

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

Dr S Smallwood & Partners

Houghton Way, Wickham, Fareham, PO17 5GU

Tel: 01329833121

Date of Inspection: 28 January 2014

Date of Publication: March 2014

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✗	Action needed
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Dr S Smallwood & Partners
Registered Manager	Dr. Thomas Nicholson
Overview of the service	Dr S Smallwood & Partners is GP surgery and pharmacy that offers general medical services to people in Wickham and the surrounding areas.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Management of medicines	11
Staffing	14
Assessing and monitoring the quality of service provision	15
Information primarily for the provider:	
Action we have told the provider to take	17
About CQC Inspections	18
How we define our judgements	19
Glossary of terms we use in this report	21
Contact us	23

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 announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and were accompanied by a pharmacist.

What people told us and what we found

During our inspection we found the service to be welcoming with friendly staff. We saw that on arrival at the service people could speak to reception staff or use the touch in booking screen. People told us staff treated them respectfully and were helpful. One person told us: "The staff are very polite."

People told us that their treatment was clearly explained to them and they were able to ask questions and make choices about their treatment or medication. This enabled people to make informed decisions about their treatment. One person told us, "I am very impressed in how I am included in decisions about my treatment". Another said, "I am very involved in my treatment".

We saw that staff spoke politely to people and consultations were carried out in private treatment rooms. Information was clearly displayed for people, including health promotion, access to support services and information about the practice and the services provided.

Care and treatment was delivered in a way that ensured that people's needs were met. People we spoke with were very positive about their experiences of care and treatment at the practice. Comments made included "It has a chemist on site and is pretty good at meeting your needs" and "I have a very sympathetic GP who is empathetic and sincere".

Policy and procedures were in place for reporting concerns in relation to both adult and child protection issues. Staff had received training in safeguarding children and vulnerable adults. Patients we spoke with confirmed that they were treated well and felt safe.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. One person who used the service told us, "There is sometimes confusion with dispensing medicines".

Patients said they felt that there were enough staff and that staff had the right skills and experience to meet their needs. One told us that they had received care from

'professionals'. Another said the staff were very welcoming. They also said, "All aspects of the practice is well equipped with knowledge".

There were formal mechanisms and documentation in place to indicate the practice was able to monitor or assure the quality of the service people received.

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 March 2014, 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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment.

All of the people we spoke with during our inspection told us they were happy with the service and that they felt staff treated them with respect.

There was a touch screen booking monitor in the reception area for people to record their arrival at the surgery. One person told us they had used the touch screen to record their arrival at the surgery so not to block up the reception desk. They told us there were also large screens in the waiting area that advised them when their doctor was free to see them.

People's diversity, values and human rights were respected.

We observed that reception staff and clinicians were friendly and attentive to people as they entered the surgery and when they entered the treatment rooms. One person we spoke with told us their dignity was respected and said, "The reception staff don't ask me why I'm here".

Consultations were carried out in private treatment rooms. Telephones were answered away from the reception area in a separate room and private telephone conversations were not audible to people sitting in the waiting room. People's conversations at reception could not be overheard in the waiting room area.

Staff told us there were translation facilities available for people who did not speak English. For example, there was a telephone language line available and the practice website could be displayed in a number of different languages. The provider may find it useful to note that this facility was not working on the practice website on the day of our inspection.

People told us they had been given adequate time for consultation with their GP, at each appointment they had attended.

People expressed their views and were involved in making decisions about their care and treatment.

People we spoke with told us that the GP or Nurse they had seen, or been treated by, had taken time to explain their diagnosis and proposed treatment. One person told us: "I am very informed about what treatment is available and totally involved in deciding which to have." Another person told us: "We (GP and I) always have an open discussion about my treatment choices." This showed us that people's views and experiences were taken into account.

Each person we spoke with told us that they were very satisfied with the arrangements for making an appointment. All said they had been able to get an appointment when they had needed one. However, one person commented, "It is relatively easy to get an appointment but I am often put on hold on the phone for a long time".

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

Care and treatment was delivered in a way that ensured that people's needs were met.

We looked at the computerised records for four people who use the service. One of these was attending on the day of our inspection.

We saw there were treatment plans in place for managing health conditions including: hypertension (high blood pressure) and asthma.

Within the records we reviewed, we saw the provider had used specific templates to assess people's conditions and clinical needs. The provider had a process in place to assess people's conditions and clinical needs. There was evidence that the doctor and nurse had discussed options and clarified treatment with the patient. This demonstrated that patients were involved in the planning of their care and treatment.

