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# Hainault Dental Practice

## Inspection Report

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## Overall summary

We carried out this short notice announced inspection on 28 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection due to concerns we received and to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

### **Our findings were:**

#### **Are services safe?**

We found that this practice was not providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

#### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

#### **Are services responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations.

### **Background**

Hainault Dental Practice is in Ilford in the London Borough of Redbridge. The practice provides NHS and private general dental treatment to patients of all ages.

The practice is situated close to public transport bus and train services.

The dental team includes the principal dentists who own the practice, two associate dentists, two dental hygienists, two dental nurse and one trainee dental nurses. The clinical team are supported by a practice manager and a receptionist.

# Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we received feedback from two patients.

During the inspection we spoke with the principal dentist, one associate dentist, two dental nurses and the practice manager.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Thursdays between 9am and 5pm.

Fridays between 9am and 1pm.

## Our key findings were:

- The practice appeared clean and well maintained.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice infection control procedures did not fully reflect published guidance. Staff did not have appropriate infection prevention and control training and some practice procedures were not in line with current guidelines.
- There were ineffective systems in place to deal with medical emergencies. Some of the recommended life-saving equipment and medicines were not available and some medicines were not in the recommended format or stored in accordance with the manufacturer's instructions.
- The practice had some systems to help them manage risk. Improvements were needed to ensure that risks were regularly assessed and managed. This

specifically relates to the Control of Substances Hazardous to Health (COSHH) 2002 Regulations (COSHH), infection control and the use of dental sharps.

- The practice had safeguarding processes. However staff did not have up to date training for safeguarding adults and children.
- The practice had staff recruitment procedures. However these were not followed and all appropriate and essential checks were not carried out when employing new staff.
- Improvements were needed so that the practice dealt with complaints positively and used learning from complaints to monitor and improve services.
- Improvements were needed to the arrangements to respond to the needs of patients with disability and the requirements of the Equality Act 2010.
- There was ineffective leadership and a lack of clinical and managerial oversight for the day-to-day running of the service. This relates specifically to the arrangements for monitoring and supporting staff to carry out their roles and monitoring the quality and safety of the services provided.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure specified information is available regarding each person employed and where appropriate, persons employed are registered with the relevant professional body.

# Summary of findings

## **Full details of the regulations the provider was not meeting are at the end of this report.**

There were areas where the provider could make improvements. They should:

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting considering the guidance issued by the General Dental Council.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA).

- Review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

Following our inspection the provider submitted details and documents to support the actions they were taking to address the shortcomings we identified. This demonstrated a commitment to making the required improvements.

We will check on these improvements when we next inspect the practice.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found that this practice was providing not safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Improvements were needed to ensure that all equipment was properly maintained and that the practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had some systems and processes to provide safe care and treatment. Improvements were needed to the systems to mitigate risks associated with COSHH and Legionella.

Staff knew how to recognise the signs of abuse and how to report concerns. However not all staff had completed training in safeguarding children and vulnerable adults.

Essential recruitment checks were not being undertaken for all staff.

The practice did not have suitable arrangements for dealing with medical and other emergencies. Improvements were needed to ensure the availability of the recommended emergency medicines and equipment.

Requirements notice



### Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The majority of dental care records were completed taking into account current guidance.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records

The practice had arrangements when patients needed to be referred to other dental or health care professionals. These included monitoring and following up on referrals made to ensure that patients were seen in a timely manner.

Arrangements were not in place to ensure that staff completed training relevant to their roles and where applicable ensure that staff completed the continuing professional development (CPD) required for their registration with the General Dental Council.

No action



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

No action



# Summary of findings

We received feedback about the practice from two people. They told us staff were polite and helpful.

Patients said that their dentist listened to them and helped them to understand the treatment provided including any options available.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

## **Are services responsive to people's needs?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs and ensured that patients received treatment in a timely manner.

Improvements were needed to the arrangements for how the practice considered patients' different needs and the arrangements to support them

Improvements were needed to the arrangements for responding to concerns and complaints.

**No action**



## **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

There was a defined management structure, but the lack of suitable oversight and management of systems affected the day to day management of the practice including monitoring staff recruitment, training and performance appraisal.

Improvements were needed to the systems to effectively assess and mitigate risks in relation to infection control, COSHH and Legionella had not been suitably assessed and mitigated.

Improvements were needed to ensure there were arrangements to monitor, review and improve the quality of the services provided through effective audits and reviews.

**Requirements notice**



# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays) )**

Staff we spoke with knew their responsibilities if they had concerns about the safety of young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the practice safeguarding lead who had responsibility for overseeing the practice procedures and they had undertaken training to an appropriate level.

Improvements were needed to the arrangements for ensuring that all staff received safeguarding training to an appropriate level depending on their roles within the practice. There were no training records for safeguarding for one associate dentist and two dental nurses.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for seven members of staff. There were no records of employment history and conduct in previous employment (references) for relevant members of staff including the dental hygienists and the associate dentists. There was no Disclosure and Barring Services (DBS) check for two of the dental nurses and there was no proof of identity for the dental hygienist and two dental nurses.

