

# **Key inspection report**

**CARE HOMES FOR OLDER PEOPLE**

**Sutton Hall & Sutton Lodge**

**Cornmill Walk  
Off Sutton Lane  
Sutton in Craven  
BD20 7AJ**

*Lead Inspector*  
Jo Bell

*Key Unannounced Inspection*  
12th May 2009 10:45

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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# SERVICE INFORMATION

<b>Name of service</b>	Sutton Hall & Sutton Lodge
<b>Address</b>	Cornmill Walk Off Sutton Lane Sutton in Craven BD20 7AJ
<b>Telephone number</b>	01535 635329
<b>Fax number</b>	01535 634989
<b>Email address</b>	
<b>Provider Web address</b>	<a href="http://www.orchardcarehomes.com">www.orchardcarehomes.com</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Orchard Care Homes.Com Limited
<b>Name of registered manager (if applicable)</b>	Michael Hebdon
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	60
<b>Category(ies) of registration, with number of places</b>	Dementia (60), Old age, not falling within any other category (60)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only: Care home with nursing - Code N, to service users of the following gender: Either, whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP, Dementia - Code DE.
2. The Maximum number of service users who can be accommodated is: 60

**Date of last inspection**      8th July 2008

## Brief Description of the Service:

The home, which was built in 2006, is split into two parts Sutton Lodge and Sutton Hall. The home is owned by Orchard Care Homes and is in Sutton in Craven, on the outskirts of Crosshills. The home is near to the towns of Keighley and Skipton. There is ample car parking for visitors and staff.

A change in accommodation has meant the home is now split into an upstairs and downstairs unit. The ground floor – known as Sutton Lodge provides nursing care for people who have a diagnosis of dementia. People living on this floor have access to the conservatory and an enclosed garden. There are digital locks on the doors leading from this area to ensure the safety of those who may leave the area unescorted.

Sutton Hall is on the upper floor and is used by people who require nursing care due to their physical needs. They are able to use the garden but this requires them to use the lift.

A passenger lift is available between the floors. The home has a no smoking policy.

The cost of a week's stay on 12<sup>th</sup> May 2009 ranged from £610 to £730, depending on the type of room and length of stay in the home. There are extra costs for hairdressing, newspapers, chiropody and toiletries. The fee does include the price of travel if the home organises entertainment away from the home.

A copy of the most recent inspection report is available at the home on request.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 **star**. This means the people who use this service experience **good** quality outcomes

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

We went to the home without telling them that we were going to visit. This report follows the visit that took place on Tuesday 12th May 2009. The visit lasted from 10:45 until 14:45.

The purpose of the visit was to make sure that the home was operating and being managed in the best interests of people living there. Information has been used from different sources for this report. These sources include-

Reviewing information that has been received about the home since the last inspection. This includes an extra visit in November 2008 following a complaint.

Surveys were sent out; five were returned from people using the service and two from members of staff.

The annual quality assurance assessment. This is information which details what has happened during the past 12 months.

Notifications (Regulation 37) relating to incidents in the home affecting people using the service.

Details of complaints and allegations raised by people connected to the service.

Progress of the previous requirements and recommendations made at the last site visit.

At the site visit one inspector spent 4.0 hours at the home. During this time observations of care practices took place. People using the service were spoken with along with some relatives. Discussions with the manager and team manager regarding meeting needs, mealtimes, protecting people and the environment took place. The lunchtime meal was observed and time was spent inspecting care plans, looking at individual rooms and reviewing a selection of

health and safety information. Staffing and management issues were discussed and feedback was given to the manager at the end of the inspection.

### **What the service does well:**

The home is warm, clean and welcoming. People receive a good standard of care in a pleasant environment.

### **What has improved since the last inspection?**

People receive a good standard of care due to better record keeping regarding nutrition, medication and pressure area care.

Privacy and dignity in the home has improved.

The skill mix has been reviewed with staff working as named nurse or key workers in small groups; this has given a more consistent approach to care.

### **What they could do better:**

There is a limited outside area for people to sit in and enjoy, a garden area suitable for people with dementia would enhance the home.

At mealtimes staff could interact more positively with people, this would improve the dining experience for people with dementia.

The induction programme for staff could be formalised which would help improve consistency of care.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

3 (Standard 6 does not apply).

People who use the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to the service.

People are assessed properly before they move to the home.

### EVIDENCE:

The four pre-admission assessments looked at confirmed that a senior person completes an assessment before an individual moves to the home. This is to check what type of care and support the person needs and whether the staff have the skills and knowledge to provide that care if the individual chooses to move there. The process also reassures the individual and their family that they will receive the right support.

Assessments are completed if the person has a care manager or is privately funded. These detail health, personal, nursing, social and mental health needs. All the surveys completed by people living there report that people are given enough information about the service and what it provides. This means they can make an informed choice about whether to move there or not. The manager of the home is aware of the different categories of registration, and in the future the registered nurses in each area will be responsible for carrying out assessments.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

### The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8, 9 & 10

People who use the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to the service.

