



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Domiciliary care agencies

Name:	Ideal Home Care Solutions Ltd
Address:	63 Inchbonnie Road South Woodham Ferrers Chelmsford Essex CM3 5FD

The quality rating for this domiciliary care agency is: three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Diana Green	1 0 0 9 2 0 0 9

This is a report of an inspection where we looked at how well this agency is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example User focussed services)

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people using this domiciliary care agency experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Domiciliary Care Agencies can be found at 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

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

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the agency

Name of agency:	Ideal Home Care Solutions Ltd
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Fax number:	05601162786
Email address:	info@idealhomecaresolutions.com
Provider web address:	www.idealhomecaresolutions.com

Name of registered provider(s):	Ideal Home Care Solutions Limited
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Conditions of registration:									
The registered person may provide the following categories of service only: Domiciliary Care Agency - Code DCA, to service users of the following gender: Either									
Date of last inspection									
Brief description of the agency									
<p>Ideal Homecare Solutions domiciliary care agency is based at an office in South Woodham Ferrers town centre. The agency is privately run and the registered proprietor and manager is Sheila Mukumba.</p> <p>The agency's accommodation consists of a well-equipped office on the ground floor of an office building. The usual office equipment and furniture is to be found at the premises although staff training facilities are available at based at Chelmsford. The agency was first registered by us on 2nd March 2007.</p> <p>Ideal Homecare is an expanding business that provides a service in the Chelmsford and South Woodham Ferrers areas and more recently in Clacton. The agency offers a variety of personal care services, which include home support, a sitting service, night awake and night asleep care and a 24 hour respite service for both private and contracted service users and live-in care support. The agency also offers social and domestic support.</p> <p>Fees for services are made known to service users but these vary according to the type of service required. Inspection reports will be available from the manager and can also</p>									