Improvements were needed to the systems to ensure that clinical staff maintained their registration with the General Dental Council (GDC) and had up to date professional indemnity cover. We found that up to date certificates in respect of GDC registration were not available for the dental hygienist and two dental nurses. There were no records in respect of professional indemnity cover for three dental nurses.

The practice had a fire safety procedure and this included a fire evacuation plan. A fire safety risk assessment had been carried out and fire safety equipment was serviced in line with current requirements. Improvements were needed so that periodic fire evacuation drills were carried out.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Improvements were needed so that rectangular collimators were used taking into account the Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. Improvements were needed so that the practice carried out radiography audits as per current guidance and legislation. We saw a report on dental radiographs which included the quality grades for dental X-ray images. There was no analysis of these and no arrangements to use these to monitor and improve quality.

### **Risks to patients**

We looked at the practice's arrangements for safe dental care and treatment.

The practice had current employer's liability insurance.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

The practice's health and safety policies were generic and not bespoke to the practice. Procedures in relation to safety were not in line with current relevant legislation and guidance.

Staff had undertaken training in basic life support. However there were ineffective arrangements to respond to medical emergencies and staff who we spoke with had limited awareness about how to use emergency equipment.

Emergency equipment and medicines were not available as described in recognised guidance. Medicines and equipment, which were available, were not checked to ensure that they were in working order.

# Are services safe?

The battery pack in the automated external defibrillator (AED) was found not be working. There were no child size self-adhesive pads for use with the AED. There was no portable suction unit, spacer or adult sized self-inflating bag with reservoir. There was no child sized oxygen mask and the syringes and airways were beyond their use-by date. The Glucagon injection was stored in a fridge, which was not working. The dispersible aspirin was not available in the recommended dosage.

The principal dentist provided us with evidence on the day following our inspection that the missing items had been ordered.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. Improvements were needed so that a risk assessment was in place for when the dental hygienists worked without chairside support.

Improvements were needed to the arrangements to minimise the risk that can be caused from substances that are hazardous to health. Staff were unable to locate the records in relation to hazardous dental materials used at the practice including the risk assessment and safety data sheets.

The practice was clean when we inspected and patients confirmed that this was usual.

The practice had some arrangements in place to help ensure clinical waste was segregated and stored appropriately in line with guidance. Improvements were needed so that clinical waste bins were located securely and that sharps bins were used and disposed of in line with current guidelines.

The practice had arrangements in place to disinfect dental unit waterlines and to monitor the quality of water. There was no risk assessment in place to assess and reduce the possibility of Legionella or other bacteria developing in the water systems.

The practice had procedures in place for transporting, cleaning, checking, sterilising and storing instruments. Improvements were needed so that these were in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. There

was no illuminated magnification device to check the suitability of cleaning of the dental instruments before they were sterilised. Sterile dental items were wrapped but not dated to show when the sterilising process had taken place.

The records showed equipment used by staff for cleaning and sterilising instruments were tested daily by staff. Improvements were needed so that the sterilising equipment was validated and maintained in line with the manufacturers' guidance. There was no record to show that the vacuum autoclave had undergone an annual service since May 2016.

The principal dentist arranged for servicing of this equipment following our inspection and provided evidence that this had been completed.

Infection prevention and control audits were not carried twice a year. We were shown two audit documents which had been completed in 2017 and 2018 respectively. There was no analysis of the findings to help monitor and improve infection control practices.

Improvements were needed to ensure that staff completed infection prevention and control training. There were no records in respect of infection control training for the associate dentists, one dental hygienist and two dental nurses.

## **Information to deliver safe care and treatment**

We looked at information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that dental and other records were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

## **Safe and appropriate use of medicines**

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

## **Track record on safety**

Staff told us that in the previous 12 months there had been no safety incidents. The practice manager was able to describe incidents which should be reported, acted on and reviewed to help improve safety.

# Are services safe?

## **Lessons learned and improvements**

There were arrangements for receiving safety alerts through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). Improvements were needed so that these arrangements

were consistent. Staff who we spoke with were unable to demonstrate that they had received or were aware of relevant alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA).



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that the dentists delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### Helping patients to live healthier lives

The dentists who we spoke with told us that they were providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

They told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments and this information was documented within patients dental care records, which we viewed. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

They described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

dental hygienist worked at the practice on a part time basis and provided dental treatments and advice on preventing dental disease and promoting oral health.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist who we spoke with told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients were

provided with detailed information and explanations in relation to their proposed treatments and aftercare. This included information in relation to the intended benefits, potential complications or risks and the cost of treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

### Monitoring care and treatment

The dentists who we spoke with described how they assessed patients' treatment needs in line with recognised guidance. The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories.

### Effective staffing

Some but not all staff new to the practice had a period of induction to help them familiarise themselves with the practices' procedures and ways of working.

There were ineffective systems to monitor staff training and ensure that staff undertook appropriate training and that relevant staff completed the continuing professional development (CPD) required for their registration with the General Dental Council. Up to date CPD records were not available for the dental hygienists, associate dentists or the dental nurses.

There were some arrangements in place to discuss and appraise staff's individual performance. We saw appraisal records for some dental nursing staff. However these did not include details of individual training and development needs.