There were systems in place to recall people for reassessment of their health care needs. We saw evidence that the electronic system created an alert on the screen which advised staff when people required a review for their condition or medication.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff had guidance that prompted them to ensure relevant checks and assessments were completed during the assessment. This ensured that full information was available so that people's conditions were monitored appropriately and a relevant plan of care was in place. We spoke with one person who told us they 'received regular reviews of their medical condition'.

There were arrangements in place to deal with foreseeable medical emergencies.

We found that practice had an electronic emergency call system in place to alert staff if a person in a treatment room became unwell and needed urgent medical attention. This helped ensure that they received a quick medical response.

We saw that the practice had emergency first aid equipment (oxygen and defibrillator) and an emergency medicines kit. Records of training confirmed that staff had received emergency first aid training. Areas of training included 'Cardio Pulmonary Resuscitation' (CPR). All the staff working at the time of our inspection demonstrated an understanding of the procedure to follow in a medical emergency.

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

Our judgement

The provider was meeting this standard.

People 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.

Reasons for our judgement

People who used the service were protected against the risk of abuse as reasonable steps had been taken to identify the possibility of abuse and prevent abuse from happening.

The practice had a policy in place for the protection of vulnerable children, and a policy for adults. This meant that staff had written information to refer to should they have a concern regarding the safety of an adult or child.

We spoke with staff that worked at the practice, and looked at training records. We found that staff we spoke with felt confident about when to make a referral and who referrals should be made to if they had any concerns over the safety of vulnerable children and adults.

The practice manager told us there was a refresher safeguarding training session planned for the week following our inspection. The external safeguarding trainer was available at the practice during our inspection and confirmed this.

All the staff we spoke with felt confident about when to make a referral and who a referral should be made to if they had any concerns over the safety of vulnerable children and adults. They told us they would refer to the relevant policy for contact details.

We saw evidence of a Criminal Records Bureau (CRB) check for all of the clinical staff working at the practice on the day of our visit.

We looked at the whistle blowing policy. The policy stated that should staff be dissatisfied with reporting within the practice they may report to external agencies. This is in line with the accepted principles of whistleblowing. Staff we spoke knew where to find the whistle blowing policy and were aware of its purpose.

The practice manager told us that checks with the General Medical Council (GMC) and to the Nursing & Midwifery Council (NMC) were in place. This meant that a monitoring system to ensure staff maintained their professional registration was in place.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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

Concern had been raised with CQC relating to the management of medicines within this service. Therefore, a pharmacist inspector looked at the use and management of medicines within the service.

Appropriate arrangements were in place to obtain medicines. Medicines were ordered from appropriate licensed suppliers in a timely manner. Therefore we were assured that medicines were available to be dispensed or administered. Appropriate procedures were not in place within the dispensary.

The dispensary staff were aware that the procedures they followed included a few that had been amended by hand, or were past their review dates. Therefore we were not assured that the procedures would ensure that the dispensary operated in a consistent manner.

Medicines were kept safely in the dispensary which also contained Controlled Drugs (CD) safes and a refrigerator. Medicines were kept in the dispensary which also contained Controlled Drugs (CD) safes and a refrigerator. Access to the CD safe keys was restricted to dispensary staff and the doctors. Medicines were also kept in unlocked cupboards and refrigerators within the treatment rooms one of which was not locked when unoccupied.

Medical gases were stored within a locked cupboard; however steps had not been taken to prevent them from falling over. We also observed that forms were stored in computer printer trays to which the public could have access. Therefore, we were not assured that the inappropriate access to medicines or forms associated with medicines was prevented. We were not assured that medical gases were stored safely.

Appropriate arrangements were in place for medicines to be stored at the correct temperature. Daily records were kept for the minimum, maximum temperatures of the refrigerators. These records indicated that the refrigerators were working within the recommended temperature range. Temperature records were not kept for the dispensary and treatment rooms, however they benefited from a centrally controlled room temperature

management system. Therefore, we were assured that medicines were stored at the correct temperature and therefore effective.

Appropriate arrangements were in place to ensure that medicines were not dispensed beyond their expiry date. The expiry dates of emergency drugs and medical gases were checked and recorded each month and all medicines viewed were in date. Within the dispensary a log was kept of the dispensary stock checks. Therefore, we were assured that the dispensed medicines were safe to be taken.

The service had an appropriate Controlled Drugs (CD) safe. Storage of Controlled Drugs is more secure than general medicines storage due to the increased risks. Records of CD indicated that stock checks were carried out on a regular basis. The CD safe contained dispensary stock, and separate empty containers for expired dispensary stock and patients own controlled drugs that had been returned for destruction. Therefore, we were assured that the CDs were adequately segregated and were appropriately destroyed in a timely manner.

