



Making Social Care
Better for People

inspection report

CARE HOME ADULTS 18-65

Brambledown Road (44)

**44 Brambledown Road
Wallington
Surrey
SM6 0TF**

Lead Inspector
James Pitts

Unannounced Inspection
30th July 2008 11:50

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Brambledown Road (44)
Address	44 Brambledown Road Wallington Surrey SM6 0TF
Telephone number	020 8647 1325
Fax number	020 8647 1325
Email address	brambledown@independencehomes.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Independence Homes Limited
Name of registered manager (if applicable)	Karen Ann Walker
Type of registration	Care Home
No. of places registered (if applicable)	7
Category(ies) of registration, with number of places	Learning disability (7)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
Care Home Only (CRH - PC)

to service users of the following gender:

Either

whose primary care needs on admission to the home are within the following categories:

Learning disability - Code LD
2. The maximum number of service users who can be accommodated is:
7

Date of last inspection 23rd May 2007

Brief Description of the Service:

44 Brambledown Road is a registered care home, providing personal care and accommodation for up to seven adults with learning disabilities, specialising in providing a service to people who also have epilepsy. Six people are currently living at the home.

Brambledown Road is owned and managed by a private organisation who have three other similar services in the local area. The home is situated in a residential area of Wallington, close to public transport, shops and leisure facilities.

Accommodation is provided over two floors. Seven single bedrooms, which have a wash hand basin. There is a communal lounge, dining room, laundry and kitchen. A conservatory, at the rear of the building, is mainly used as a staff office. The garden has a patio area, a brick barbeque, an area of lawn, a path, mature trees and bushes, a shed and a side access gate. There is some off street parking at the front of the building.

The fees are varied and depend on the package of care individuals receive. Information about fees is included in the contract of residence.

Inspection reports and details of the CSCI are available.

SUMMARY

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

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

The charge for the service is presently between £925 to £2150 per week.

This visit took place during the daytime and most of the people who live here were around for parts of the day. Two people spoke about their specific positive view of the service and about their interests and activities. Everyone was also provided with a questionnaire before the visit took place and everyone replied. Although most people said that they are happy to be here, one said that they have never been, which was discussed in more detail during the visit. Two people also said that they were not sure how to make a complaint if they wished to. Other comments that were made included a liking of everyone who works here, comments about activities and about how they are supported by staff. Three relatives also sent in questionnaires. Two relatives said that the staff team performance varies from very good to quite poor depending on individual staff. Another relative gave the opposite view by saying that the staff team are very good and provide encouraging support to the people who live here. Needless to say these widely varying viewpoints should be explored by the home with relatives in more detail as a part of a review of the quality of service.

In addition to the questionnaire feedback and conversations with people who use the service, discussion was also held with the manager, a senior management representative of the registered provider and other members of staff. Standard policies, procedures and required records were examined and information from the previous random visit, AQAA (Annual Quality Assurance Assessment), notifications made to the Commission and other relevant data was considered.

What the service does well:

The home provides people who plan to use the service and their representatives with the information they need so that they can make an informed decision about whether or not to use the service. This is done in a clear way.

People are able to attend appropriate social and leisure activities so that they can maintain community presence and exert reasonable control over their participation and opportunity to follow their chosen lifestyle.

Appropriate arrangements are made so that people have regular contact with their friends and families.

Generally people can be assured that they receive support in the way they prefer and that their individual and unique support needs require.

What has improved since the last inspection?

The Statement of Purpose and Service Users Guide have been updated to include details of the services provided and the staff structure. Activity programmes have been developed and the terminology used by staff when recording the care needs of the people who use the service is now more appropriate and dignified. Medication Administration Record Sheets were signed and up to date.

The published staff rota was up to date with the correct names of staff on duty at the time of the visit.

A permanent manager has been appointed to the home and is now registered with the Commission.

What they could do better:

Given the views expressed in feedback from at least two of the people who live here it would be timely for the service to clarify with all service users the understanding of the complaints procedure.

It is recommended that the actual hours of duty are included on the staff rota to ensure that a fully accurate record is kept.