### Co-ordinating care and treatment

The practice had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

We saw that staff treated patients at the reception desk and over the telephone respect and courtesy.

Patients said staff were supportive and they told us they could choose whether they saw a male or female dentist.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting was open plan in design and staff were mindful of this when dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of Accessible Information Standards and the requirements under the Equality Act

- Interpretation services could be made available for patients who did not have English as a first language.

The dentists who we spoke with described the conversations they had with patients to satisfy themselves they understood their treatment.

The practice's website provided patients with information about the dental team, the range of treatments available at the practice, costs of treatment and arrangements for booking appointments.

A range of patient information leaflets provided additional information.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example X-ray images, models and photographs which were shown to the patient to help them better understand their treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice took account of patient needs and preferences. Patients said that they were able to access appointments that were convenient to them.

Staff were clear on the importance of emotional support needed by patients when delivering care.

There was step free access to the practice and one of the dental surgeries was located on the ground floor. There were adapted toilet facilities with a hand rails and a call bell. Improvements were needed so that the toilet facilities were accessible as they were situated behind the reception desk and not easily accessible.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice displayed its opening hours in the practice and on the practice website.

The practice had an efficient appointment system to respond to patients' needs. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. Emergency appointments, where possible, were available each day.

### Listening and learning from concerns and complaints

The practice had with a complaints policy which described how complaints and concerns should be investigated and responded to.

Information was available to patients which explained how to make a complaint or raise concerns.

The practice manager was responsible for dealing with complaints and about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. They told us that they would acknowledge the complaint and refer concerns to the dentists to investigate. The practice manager or the principal dentist would respond to the concerns raised.

We looked at two complaints the practice had received within the previous 12 months. There were no systems for learning from concerns raised and sharing this learning to help improve services.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The practice provided NHS and private general and cosmetic dental treatments and had arrangements in place to review patient and service demands and plans to ensure that the practice had the capacity to meet these.

Improvements were needed to the practice systems, policies and procedures to ensure that these reflected relevant guidelines and were adhered to and fully embedded to effectively underpin the management and the delivery of the service.

### **Vision and strategy**

There was a vision to deliver patient focused care and to provide high quality general and cosmetic dental treatments. Staff who we spoke with were aware of the practice vision and strategy.

### **Culture**

Improvements were needed so that the culture of the practice supported learning and improvement and that staff were supported to deliver services in line with current legislation and guidance.

### **Governance and management**

There were some processes for identifying and managing risks. Improvements were needed to ensure that some of the processes for managing risk were clear and effective. This related to ensuring that risks associated with areas including the management of dental sharps and medical emergency procedures, COSHH, and infection control were assessed and mitigated.

### **Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

### **Engagement with patients, the public, staff and external partners**

The practice involved patients and staff to support patient focused services.

The practice used patient surveys, comments and feedback to obtain patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

### **Continuous improvement and innovation**

Improvements were needed so that there were systems and arrangements in place to monitor and improve the quality and safety of the service. This related to ensuring that audits in relation to infection prevention and control, and dental radiography were carried out in line with current guidance and regulation and that there were systems in place to review and learn from these.

There were limited arrangements to review and appraise staff performance and to support members of staff to develop skills, knowledge and experience.

Improvements were needed to the arrangements to ensure that qualified clinical staff completed 'highly recommended' training and continuing professional development as per General Dental Council professional standards.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• There were ineffective arrangements for dealing with medical emergencies and to ensure that the recommended emergency medicines and equipment were available for use in the event of medical emergency, taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.</li><li>• There were ineffective arrangements for assessing and mitigating risks associated with infection prevention and control. Legionella, COSHH and use of X-ray equipment.</li><li>• There were ineffective arrangements for ensuring that a sharps risk assessment had been undertaken and staff followed relevant safety regulation when using needles and other sharp dental items.</li><li>• There was no record to show that the vacuum autoclave had undergone an annual service <b>check</b> since 2016.</li></ul> <p><b>Regulation 12 (1)</b></p>

Regulated activity	Regulation
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This section is primarily information for the provider

# Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were limited systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular:

- Audits were not carried out in line with national guidance.
- There were limited arrangements in place for ensuring that all relevant staff had suitable immunity against vaccine preventable infectious diseases.
- There were limited arrangements for ensuring that the practice policies and procedures were adhered to such as those for managing and responding to complaints.

**Regulation 17 (1)**

## Regulated activity

Diagnostic and screening procedures

Surgical procedures

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

There were limited systems and processes that enabled the registered person to ensure that staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

In particular:

- There were no processes established for the on-going assessment, supervision and appraisal for staff.
- There were limited systems in place to ensure that staff undertook periodic training and updates in areas relevant to their roles and for ensuring that clinical staff undertook continuing professional development as per General Dental Council professional standards.

**Regulation 18 (1) (2)**

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular:

- There were ineffective processes established for ensuring that appropriate checks were carried out

This section is primarily information for the provider

## Requirement notices

including determining for each person employed their identity, employment history, proof of conduct in previous employment and registration with their appropriate professional body.

### **Regulation 19 (3)**