Denteam Dental Centre

# Denteam Dental Centre

## Inspection Report

527 Earlham Road,
Norwich
NR47HN
Tel: 01603406666
Website: www.denteam.co.uk

Date of inspection visit: 17 April 2018
Date of publication: 15/05/2018

## Overall summary

We carried out this announced inspection on 17 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection 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 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 this practice was providing safe care in accordance with the relevant regulations.

**Are services effective?**

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

**Are services caring?**

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

**Are services responsive?**

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

**Are services well-led?**

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

**Background**

DenTeam Surgery is in Norwich and provides mostly NHS and some private treatment to patients of all ages. It serves about 78,000 patients and opens on Monday to Thursday, from 8.20am to 5.30pm and on Fridays from 8.20am to 4.30pm. It also opens one Saturday morning a month, from 8.50am to1pm.

There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes six dentists, a practice manager, nine dental nurses and four reception staff. The practice has six treatment rooms.

# 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 collected 43 CQC comment cards filled in by patients and spoke with three other patients.

During the inspection we spoke with three dentists, the practice manager, two receptionists and two nurses. We looked at practice policies and procedures, and other records about how the service is managed.

**Our key findings were:**

- We received positive comments from some patients about the dental care they received and the staff who delivered it. However, other patients raised concerns with the behaviour and attitude of one dentist.
- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting adults and children.
- The appointment system met patients' needs and the practice opened one Saturday a month. Text and email appointment reminders were available.
- The practice was clean and well maintained, and had infection control procedures that reflected published guidance.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients' complaints were managed well, although learning from them was not shared across the staff team.
- There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.
- The provider did not have all emergency medicines or equipment in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice
- Systems to ensure the safe recruitment of staff were not robust, as essential pre-employment checks had not been completed.
- Risk assessment to identify potential hazards and audit to improve the service were limited.
- Not all staff received regular appraisal of their performance and none had personal development plans in place.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This includes the recording and monitoring of significant events; assessing potential risks, strengthening audit systems and ensuring all staff receive regular appraisal of their performance.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff.

**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 staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.
- Review procedures for effectively managing staff performance.
- Review the training, learning and development needs of staff members and implement an effective process for the on-going assessment and supervision of all staff employed.
- Review the practice's arrangements for ensuring good governance and leadership.

# 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?**

No action

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

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments. The practice did not have suitable arrangements for dealing with medical and other emergencies, as essential equipment was missing. There were sufficient numbers of suitably qualified staff working at the practice, although recruitment practices were not robust.

Untoward events were not always reported appropriately and learning from them was not shared across the staff team. The assessment of potential hazards was limited, and no risk assessments had been completed for legionella and the use of sharps.

**Are services effective?**

No action

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. Dentists mostly used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

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

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

**Are services caring?**

No action

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

We received feedback about the practice from 43 patients. They were positive about all aspects of the service the practice provided. Patients spoke positively of the dental treatment they received and of the caring and supportive nature of the practice's staff. Staff gave us specific examples of where they had gone out their way to support patients. We also received a number of concerns about the attitude and behaviour of one dentist within the practice.

# Summary of findings

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

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

**No action**

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

Routine dental appointments were readily available. Patients told us it was easy to get an appointment and the practice opened one Saturday morning a month. The practice had made reasonable adjustments to accommodate patients with disabilities including downstairs surgeries, a fully accessible toilet and level access for wheelchair users.

Complaints were managed effectively, although learning from them was not shared across the staff team.

**Are services well-led?**

**Requirements notice**

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

The staff told us they enjoyed their work and felt supported by the principal dentist and practice manager. However, we found a number of shortfalls indicating that the practice's governance procedures needed to be improved. This included the analyses of untoward events, the availability of medical emergency equipment, the management of legionella, recruitment procedures and staff appraisal. The practice's polices and procedures had not been regularly reviewed to ensure they were up to date and met with current guidelines and legislation.

# Are services safe?

## Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children and vulnerable adults and had received training for their role. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Contact information for local protection agencies was available in each of the treatment rooms making it easily accessible. Staff told us there was a system to highlight vulnerable patients in dental records e.g. children and adults where there were safeguarding concerns, or patients with special needs. Not all staff had a disclosure and barring check to ensure they were suitable to work with vulnerable adults and children.

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

The practice had a business continuity plan describing how it would deal with events that could disrupt the normal running. This was kept off- site and contained relevant contact numbers.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice did have a recruitment policy to help them employ suitable staff, but this was not in line with legislation. We viewed recruitment paperwork for two recent staff members and found that essential pre-employment checks had not been undertaken such as a disclosure and barring checks, and references. The practice had not kept a record of employment interviews to demonstrate they had been conducted fairly and in line with good employment practices.