People's health and personal care needs are met by staff who respect people's dignity.

### **EVIDENCE:**

People looked clean and well cared for. Four care plans were looked at during this visit. Two from the nursing unit and two from the dementia unit. These describe the care and support people need to stay in charge of their own lives as much as possible. The plans looked at contained a lot of information, so that an unfamiliar carer could look at them and would be able to work out how much support they needed. There were written assessments as to whether people were at risk of developing pressure sores, of losing weight because of

poor appetite or a health problem or needing help with moving and handling. Those identified as 'at risk' had a care plan in place describing how that risk was to be managed. Currently there are two people with pressure sores, these are been treated effectively with the use of pressure relieving equipment and nursing care.

The care plans have improved and are now updated on a monthly basis. This was evident in all plans inspected. Plans are also audited to identify where improvements can be made. Since the last inspection the home have reviewed the skill mix and have developed a named nurse and key worker system to help improve consistency in care. People have access to community mental health teams, chiropody, dental and optical care when needed. The home reports accidents and injuries to The Commission and advice is sought as needed.

The medication system was inspected. Staff have received training in this area. Medication is safely stored with clear records documenting when people have their tablets given and how many tablets are kept in the home. Regular stock balances and audits help reduce errors occurring. Daily fridge temperatures are taken and controlled drugs are recorded and disposed of effectively. A monitored dosage system is used and updated guidance is readily available regarding medication.

Privacy and dignity in the home is maintained. People are able to bring personal possessions into the home, and staff deal with people in a respectful manner (though more interaction would be beneficial-see next outcome group). The manager confirmed that people can use the telephone to make private calls and if anyone asked for a telephone in their room this could be arranged. One person said "I like living here, the staff are nice". Another comment was "I am satisfied with everything".

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 & 15

People who use the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to the service.

People generally live interesting, varied lives and receive a nutritious diet. Though this could be improved by more positive interaction from staff.

### EVIDENCE:

People are able to participate in some activities, these are generally organised by staff in the home. There is currently no activities organiser who has an overview of each person's social needs. This would be beneficial so the activities can be tailored to individual or group needs. Entertainers come into the home; monthly church services take place which includes people using the service and visitors. Arts and reminiscence groups take place through a volunteer service, and staff spend time with individuals when they can. A hairdresser is available which people commented positively on, though there is

no specific room for the hairdresser to use. An advocacy service is available and staff encourage people to follow their own routines. For example the time people get up and go to bed. Surveys showed that people were happy with the activities, but thought more should be on offer. One person said "I attend the church services", another person said "we sometimes go out, but there is no garden".

Visitors are welcomed into the home, and the sign in book confirmed the dates and times when people arrive. As part of the assessment process people discuss their social, cultural and religious needs.

The lunchtime meal on the dementia unit was observed. A large dining area is available to use or people can eat in another communal area or in their own room. The main area is light and airy; it was evident that there were no flowers, or salt and pepper on the table. People were offered white plastic aprons (the same as the staff) to use. A discreet material alternative could have been used. People did not know what food and drink was available. No menu was on display. The food looked appetising with stew and vegetables on offer. The portions sizes were variable and staff offered assistance as necessary. Whilst the atmosphere was calm and relaxing, not all staff interacted positively with people. Drinks were observed been put down on the table without any explanation as to what the drink was or a choice offered. This also happened with the main course and pudding. There were enough staff available to assist at mealtimes but staff kept getting up and down to help different people. This could have been avoided which would have resulted in people having a more enjoyable dining experience. In the surveys received four out of five people said they always enjoy the meals provided, with one person stating they sometimes enjoy the food.

# Complaints and Protection

## The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

## The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

16 & 18

People who use the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to the service.

People's concerns are taken seriously and staff are alert to signs of abuse.

### **EVIDENCE:**

The home has a complaints procedure in place. Staff now have a greater understanding of the complaints procedure and the need to report concerns or issues to senior staff. One issue was discussed at an extra inspection in November 2008. This relates to wound care and staffing issues. This was partly upheld. The Annual Quality Assurance Assessment confirms two formal complaints have been received, one was upheld. Surveys received showed that all five people responding know how to make a complaint. A discussion with the manager took place regarding the need to document concerns, as these may become formal complaints in the future. Both staff and people using her service confirmed they would go to a senior member of staff to raise issues. An audit of the number of complaints takes place in line with the quality assurance system.

Staff spoke about different types of abuse, and the action they would take if an allegation of abuse was made. Staff have received training in this area and people were observed looking safe and comfortable during the inspection visit. A procedure is in place and the role of social services and the police was discussed. One safeguarding issue was raised which resulted in referral to the protection of vulnerable adults list. Staff also need to be aware that abuse issues between people using the service still need to be effectively reported. Staff are aware of whistle blowing procedures and protection of vulnerable adults checks take place. This helps to protect people from harm.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

19 & 26

People who use the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to the service.

The home is clean and well maintained, though improvements to the outside garden area are needed.