Given the viewpoints expressed about the variable quality of service that is perceived by some relatives this should be explored further by the home and registered provider.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

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 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

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

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Standards 1 & 2 were assessed at this inspection.

The people who use this service and others are told what the home does and how it will do it. The service user guide has been improved to enable, as many of those who live here as possible to understand it. The people who use the service can continue to feel confident that the home will only care for people that the staff are trained and able to care for.

EVIDENCE:

It was reported at the previous key standards inspection that the service user guide should be further developed in order to make this more broadly understandable for the people who use this service. By the time of the random inspection that took place in November 2007 the necessary progress had been achieved. A format, using both words and pictures, has been produced which means that the guide is now presented in a more accessible way.

One new person has been admitted to the home since the previous inspection and another person is presently undergoing an introduction to the service before moving here in the near future. The assessment for the person who came to live at Brambledown a few weeks ago was examined in detail during

this visit. The assessment was comprehensive and included the necessary information about this person's support needs and relevant information about their life history and other appropriate details. A review of the trial admission period is planned in order to reach a decision about whether the service will become the permanent home for the person in question. This shows that the service are carrying out proper pre placement assessments and giving consideration to the needs of anyone who is referred for potential admission to the home.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

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

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Standards 6, 7, 8, 9 & 10 were assessed at this inspection visit.

The people who use this can still feel confident that the staff know what they need. They can also be assured that the staff will try their best to make sure that each person who lives at the home is allowed to live the sort of life that they choose.

EVIDENCE:

Four care plans were looked at in detail during this visit. These are written in a way that makes it look as though these are about what the service user thinks as the words that are often used are in the first person, using words like "I" and "me". Physical care support, activities of daily living, social and leisure activities and the right to adhere to personally held values and beliefs are reflected in each care plan. Reviews occur and care plans are updated as and when necessary. The manager said during this visit that the care planning

system is being completely revised in line with organisational review of the whole procedures and staff are being trained in "Personal Care Planning" principles.

Consultation with the people who use this service continues to be evidenced by means of notes by keyworkers about their views. The previous key standards inspection showed that improved regularity regarding keywork frequency was needed although this was seen to have improved by the time of the random inspection in November 2007. This continues to be the case and evidence of maximising these opportunities has improved.

Each person's individual case file includes risk assessments that tell staff and other people about anything that may harm anyone who lives here and anything that the person might do that might pose a risk of harm to themselves. Copies of risk assessments are kept and cover a variety of situations from accessing community facilities to learning skills and activities within the home. Risk assessments continue to be reviewed regularly, and the system for risk assessments is being presently revised in line with the latest guidance issued by the Health & Safety Executive (HSE).

The home has very clear procedures for staff about making sure that the personal information of the people who live here remains confidential. These procedures are designed to ensure that information is not shared with anyone who does not have a right to know.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

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

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Standards 12, 13, 15, 16 & 17 were assessed at this inspection visit.

The people who use this service can feel increasingly confident that the staff of the home will provide opportunities for everyone to develop their personal and social skills. This includes active support for each person to participate in the community both in terms of the activities of daily life and leisure interests. The opportunity for each person to develop and maintain personal and family relations is also offered and is actively supported by the staff team.

EVIDENCE:

The people who use this service continue to be supported to make use of a wide range of community based facilities. These can be anything from regular shopping trips, whether for food for the home or personal shopping, to attendance at local clubs or other activities. The home has a people carrier (type) vehicle that can be used although this does not prevent the use of

public transport where circumstances and the needs of individuals allow. A social activities programme has now been fully completed for each person as was required as a result of the previous key standards inspection. The staff team are able to demonstrate a clear understanding of the cultural and religious practise preference that each person who uses this service chooses to adhere to.

The home's staff group continue to encourage and support the maintenance of relationships with family members and virtually all of the people who live here do have at least some family contact. The perception of the service that some family members have is commented upon elsewhere in this report.

There continues to be an open visitors policy. Family and friends are invited to social events at the home as well as reviews. The home has a key worker system and it is part of the key worker role to keep family members informed of progress made, where appropriate. Visitors can be seen in the communal areas, of which the home has a range, or bedrooms if it is thought to be appropriate and safe to do so.