Staff told us they had the equipment needed for their work and repairs were manged effectively. The practice ensured facilities and equipment were safe and that most equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment such as extinguishers were regularly tested. There was no evidence to show that the practice's gas boiler had been serviced annually.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and we found the required information in their radiation protection file. Rectangular collimation was used to reduce the dosage to patients. Mechanical and electrical testing had last been undertaken in December 2016, and was overdue.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits following current guidance and legislation, although results were not fed back to individual clinicians. Clinical staff completed continuous professional development in respect of dental radiography.

**Risks to patients**

We looked at the practice arrangements for safe dental care and treatment. A specific sharps risk assessment had not been undertaken in line legislation and not all dentists followed the relevant safety guidance when using needles and other sharp dental items. We noted two needle stick injuries that had been recorded in the practice's accident book. Sharps boxes we viewed in treatment rooms were not always sited safely and their labels had not been completed.

The practice had not undertaken a risk assessment to identify possible hazards in relation to Legionella. Staff were not monitoring water temperatures levels and were not managing dental unit water lines according to guidance.

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 had been checked. However, a risk assessment had not been completed for some staff who were not able to receive the vaccination due to a national shortage.

Staff knew what to do in a medical emergency and had completed training in resuscitation and basic life support. However, staff did not regularly rehearse emergency medical simulations so that they had a chance to practise their skills. Emergency equipment and medicines were available but did not follow guidance. For example, the following items were missing; airways sizes 0 to 4; masks, portable suction and a child's ambubag. There was no buccal midazolam or glucagon available and an insufficient

# Are services safe?

amount of adrenalin. Staff checked the equipment to make sure these were available, within their expiry date and in working order; but this was fortnightly and not weekly as recommended.

A dental nurse worked with the dentists and hygienist when they treated patients in line with GDC Standards for the Dental Team.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all materials used within the practice.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The practice's decontamination suite was well laid out with completely separate areas for clean and dirty processing. A 'dumb waiter' was used to transport instruments from upstairs surgeries rooms directly into the decontamination room.

The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We noted that the temperature of the water used to manually scrub instruments was not monitored to ensure it was at the correct level.

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

The practice did not undertake regular infection control audits to ensure it met essential minimum standards. We noted that areas of the practice were visibly clean and hygienic including the waiting area, toilet and stairway. We checked three treatment rooms and surfaces including walls, and cupboard doors were free from visible dirt. We noted cloth covered chairs in some treatment rooms and some minor damage to dental chairs, making them difficult to clean effectively. We also noted some loose and uncovered items in treatment room drawers such as suction tips, implant trays and burr stands that risked contamination in the long term.

Staff had their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. However, we noted that dentists did not treat trousers fully as uniform and left the premises in them and two nurses had long fingernails that compromised hand hygiene.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice.

**Information to deliver safe care and treatment**

We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate and legible. They were kept securely and complied with data protection requirements.

**Safe and appropriate use of medicines**

We noted that the batch number and expiry date of all local anaesthetics prescribed were recorded in patients' notes. Prescription pads were held securely and there was a tracking system in place to monitor their use and identify any theft.

Dentists we spoke with were not aware of the British National Formulary's website for reporting adverse drug reactions. An antimicrobial audit had been conducted but this had been undertaken practice wide and not at an individual level to ensure dentists were following current guidelines.

**Lessons learned and improvements –**

Staff we spoke with were not aware of any policies in relation to the reporting of significant events, or of other guidance on how to manage different types of incidents. We found staff had a limited understanding of what might constitute an untoward event. Although some events had been recorded in the practice's accident book such as needle stick and patient injuries, there was no evidence to demonstrate that these had been investigated and discussed to prevent their reoccurrence. No records at all had been made of other incidents that had occurred within the practice.

The practice received national patient safety and medicines alerts from NHS England and the practice manager told us she downloaded any relevant ones and kept them in a specific computer file. She told us she would sign up to receive the MHRA alerts directly.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment, care and treatment**

We received 43 comments cards that had been completed by patients prior to our inspection. The comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it, although some patients raised concern about the behaviour of one dentist.

Our discussion with the dentist and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Dentists kept dental care records containing information about the patients' current dental needs, past treatment and medical histories.

Audits of the quality of dental care records were not routinely undertaken as recommended by guidance to ensure they met national standards.

**Helping patients to live healthier lives**

A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. The practice manager told us that two dentists had visited local primary school to deliver oral health care sessions to pupils.