Brief description of the agency

be obtained via the CQC website at www.cqc.org.uk

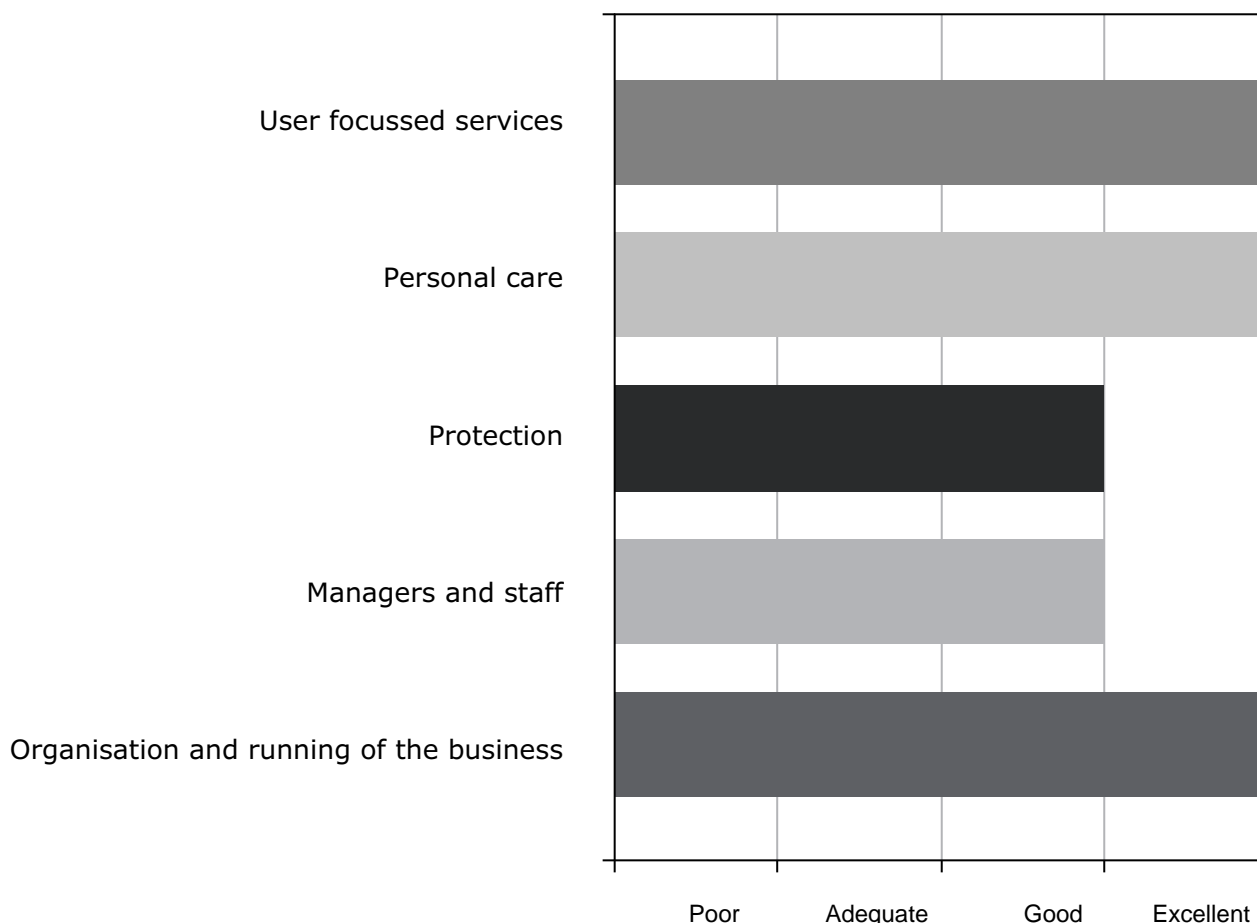
Summary

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

The quality rating for this agency is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 3 star. This means that people who use this service experience excellent quality outcomes.

This unannounced inspection took place on 10th September 2009. All the Key National Minimum Standards (NMS) for Domiciliary Care and the intended outcomes, were assessed in relation to this service. The report has been written using accumulated evidence gathered prior to and during the site visit, including the agency's Annual Quality Assurance Assessment (AQAA).

The Annual Quality Assurance Assessment (AQAA), which is required by law to be completed by the service, is a self assessment that focuses on how well outcomes are being met for people using the service. This was completed by the registered provider and returned to us prior to the visit to the home. Information received in the AQAA

provided us with some detail to assist us in understanding how the registered persons understand the service's strengths and weaknesses and how they will address them.

The inspection process included reviewing documents required under the Domiciliary Care Regulations. A number of records were looked at in relation to people using the service, staff recruitment and training, staff rotas and policies and procedures. Time was spent talking to the staff, the registered manager and care manager. Surveys were sent to people using the service, their relatives/representatives, staff and health and social care professionals and their comments have been included in this report. The management and staff were welcoming and helpful throughout the inspection.

What the agency does well:

The agency provides clients with good standards of care planning and personal care that are based on a person centred care approach. There is full involvement of the client or representative in determining how their care will be provided. Assessments including risk assessments are undertaken prior to commencement of the service or in urgent situations at the initial visit. Care is regularly reviewed and care plans updated as needs change with referrals made to other agencies, for example for equipment as relevant. Care workers are robustly recruited, well trained and well supervised. Care workers are matched to the client following their assessment, showing the agency aims to ensure clients are cared for by people with the right skills. Good customer is central to the organisation. The telephone response is prompt and administrative staff helpful and professional. The quality assurance programme is comprehensive and includes regular service user consultation and feedback. Quarterly monitoring reports are produced with action planned to address issues, showing that the agency aims to continually improve the service. There is good liaison with the social care team who told us that the service is very flexible and responsive and appropriately meets clients' needs. The manager is 'hands on', regularly visiting and providing care for clients, ensuring she is closely monitoring the service provision. The manager is a registered nurse with additional qualifications and there was evidence of substantial training having been undertaken since the previous key inspection. and care coordinators plus team leaders for each geographical area. Care workers are well equipped with personal protective clothing that is provided in each service users' home enabling good access for staff.