Medicines were not appropriately administered. The practice nurse explained and showed us the Patient Group Directions (PGDs) that were used to administer childhood and flu vaccines within the service; however, one group of PGDs were past their review date. The PGDs were written directions that allow the supply and / or administration of a specific medicine by a named authorised health professional to a well-defined group of patients for a specific condition. They also explained that certain vaccines and other medicines required a patient specific direction from a doctor prior to administration. Therefore we were not assured that medicines were administered appropriately to people.

Medicines were dispensed appropriately. The dispensary staff explained how the electronic prescription was generated by the GP in clinic or by the repeat prescribing system. From the e-prescription they generated a label and picked the medicine. The label would be attached, prescription generated and placed for checking. A second person would undertake a final check. Suitable arrangements were in place for the storage and collection of dispensed medicines. Therefore we were assured that people would receive their medicines as prescribed.

Medicines were not disposed of appropriately. Within two clinical areas we observed an accumulation of returned patients own medicines and out of date medical samples. Therefore we were not assured that people were protected from receiving medicines intended for disposal.

The management of medicines was appropriately monitored. People registered with the service were offered a Dispensary Review of the Use of Medicines (DRUM). This provided the people and the service with an opportunity to review the medicines available on repeat and to clarify the information provided on how to take the medicines. The dispensary staff would visit residents of care homes on an annual basis to undertake this review.

Information concerning medicines was appropriately recorded and used. The lead GP for medicines explained that when information was received from another healthcare service a GP would review the information. They would then either make appropriate amendments to the prescribing records, or ask the dispensary staff to make the amendments. The computer software which was in place meant that high risk medicines could only be accessed and prescribed by the GPs. Each person with prescribed medicines had a medicines review date recorded on their records. Repeat prescriptions could be requested

and generated until this date. When the repeat prescription was generated the computer would highlight over or under use, or if the medicine was a high risk and/or if the results of blood tests needed to be reviewed prior to dispensing. The dispensary staff would escalate these concerns to the GP. Therefore we were assured that people would have medicines prescribed when appropriate.

We were advised by staff that dispensing and prescribing errors were recorded and investigated. These were then discussed and reviewed at a quarterly service meeting attended by all areas of the service. Therefore we were assured that incidents were recorded and monitored so minimising the risks to people using the service.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

On the day of our visit we observed that seven GPs, three nursing staff, two healthcare assistants, six reception staff, six dispensary staff, four administrators, and two practice managers working.

Records we reviewed demonstrated that clinical staff attended mandatory training as part of their Continuing Professional Development (CPD) which included safeguarding, complaints and medical emergencies.

We observed all staff working in a professional way and there was a friendly atmosphere at the practice.

Staff we spoke with told us that everyone worked with flexibility and said, "During the snow in 2013 people who lived close came in to man the surgery". Another said, "Everyone is very flexible here".

People who used the service told us they were satisfied with the service they received. One person told us, "The doctor is very helpful". Another said, "Staff are very welcoming".

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

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

Reasons for our judgement

People who used the service were asked for their views about their care and treatment and they were acted on.

Feedback was gathered via NHS Choices and 'My Surgery' websites and surveys and via the virtual patient reference group (VPRG).

We were told that people were encouraged to provide feedback and to join the VPRG. Of the nine people we spoke with four told us they had taken part in feedback but none of them had seen any results. We found results of a recent survey posted on the practice's website and told copies were placed in the waiting area.

We reviewed the last survey results which focused on car parking, getting through on the telephone and appointments. These identified areas for improvement which included actions to make people aware of the online prescription ordering service and the partial online appointment booking system. We were told that this was not fully working yet but it offered a 'call back' system to book an appointment. We saw that action had been taken to address parking and getting through by phone.

We were told that the practice was in the process of designing this year's survey.

The practice undertook a range of audits as part of the quality and outcomes framework (QOF). This is an incentive and reward programme for all GP surgeries. The areas included are patient experience, additional services offered at the practice, the organisation of the practice and clinical audits.

The practice undertook some additional audits, including fire alarm checks, emergency lighting checks and general health and safety audits. We were told this helped staff identify areas for improvement at the practice.

We found that the practice had a complaints policy in place which included timescales for responding and investigating. We saw that the practice kept a record of complaints made and the practice manager told us that verbal complaints were dealt with at the time wherever possible. We found evidence that the practice took account of complaints to improve the service.

There was a record of significant events and we found evidence that these were discussed and learnt from through regular dedicated significant event meetings.

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 activities	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: Appropriate arrangements were not in place to protect the person against the risks associated with the unsafe use and management of medicine.
Family planning	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

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 March 2014.

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.

Contact us

Phone: 03000 616161

Email: enquiries@cqc.org.uk

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

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
