they had received a comprehensive induction and therefore felt confident in their new role. They said they had received, "Amazing support" from other staff during this period. The staff we spoke with also told us that they felt well supported in their roles. They said they did not have formal one to one supervision but as a small team felt they received sufficient support from each other and the manager. All of the reception staff said they had an annual appraisal and we saw records which provided evidence of this. They said that they could approach the manager at any time if they had an issue they needed to discuss and these were listened to and acted on. One said, "X (the manager) is always there when I need her." They also said they had regular practice meetings where they could discuss learning from significant events as well as issues relating to the running of the practice. We saw notes of the meetings which confirmed this to be the case. This meant that there was a regular forum for staff communication and support.

The GPs we spoke with told us that they were given sufficient time and support to maintain their training needs. They said that the practice hosted a number of educational events which they attended. They were also given study leave to attend external events and to support their development needs. They told us that they all received annual appraisal. This

meant that the GPs were able to demonstrate that they continued to meet professional requirements which informed their revalidation with the General Medical Council.

On the day of our inspection the practice nurses were not working so we were unable to speak with them. However, we saw that they had attended training sessions run specifically for practice nurses which included asthma updates and wound care. We also saw that they attended 'Encircle' sessions. The practice manager told us that they had bi-monthly group clinical supervision meetings. We saw notes of the meetings which confirmed this to be the case.

All of the patients we spoke with felt the staff at the practice had the knowledge and skills required of them. They all expressed confidence in the GPs and practice nurses. One said, "I feel confident with what they say." One of the PPG representatives said, "People speak very well of all the GPs and their skills, knowledge and abilities."

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The practice had a number of systems in place to assess and monitor the quality of service that patient's received. Patients were regularly asked for their views about their care and treatment and they were acted on. We saw that the practice had undertaken surveys of patients' views on a regular basis throughout the year. This included topic specific surveys. For example we saw that the practice had undertaken a survey to get patient views on the appointment system. We saw evidence that the results of the survey had been analysed and that areas for improvement had been identified and acted on.

We saw that practice also took account of complaints and comments to improve the service. We were shown the record of complaints which showed that they were responded to appropriately and that action was taken as a result. The practice had appointed a lead GP for complaints who informed us that investigations in to complaints were shared with all the GPs and were discussed at clinical meetings. The meeting notes we looked at confirmed this to be the case. This meant that learning from complaints was used to improve the service.

The practice used the QOF to measure their performance. The QOF is a national group of indicators, against which practices scored points according to their level of achievement in the four domains of clinical, organisation, patient experience and additional services. We saw that the practices performance against the QOF was regularly reviewed at clinical meetings. We noted that the practice had a high QOF score for compliance with both organisational and clinical measures.

The practice had a system for recording and cascading the details of significant events to ensure that any action required was implemented. We saw that learning from significant events was regularly discussed at the practices' clinical meetings. Information was cascaded via email if urgent action was required. We were shown an example of a recent event whereby the practice was notified that a patient in a neighbouring practice suffered from an infection after having a joint injection in the GP's surgery. This event was cascaded immediately via email and as a result the practice changed its procedures to ensure that joint injections were only performed in designated treatment rooms in order to prevent infection. This meant that learning from significant events took place and

appropriate changes were implemented.

The practice undertook regular audits of prescribing to ensure that prescribing practice was in line with recommendations made by the National Institute for Clinical Excellence. All of the GPs we spoke with said they had been involved in these and that prescribing practice had changed as a result. This meant that the practice used findings from audits to ensure action was taken to protect patients from receiving inappropriate or unsafe treatment.

The practice had an active PPG which helped ensure that patients were involved in decisions about the services provided by the practice and any future developments. We saw that the PPG met every month with the practice and was involved in a number of discussions and activities which included the results of the patients' survey and supporting patients with the use of technology to book appointments. The PPG had been particularly involved in feeding patient views in to the development of plans for the new practice premises which were due to open on April 2014. The PPG members we spoke with said the practice was committed to working with them and always attended their meetings. One said, "The practice listens and is very very supportive. A doctor always comes along to the meeting." They also said about the practice, "They really want to get patients involved." Another said, "They work very well with the PPG. A GP always attends." This meant that the practice sought the input and advice of patient representatives on the activities it undertook.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### 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)

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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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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