What has improved since the last inspection?

The agency has expanded since initial registration and moved to new well appointed office accommodation that is located in the town centre of South Woodham Ferrers. The premises are accessible to the geographical area it covers and there are car parking facilities.

A sound management structure that is appropriate for the size and complexity of the business has been established.

The areas that staff cover have been restructured into defined geographical rounds with the aim that care staff are able to arrive at the allocated time. Care coordinators and team leaders support care workers in each of the designated 'rounds'.

What they could do better:

The induction programme for one recently appointed care coordinator was brief and there was no written evidence of observation of practice or assessment of competencies.

Staff accident records were not filed separately to protect personal information.

The service does not currently monitor the additional hours staff may work for other organisations.

Training should be provided in specific care conditions relevant to the client group, for example multiple sclerosis, stroke, Parkinson's, diabetes etc.

If you want to know what action the person responsible for this agency is taking

following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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User focussed services

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People are confident that the agency can support them. This is because there is an accurate needs assessment, which they, or someone close to them, have been involved in. This tells the agency all about them and the support they need and is carried out before they are offered a personal domiciliary care service.

People and their relatives can decide whether the agency can meet their support needs. This is because they, or someone close to them, have got full, clear, accurate and up to date information about the agency. People know that the agency can meet their needs because staff have the skills and experience to give them the care they need. If they decide to use the agency they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the agency that includes how much they will pay and what the agency provides for their money. People are confident that the agency handles information about them appropriately. This is because the agency follows their policies and procedures. They get a consistent, and flexible care service from reliable and dependable staff members.

This is what people using this domiciliary care agency experience:

Judgement:

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

People planning to use this service can expect to have the information they need about the agency and to have an assessment prior to receiving a service.

Evidence:

The agency had a statement of purpose and service user guide that had been reviewed since the previous key inspection. Copies of both were provided during the visit to the service and were seen to meet regulatory requirements. We were informed that a copy of the statement of purpose, service user guide and brochure are made available to prospective clients. This ensures that they had sufficient information about the service prior to making a decision.

The assessment process was discussed with the manager during the visit to the

Evidence:

agency. Referrals are received from the local authority (approximately 90%), privately funded clients or those receiving direct payments. A community care/single assessment is obtained from the local authority detailing the individuals' needs and a decision made to accept the referral based on staff availability. An assessment is then undertaken by the manager or one of two supervisors employed by the company. This may be in the client's home or hospital. The assessment of needs is then undertaken that details the client's history, healthcare needs, specialist needs for example equipment and personal care needs. A comprehensive risk assessment is undertaken of the environment, moving and handling and any specific risks that are relevant to the client. On completion an agreement to the care plan is obtained and a copy is held by the client and at the agency. A copy of the contract is forwarded to the client prior to commencement of the service. Care staff are matched to the client ensuring they have the right skills to enable them to provide appropriate care. Care staff have access to the client's file at the office and are therefore able to have information of their care needs prior to undertaking their visit to the client's home. Records viewed during the visit to the agency office were completed in detail. Three weeks following the initial set up, the care plan is reviewed and any changes made. Monitoring visits are regularly undertaken and care plans reviewed every three months and confirmed from the records viewed during the visit to the agency. Procedures are in place for staff to report any changing needs so that a reassessment can be undertaken. Three people receiving a service from the agency who completed surveys told us they had a written care plan.

Personal care

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the agency is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. Their right to privacy is respected and the support they get from workers is given in a way that maintains their dignity. If people take medicine, they manage it themselves if they can. If people cannot manage their medicine, the agency supports them with it in a safe way.

People's needs and goals are met. The agency has a plan of care that the person, or someone close to them, has been involved in making. They are able to make decisions about their life, with support if they need it, as the staff promote their rights, choices and independence.

This is what people using this domiciliary care agency experience:

Judgement:

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

People who use this agency can expect to have their needs met by care plans that are regularly reviewed, to have their privacy and dignity respected and be safeguarded by robust medication policy, procedures and practices.