Although not all dentist were aware of the Delivering Better Oral Health toolkit, dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. They were aware of schemes available in supporting patients to live healthier lives. For example, local stop smoking services and directed patients to these schemes when necessary.

**Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Dentists understood their responsibilities under the Mental Capacity Act when treating adults who might not be able to make informed decisions. However, we found they had a limited understanding of Gillick competence, by which a child under the age of 16 years of age can consent for themselves.

**Effective staffing**

There well-established staff team, many of whom had worked there a number of years. Staff told us there were enough of them for the smooth running of the practice and we found that the dentists were supported by appropriate numbers of dental nurses and administrative staff. There was usually an additional dental nurse available each day to undertake dedicated decontamination duties, and a dental nurse always worked with the dentists and hygienists.

Staff new to the practice had a period of induction based on a structured programme, evidence of which we viewed for the most recent employee.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

**Co-ordinating care and treatment**

Staff confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. Staff were able to track and monitor individual referrals made via the NHS's local electronic referral system.

The practice also 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.

# Are services caring?

## Our findings

**Kindness, respect and compassion**

We received positive comments from patients about the quality of their treatment and the caring nature of the practice's staff. Patients described staff as caring and empathetic. One patient told us that staff were cheerful, with a sense of humour that helped alleviate their anxiety. Another patient stated that the dentist always made their young children feel at ease. Staff gave us examples of where they had assisted patients such as delivering their dentures, helping older patients with their mobility and ringing patients after complex treatment to check on their welfare. One nurse told us of the measures they implemented to help a very nervous four year old, and the additional appointment time given to a recently bereaved patient to allow them time to talk. During our inspection, we observed that reception staff were courteous and helpful to patients both on the phone, and face-to-face. We noted one reception staff member giving helpful advice about alternate providers of dental care to a patient.

We received information from the local Healthwatch indicating that some patients had received unsatisfactory treatment from the practice, describing dentists as uncaring and rough. We also viewed a list 24 patients between January and March 2018 who wanted to change from one particular dentist because they found them to be 'rude', 'rough' and 'uncompassionate'. These findings were also echoed in some recent patient complaints we viewed. The principal dentist was aware of these concerns but it was not clear what action he had taken to address them. No written records of any discussion or disciplinary action were available.

We received concerns that some patients had felt rushed during their appointment. We spoke with reception staff who told us that some patients were only allocated five minute appointment slots. We checked the number of patients seen for one dentist, and found they regularly saw 40-43 patients each day.

**Privacy and dignity**

All consultations were carried out in the privacy of treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. Patients' paper records were stored securely in lockable filing cabinets behind the reception desk and in a loft upstairs. The principal dentist told us that patients were only asked about their benefit entitlement in the treatment room, rather than on reception to maintain their privacy.

Waiting rooms were sited away from the reception areas, allowing for good privacy when reception staff were dealing with patients. The reception computer screens were not easily visible to patients and staff did not leave patients' personal information where others might see it. Reception staff were very aware of the need for patient confidentiality, evidence of which we viewed during our observation there.

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

Patients confirmed that most staff listened and discussed options for treatment with them. Dental records we reviewed showed that treatment options had been discussed with patients. Patients received plans that clearly outlined the treatment they would receive and its cost.

One dental nurse told us she always wrote down treatment options for a hearing-impaired patient to ensure they fully understood the choices available.

We viewed a sample information leaflets that were routinely given to patients on issues such as having a tooth extracted and fissure sealants. The practice had a website that gave patients information about tooth brushing and children's oral health.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice had made good adjustments for patients with disabilities. These included level access to the rear of the building, a fully enabled toilet, downstairs treatment rooms and a hearing loop. Staff we spoke with were aware of translation services and told us they often used them to assist patients who did not speak English.

Staff were not aware of Accessible Information Standards and the requirements under the Equality Act. Information about the practice was not produced in any other formats or languages, despite the practice manager telling us of patients who attended the practice and did not speak English.

**Timely access to services**

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. One patient reported that it was easy to get an appointment well in advance or at short notice. Each dentist had 30 minutes a day available for emergency appointments so they could see patients in dental pain. Information about out of hours services was available on the practice's answer phone message but not outside should a patient come when the practice was closed.

The practice offered a text and email appointment reminder service. Staff told us that patients who requested an urgent appointment were usually seen the same day. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. Reception staff told us this was usually the case and that dentists mostly ran to time.

At the time of our inspection, there was a two to three month wait for any new NHS patients wanting to join the practice.