The daily routines of the home continue to be flexible within reason. Staff were seen to interact appropriately. The people who live here have the liberty to make their own choices about where they spend time in the home and whether they wished to be alone or in company. The home has all appropriate policies and practices on maintaining people's dignity and rights.

Individual preferences for the food that people like to eat are given due consideration. The menus show that appropriately varied and nutritious meals are available. Diets and menus are reviewed with the input of a dietician who is employed by the registered provider. One person has very complex dietary needs and it was seen during this visit that the staff team have the necessary written guidance and awareness to assist this person to manage their nutritional intake.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

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

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Standards 18, 19 & 20 were assessed at this inspection visit.

The people who use this service can remain confident that they will get the right support to take care of their personal and healthcare needs. Anyone who needs to take medicine regularly to help them stay well will get the proper support from staff to make sure that this happens properly and safely.

EVIDENCE:

The methods of supporting each individual continue to be clearly written down in a way that focuses on the unique preferences and personality of each person. The terminology that was being used to describe each person's epilepsy condition was questioned as a result of the previous key inspection as it appeared to lack the necessary degree of dignity. This was reviewed as a result and had improved by the time of the random inspection in November 2007.

The people who live here continue to make use of the range of community health services. Each person's unique and detailed health care support needs continue to be reflected in his or her care plan. A full medical profile is compiled which details the reason for prescription medicines and any risks that might arise about the use of the particular medication. The outcome of all medical appointments is also written down and after each medical appointment a healthcare feedback form is completed. This is designed not only to provide detail of the appointment outcome and / or treatment but also details about the quality of the interactions with healthcare professionals.

All service users who live here have been identified as possibly needing to take rectal diazepam as an emergency measure should they suffer repeated and frequent seizures. The manager stated that it had never been known to be necessary to administer this medication. It should be noted, however, that staff are trained in its use and maintain an awareness of what they must do should the need ever arise.

Risk assessments continue to indicate that none of those who live here are able to take their medication without the staff supporting them. The home has detailed written policy and procedure guidelines for the handling and administration of medication. All staff members responsible for administering medication have been trained to do so. At the time of the previous key standards inspection it was seen that Medication Administration Record Sheets showed two gaps and a requirement was made as a result. Both the random inspection in November 2007 and this inspection identified that no further errors have been made.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

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

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Standards 22 & 23 were assessed at this inspection visit.

The people who use this service can feel confident that the staff team at the home know what to do if there are complaints or concerns about abuse. The home has clear guidance for staff about the procedures to be followed in either of these circumstances, and continued staff training is increasing the awareness across the whole staff team.

EVIDENCE:

The people who live here, and others, are given clear information about how to complain and what happens when they make a complaint. Given the views expressed in feedback from at least two of the people who live here it would be timely for the service to clarify with all service users the understanding of the complaints procedure.

A complaint was recently been made by a relative of one of the people who use this service, with specific reference to addressing care needs. This matter was discussed during this inspection and it was seen that attempts to resolve the concern and viewpoint expressed are being made by the service.

There is clear written information for staff about what to do if they think that anyone who lives here is being hurt or abused by another person, or if an allegation is made. All staff complete training in the protection of vulnerable adults as part of their standard induction when they are first employed and have to complete refresher training at regular intervals. No concerns or allegations of harm have been raised with either the home or the Commission since the previous key standards inspection.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

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

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Standards 24 & 30 were assessed at this inspection.

The people who use this service can feel confident that they are living in an efficiently well maintained home. The home is also kept clean and hygienic.

EVIDENCE:

People who use the service have a single bedroom and access to a lounge, dining room, and large garden. Bedrooms have been personalised to the individuals taste and all have a monitor to enable staff to hear if individuals have a seizure and respond appropriately. The registered provider has invested a substantial amount of money with two specialist engineering companies and purchased a more effective and discreet way of using an alarm system. It is intended to roll this system out for use in all of the services that are operated by Independence Homes Ltd.