Evidence:

The agency's care planning arrangements were discussed with the manager. This is based on a person centred approach that aims to treat clients as individuals, enabling them to make decisions about their care and to have their choices respected. The AQAA informed us that where clients have stated a gender preference of care worker this is considered and action taken to provide it. This demonstrates that the agency makes efforts to meet individual needs and choices. Staff are supported by guidance detailing the 'Principles of Person Centred Care in Domiciliary Care'. This is an informative document that provides a framework for them to work to, detailing the eight care values (individuality, rights, choice, privacy, independence, dignity, respect, partnership, confidentiality) and key information about the care plan documentation. Care plans are developed from the individual's assessment and are kept in the person's home with a copy also being held in the office. Formal reviews of care plans are undertaken annually and as needs change. Care plans seen at the visit to the

Evidence:

agency were comprehensive and had been regularly reviewed. Those seen included evidence of consultation with the client or relative and a consent form signed by the client or their relative. When asked 'does your care plan say what you actually want from the service?' two of the three people using the service told us 'usually' and one said 'always'. When asked 'do the agency staff do all the things in your care plan?' all three told us 'always'.

The care plans viewed included details of the client's preferred name, which was discussed during the initial assessment. Clients' needs in respect of privacy and dignity were detailed in the individual's care plan and confirmed from the care records viewed. We were informed that staff received instruction during their induction and ongoing training on privacy and dignity. Guidance for care staff regarding communication with clients was also included in the staff handbook. When asked 'is your privacy and dignity respected by the agency staff?' three people receiving a service told us 'always'.

The staff handbook included the guidance for staff on assisting with medication. This stated that only staff who have received training in medication and assessed as competent were to assist with medication and that staff were only to assist with oral or topical medication. All staff are required to undertake medication training during induction and to be assessed as competent prior to assisting clients. This was confirmed from the record of training provided during the visit to the agency. A healthcare professional told us that staff administered medication contrary to the agency's policy and did not receive adequate training for this. This was raised with the manager who refuted the allegation. Three people receiving a service stated that they were not assisted with medication and four staff who completed surveys told us they had been given training that gave them enough knowledge about healthcare and medication.

Protection

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People using the agency are safeguarded. This is because the agency follows health and safety procedures, keeps records appropriately and ensures their staff follow policies and understand the importance of assessing risks. The agency safeguards people from abuse, neglect and self harm and takes action to follow up any allegations.

People are confident that their property and money will always be safe as the agency follows the right procedures. Their health and rights are safeguarded as the staff keep an accurate record in their home of all the support they give them.

This is what people using this domiciliary care agency experience:

Judgement:

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

People are assured that their health and safety is upheld and they are protected by the agency's safeguarding policy, procedures and practices.

Evidence:

The staff handbook included a section on health and safety. This informed them that the initial risk assessment will have been undertaken and documented in the care plan prior to them being assigned to a client. Guidance on use of electrical equipment in clients home was provided in the handbook. Staff responsibilities were also clearly stated in the handbook requiring them to adhere to the health and safety policy. This included for example the requirement to report accidents and incidents and any hazards and to undertake and review risk assessments. The staff handbook also included procedures to meet legislation referred to in the standard, for example accident and incident reporting, use of personal protective clothing (e.g. gloves and aprons)etc. Procedures were also included for staff guidance on handling aggressive behaviour by clients.