**Listening and learning from concerns and complaints**

The practice had a policy that clearly outlined the process for handling complaints, the timescale within which they would be responded to, and details of external agencies they could contact if unhappy with the practice's response. Reception staff spoke knowledgeably about how they would handle a patient's concerns and complaints information was easily available in the reception and waiting areas. One member of the reception team told us she had undertaken training in handling complaints that she had found useful.

We viewed the paperwork in relation to recent complaints received by the practice and found it had been investigated and responded to in a professional, empathetic and timely way by the practice manager. However, learning from complaints was not routinely shared across the staff team to improve the service. It was not clear how complaints against the attitude of one dentist in the practice had been addressed.

# Are services well-led?

## Our findings

**Leadership capacity and capability**

The principal dentist had overall responsibility for the management and clinical leadership of the practice. He was supported by a practice manager who was responsible for the day-to-day running of the practice. There were lead staff roles for nursing, reception and administration to ensure accountability in these areas.

Staff spoke positively of the principal dentist and practice manager and felt that both were approachable and listened to them. Many expressed sadness at the practice manager's imminent departure, whom they described as very experienced and supportive.

**Vision and strategy**

The practice did not have a specific vision or strategy in place, other than to keep operating as usual and managing its sizeable NHS contract of 46,000 units of dental activity. Staff we spoke with were not aware of any forthcoming plans for the practice. Staff told us they had not been particularly involved or consulted about the appointment of a new practice manager.

**Culture**

Staff told us they enjoyed their job and felt supported, respected and valued in their work. Staff reported they felt able to raise concerns with the principal dentist and practice manager.

The dental nurses had mostly worked with the same dentists for a number of years. We noted this had led to some inconsistencies between them as a result. There were no systems in place to ensure consistency of practice and one nurse who worked upstairs told us she had no idea how the nurses downstairs did things. There were separate sporadic meetings for dentists and another for nurses, but no practice wide meetings to share information across the whole staff team.

The practice had a Duty of Candour policy in place, although not all staff were aware of their responsibilities under it, and there was no evidence to show the policy had been shared with them.

**Governance and management**

We identified a number of shortfalls in the practice's governance arrangements including the analysis of untoward events, the recruitment of staff, the management of known risks and the availability of emergency medical equipment. At the time of our inspection, only nursing and reception team members had received an annual appraisal so it was not clear how the performance of the dentists and practice manager was assessed. None of the staff had a training or personal development plan in place. There was no system to ensure professional registration and fitness to practice checks were undertaken for staff.

Although the practice had a number of policies and procedures in place, none of these had been signed, dated or reviewed to ensure they were still relevant and up to date for the practice. We found some policies that had not been reviewed in over five years, despite relevant legislation changing in this time.

Prior to our inspection, we had received some serious concerns from a number of different sources relating to a staff member. The principal dentist was aware of these, but it was not clear what action he had taken to address them. No written records of any discussion or disciplinary action were available. We were made aware that for two staff, the principal dentist's perceived inaction to address the situation had been one factor in their resignation.

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

The practice used patient surveys to obtain their views about the service. The last we were shown was conducted in December 2015 and there was no evidence to demonstrate that the results had been shared with staff or been used to improve the service. Patients had not been given any information about the results. The principal dentist did however tell us that in response to patients' concerns he had arranged additional parking spaces. Despite having a large NHS contract, the practice did not participate in the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback about the NHS services they have used.

**Continuous improvement and innovation**

There were limited quality assurance processes in place. No audits were undertaken to ensure dental records and infection control met national standards. There were no formal systems in place to monitor the dentists' performance such as peer review or appraisal.

# Are services well-led?

Staff told us they were not encouraged to undertake further learning and none had undertaken any additional training in areas such as dental radiography, oral health education or impression taking.

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<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**Regulation 17 (1) Good Governance**<br>The registered person did not have effective systems in place to ensure that the regulated activities at DenTeam were compliant with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example:<br>· There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.<br>· There was no system in place to ensure that yearly gas safety, and electrical and mechanical, testing of X-ray equipment was undertaken.<br>· Emergency medicines were not in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.<br>· Assessments of potential risk from legionella and sharps had not been undertaken.<br>· Audits for dental care records, infection control and radiography were not undertaken in line with national guidance. |

This section is primarily information for the provider

# Requirement notices

| | |
|---|---|
| | · Not all staff received regular appraisal of their performance and none had personal development plans in place.<br><br>· There was no system in place to ensure good governance and effective leadership in the practice.<br><br>**Regulation 17 (1)** |
| **Regulated activity** | **Regulation** |
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br>**Regulation 19- Fit and proper person employed**<br><br>The provider did not have robust recruitment systems in place to ensure that only fit and proper staff were employed by the practice.<br><br>**Reg 19 (1)** |