### EVIDENCE:

The home is split into two areas. Sutton Lodge provides nursing care for people who have a diagnosis of dementia. People living on this floor have access to the conservatory and an enclosed garden. There are digital locks on the doors leading from this area to ensure the safety of those who may leave the area unescorted. Sutton Hall is on the upper floor and is used by people who require

nursing care due to their physical needs. They are able to use the garden but this requires them to use the lift. The home is clean and well maintained, there are enough domestic staff and surveys confirm that the home is odour free. There are future plans to develop the garden area as currently there is limited space outside for people to use, this would be beneficial for people in both areas of the home.

Staff have received infection control training and hand washing techniques and protective clothing was in use. This helps to prevent cross- contamination. People were observed wearing clean and well ironed clothes, with one person stating "my washing is done for me", and another person stating "my clothes are always clean".

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27, 28, 29 & 30

People who use the service experience adequate quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to the service.

People's needs are generally met by a staff group who are safely recruited and supported, though the induction programme needs further developing. This will help ensure a consistent approach to care is given.

### **EVIDENCE:**

The home can admit up to sixty people with or without dementia care needs. In each area there are registered nurses who may have completed mental health training. During the day there are four carers on each unit with two nurses. At the site visit staffing levels were satisfactory, call bells were answered promptly and people had their needs met. Two nurses spoken with had a good understanding of the client group and had the right skills and experience to care for people with nursing needs. The home employs male and female staff of different ages and cultural backgrounds. In the past 12 months agency care staff have been used, this represents over 3000 hours of care.

Staff are encouraged to undertake an NVQ Level 2 in Care, though only seven out of thirty care staff have completed this.

Staff surveys confirmed that checks including references and police checks are completed prior to staff starting work. Surveys also state that "mostly" the induction covered everything. Three recruitment files were examined these contained up to date references, police checks and protection of vulnerable adults checks.

Currently there is no formal induction process in place, staff are orientated to the home and staff undertake training in the first few months regarding key areas. A mentoring system is in place which gives staff support when they are new. A formalised process for inducting new staff which is equivalent to Skills for Care needs to be implemented.

# Management and Administration

## The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

## The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

People who use the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to the service.

The home is well managed and run in the best interests of the people who live there.

### **EVIDENCE:**

The manager is registered with The Commission and has many years experience caring for older people; he is a registered nurse and has a mental health qualification. The home have a quality assurance system in place which includes sending out surveys to people, auditing care plans, medication and

aspects of health and safety. People's views and opinions are routinely sought and the home has an open culture where people can discuss their concerns. Monthly visits are undertaken by a senior manager and these highlight any improvements which are needed. Many of the policies and procedures were last updated in April 2008 (discussed in the Annual Quality Assurance Assessment). Health and safety in the home was discussed, a fire risk assessment has been completed and fire alarm testing is in place. Water temperatures are taken and contracts are in place to service laundry equipment, the call bell system and the lift and hoist equipment. Staff receive mandatory training in fire safety, moving and handling, infection control and food hygiene. Staff were observed using equipment safely and effectively and were aware of the action to take in the event of a fire.

The home has a system in place for keeping small amounts of money from people using the service. A secure storage area is available and records are kept of each transaction. People may use this for hairdressing, chiropody or toiletries depending on their needs.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	X
<b>2</b>	X
<b>3</b>	3
<b>4</b>	X
<b>5</b>	X
<b>6</b>	N/A

<b>HEALTH AND PERSONAL CARE</b>	
<i>Standard No</i>	<i>Score</i>
<b>7</b>	3
<b>8</b>	3
<b>9</b>	3
<b>10</b>	3
<b>11</b>	X

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<i>Standard No</i>	<i>Score</i>
<b>12</b>	2
<b>13</b>	3
<b>14</b>	3
<b>15</b>	2

<b>COMPLAINTS AND PROTECTION</b>	
<i>Standard No</i>	<i>Score</i>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>19</b>	2
<b>20</b>	X
<b>21</b>	X
<b>22</b>	X
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	3

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>27</b>	3
<b>28</b>	2
<b>29</b>	3
<b>30</b>	2

<b>MANAGEMENT AND ADMINISTRATION</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	3
<b>32</b>	X
<b>33</b>	3
<b>34</b>	X
<b>35</b>	3
<b>36</b>	X
<b>37</b>	X
<b>38</b>	3

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.


No.	Standard	Regulation	Requirement	Timescale for action
1.	OP12	16	People must have access to activities which are routinely planned and facilitated. These need to be recorded in individual plans to ensure they meet individual needs.	12/08/09
2.	OP15	16	Staff must interact more positively with people at mealtimes. This will enhance the dining experience.	19/05/09

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP12	The registered person should look at providing a more suitable area for people living in the home to have their hair done.
2.	OP19	The plans to improve the garden area should be implemented.
3.	OP28	More staff should be encouraged to complete an NVQ Level 2 or 3 in care.

4.	OP30	A formalised induction programme should be introduced (equivalent to Skills for Care).
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