A bathroom and lavatory are located on the ground floor with a bathroom and separate shower cubicle on the first floor. The shower has not been used for some time as it was leaking. The manager stated that there are now definite plans to have this replaced. The manager also provided a comprehensive repair and refurbishment programme of works to be completed in the coming months. The state of repair and decoration of the home is generally good and it is positive to note that repairs and refurbishments are usually being planned in a way that means that an acceptable standard is maintained. The Kitchen is to be completely replaced in the near future and everyone will be going on holiday at the time that this work is carried out.

The house continues to be kept clean and hygienic.

Staffing

The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

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

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Standards 32, 34, 35 & 36 were assessed at this inspection.

The people who use this service can feel confident that there is a committed staff team to meet their needs and that these staff are safe people to support them. The frequency of staff supervision has also improved.

EVIDENCE:

The staffing rota continues to show that on average three members of staff on duty during the day with one member of staff sleeping in and one awake at night. The staffing levels continue to provide for the necessary support, which creates the opportunity for supporting people to participate in leisure and social activities and generally be involved in the wider community. It is recommended that the actual hours of duty are included on the staff rota to ensure that a fully accurate record is kept.

Staff files were examined the week before this inspection at the registered provider's company head office. CRB checks were seen for all new and longer

term employed staff had these completed prior to commencing direct unsupervised care and support work with the people who use this service. The registered provider has organisationally made improvements and the recruitment process achieves the necessary standards required to safeguard the people who use the service. Staff all receive an induction to not only the organisation and service but this also includes safety and communication awareness training where necessary for any of the people who use the service. One relative said in their questionnaire that they returned that there were a lot of temporary staff and a high turnover of staff. This does not appear to be the case at present although there were three new staff recruited earlier this year. There is almost a fully permanent staff team in post and so the perception of there being a reliance on temporary staff should change as it would now not be necessary to use agency staff frequently.

The staff team continue to have access to a comprehensive training and development programme. Appraisals are also carried out in order to evaluate performance as well as identify training needs for the coming year. A total of 2 permanent staff (20%) are on program and undertaking NVQ Level 2. Of the staff team 4 permanent staff (40%) have already achieved NVQ Level 2 or above. Once the current trainees have successfully completed the home will meet the 50% minimum that is required. This is on track to be achieved by August 2008.

The previous key standards inspection identified that supervision records showed that some staff had not received supervision every other month, although this was at that time showing signs of improvement. A monthly pre planned supervision schedule has now been put into place, which should help the service to monitor supervision levels. This should also assist to quickly identify if any staff are not achieving the monthly frequency of supervision that the registered provider now expects. The previous requirement in this regard is considered to be met although supervision frequency will be examined again at a future inspection.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

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

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Standards 37, 39 & 42 were assessed at this inspection.

The people who use this service can feel confident that they are living in a home that has effective management oversight.

EVIDENCE:

The manager has now completed the registration process with the Commission as was required at the previous key standards inspection. This person has worked at the home for a number of years in previously more junior positions and is very familiar with the needs of the people who use the service and the way in which the registered provider operates.

Monthly visits under Regulation 26 are occurring and copies of the reports of these visits are being sent to the Commission as requested. This will continue for the time being in order for the Commission to monitor that the improvements that were previously required are continuing to be successfully achieved. Given the viewpoints expressed about the variable quality of service that is perceived by some relatives this should be explored further by the home and registered provider.

The necessary health and safety checks have all been completed and fire alarms are being tested at regular intervals as previously required.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	3
7	3
8	3
9	3
10	3

LIFESTYLES	
Standard No	Score
11	X
12	3
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
Standard No	Score
31	X
32	3
33	X
34	3
35	3
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	X
39	3
40	X
41	X
42	3
43	X

No

Are there any outstanding requirements from the last inspection?

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

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.	YA22	Given the views expressed in feedback from at least two of the people who live here it would be timely for the service to clarify with all service users the understanding of the complaints procedure.
2.	YA32	It is recommended that the actual hours of duty are included on the staff rota to ensure that a fully accurate record is kept.
3.	YA39	Given the viewpoints expressed about the variable quality of service that is perceived by some relatives this should be explored further by the home and registered provider.

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