Evidence of a risk assessments undertaken were seen in the care records viewed and included risk assessments of the environment, fire, etc. The training programme comprised a rolling programme of mandatory training that included moving and

Evidence:

handling and the training records seen confirmed that care staff received updated training annually. The agency had a complaints procedure that was included in the statement of purpose and included timescales complainants can expect for a response and met the recommended standard. A log of complaints was maintained and seen during the visit to the agency. We were informed that the agency undertook regular reviews of complaints to ensure trends were monitored and action was taken to address issues raised. Three people receiving a service told us they knew how to make a complaint and one said I am 'generally well satisfied with the service.' The manager and supervisors undertook risk assessments in the person's home at the initial assessment visit and during monitoring visits and reviews. This was confirmed from the records seen during the visit to the agency and demonstrated that the agency were aware of their responsibilities and aimed to ensure the safety of staff and clients by minimising risks. Staff are supported by the policies of the agency including a lone worker policy and have use of mobile phones for their safety and an on call manager rota was also available during out of hours for staff advice and support. Three of the four staff who completed surveys told us they knew the agency's policies and procedures on working on your own.

The agency had a safeguarding adult's policy and procedures for staff guidance. The staff handbook, a copy of which was provided during the visit to the service, contained safeguarding adults guidance and referred them to the agency's whistle blowing procedures for reporting any allegations of abuse. The staff training records seen confirmed that staff received safeguarding training during induction with updated training provided. The agency had clear policies and procedures for care workers on the safe handling of money and property belonging to people using the agency. These were confirmed to preclude care workers supplied by the agency being involved in the making or benefiting of wills. A client who completed a survey told us 'care staff have been kind and considerate at all times'.

Managers and staff

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People have confidence in the staff at the agency because checks have been done to make sure that they are fit to do the job. Their needs are met and they are supported as the staff get relevant training, support and supervision from their managers.

People have safe and appropriate support because the staff providing their care are qualified and competent. They are confident that the staff that provide their support are clear about their roles and responsibilities.

This is what people using this domiciliary care agency experience:

Judgement:

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

People using this agency can expect to be cared for by staff who are robustly recruited, well trained and well supervised.

Evidence:

The recruitment process was discussed with the manager and a sample of records were viewed. We were informed that a human resources coordinator had been appointed since the previous key inspection who is responsible for recruitment of new staff and ensuring all relevant checks are completed prior to appointment. Shortlisting of applicants is undertaken by the manager with face to face interviews carried out at the agency premises. The recruitment process was seen to operate in line with equal opportunities legislation. The AQAA informed us that the company employs a racially diverse group of staff that is representative of the local community showing that the agency aimed to meet the diversity of clients.

The personal files of four recently employed staff members were inspected. These contained evidence of a full employment history, details of health record and immunisation status and the required checks had been obtained (two satisfactory references, CRB/POVA checks) and evidence of identification and photographs obtained before the individuals commenced employment for the agency. The files contained a copy of a statement of terms and conditions of employment. Evidence that staff were provided with copies of the Code of conduct and practice set by the

Evidence:

General Social Care Council was seen during the visit to the service. All three staff who completed surveys told us that their recruitment was done fairly and thoroughly.

The records of four recently appointed staff were examined and confirmed that induction was provided to meet common induction standards. The manager is a registered nurse and midwife with an M.Sc. in Health Service Management and is a qualified assessor with training in supervision. There was evidence of recent updated training having been undertaken and confirmed from the files viewed. We were informed that the organisation has an internal trainer and a copy of the training/induction programme for 2009 was provided. A rolling programme of training is provided at another site that includes mandatory training (moving and handling, first aid, health and safety, safeguarding adults). The training records were viewed and confirmed that staff received updated training as required. A range of training sessions were also provided in subjects relating to care such as dementia, medication management, catheter, stoma and peg care. However there was no record of training being provided on specific care conditions, for example multiple sclerosis, stroke, Parkinson's, diabetes. This would demonstrate that the agency aimed to ensure staff had the skills to enable them to provide appropriate care for clients with these conditions. One staff member told us 'they could make better arrangements to allow us to attend training sessions'.

The manager provided evidence that 16 from a total of 43 staff had a qualification at NVQ level 2 comprising 37%. This is less than that needed to meet the recommended standard of 50% of personal care to be delivered by workers NVQ qualified or equivalent. However the AQAA informed us that there had been problems with organisations fulfilling the NVQ training they had received funding to provide.

The arrangements for staff supervision were discussed during the visit to the agency. All staff have regular supervision and confirmed from the records. The AQAA informed us that care workers had regular supervision and an assessment of competencies is undertaken and training needs identified during annual appraisals. However for a recently appointed staff member who had transferred from another agency and had experience of care work, there was no record that they had received direct observation of practice or had their competencies assessed. The manager stated that it was her normal practice to record assessments. Another staff record viewed did confirm they had received direct observation of practice and had their competencies assessed. A staff member who completed a survey told us 'I have found that they really care about their employees and are very supportive'.

Organisation and running of the business

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People get consistent and planned support from the agency because the manager runs it appropriately with an open approach that makes them feel valued and respected.

People using the agency are safeguarded because it follows financial and accounting procedures, keeps record appropriately and ensures that their staff follow policies. If people have concerns about the agency they, or people close to them, know how to complain. Their concern is looked into and action taken to put things right.

This is what people using this domiciliary care agency experience:

Judgement:

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

People using this service can expect to receive care from a well managed agency that is run in their best interests.

Evidence:

The agency operates from designated premises located in the town centre of South Woodham Ferrers near to Chelmsford. The premises are secure and are provided on the ground floor. There is an open plan office that accommodates the Co-Director/Finance manager and support staff, a separate office for the manager, kitchen and toilet facilities. The premises contain equipment and resources necessary for the efficient and effective management of the service (computers, photocopier, fax machine and other office equipment. The management structure of the agency reflects the size of the agency, the volume and complexity of the work and comprises the registered manager, two supervisors, the finance manager, business development manager, HR coordinator, and two administrative assistants. The AQAA informed us that 'by working directly with staff on the ground and getting to know each of our users personally we are able to provide a service that best suits our user's individual needs and requirements'. Feedback from a social care professional confirmed this 'Ideal Homecare Solutions is always very flexible and responsive and in my experience, have always gone the extra mile with finding and working with creative care packages' and 'they have been particularly responsive at crisis points'.

Evidence:

The agency's complaints procedures were discussed with the manager. A summary of the complaints' procedure is included in the statement of purpose of which a copy was provided during the visit to the agency's office. The procedure included details of how the agency would investigate and the stages and timescales complainants can expect for a response together with the appeals procedure. One formal complaint had been received since registration of the service. The records confirmed that this had been investigated in line with the agency's procedures and appropriate action taken. The AQAA informed us that 'our good reputation that had been created previously with the local authority has been cultivated and enhanced, owing to open and constructive dialogue on a continual basis to best meet service users' needs'. This was confirmed from a social care professional who told us 'I have always been able to phone the care manager or her deputy to discuss issues or concerns'.

The AQAA was received from the agency as required. The information contained in the AQAA was comprehensive and demonstrated that the service recognises the importance of the AQAA and the need for it to be supported by appropriate evidence. The AQAA also showed that the agency continually evaluated the service and strived to improve outcomes for clients. The agency's quality assurance programme was discussed with the manager during the visit to the agency's office. We were informed that the agency had a quality assurance standards policy, a copy of which was provided during the visit to the agency's office. This detailed the various tools used to monitor the quality of the service and comprised clients' satisfaction questionnaires, spot checks, monitoring of client care plans, clients' daily record sheets, staff time sheets, clients complaints and staff meetings, supervision and appraisals. We were informed that an annual plan is developed and copies provided to clients and stakeholders. A copy of the service user questionnaire and feedback report was presented as evidence. The agency also produced a newsletter for clients (copy provided) demonstrating that the agency strived to continually improve the service.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this domiciliary care agency. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	21	To ensure recently employed care workers, including those in senior positions are competent, an assessment of their competencies should be undertaken and recorded.
2	21	To ensure care workers do not work excessive hours that may compromise their fitness to fulfill their duties, the manager should monitor the hours, if any, that they work for other organisations.
3	24	To ensure that personal information is safeguarded records of all accidents and incidents should be stored securely in accordance with the Data Protection Act 1998.

Helpline:

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Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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