

Mr. Giles Saxon

Aspire Dental

Inspection Report

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Date of inspection visit: 7 October 2019
Date of publication: 21/11/2019

Overall summary

We carried out this announced inspection on 7 October 2019 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 that this practice was 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

Aspire Dental Practice is in Chesterfield, a short walk from the town centre and provides private dental treatment to adults and children.

The dental team includes one dentist, three part-time dental hygienists, two dental nurses who also have reception duties, one clinical dental technician and a practice manager. The practice has two treatment rooms and an instrument decontamination room. One of the treatment rooms is located on the ground floor. There is stepped access into the practice which would make it

Summary of findings

difficult for people who use wheelchairs and those with pushchairs. The practice does not have a ramp to overcome the steps. There are pay and display car parks close by for the use of patients.

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 15 CQC comment cards filled in by patients. All comments were highly positive about the practice staff and care and treatment they provided.

During the inspection we spoke with one dentist, two dental nurses, one dental hygienist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday: 9am to 6pm

Wednesday: 8.30am to 2pm

Thursday: 8.30am to 6pm

Friday: 9am to 6pm

Our key findings were:

- The practice appeared clean and well maintained although improvements to the dentist's stool were required in the upstairs treatment room.
- Improvements were needed in relation to infection control procedures to ensure they reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider's systems to help them manage risk to patients and staff was in need of review and improvement.
- Improvements could be made with regard to fire safety at the practice.
- Action should be taken to address outstanding recommendations from the Legionella risk assessment.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- The provider's staff recruitment procedures did not fully reflect the relevant legislation.
- 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.
- Improvements could be made to dental care records to ensure staff provided preventive care and supporting patients to maintain better oral health.
- The appointment system took account of patients' needs.
- There was room for improvement in respect of the leadership and developing a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider was not meeting are at the end of this report.






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

- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation and take into account relevant guidance.
- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental 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?	No action	
Are services effective?	No action	
Are services caring?	No action	
Are services responsive to people's needs?	No action	
Are services well-led?	Requirements notice	

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a designated lead person for safeguarding alerts within the practice. They had completed safeguarding training for children and vulnerable adults.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records. We saw examples of how this information was recorded within dental care records.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at six staff recruitment records. We noted the staff files did not have all the information required by Schedule 3 of the Health and Social Care Act 2008 Regulations. For example: there was no photographic identification, or any other form of identification for five members of staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Following the inspection, the provider sent us evidence that an in-date five-year electrical safety check had been completed together with a copy of the current Landlords gas safety certificate.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. A fire risk assessment had been completed internally by the practice manager and last reviewed in February 2019. We discussed fire training with the practice manager to clarify if they could demonstrate their competency to complete the fire risk assessment. The practice manager told us that no staff had completed fire training, and the practice did not carry out fire drills for patients and staff. The practice manager assured us that an external professional would be engaged to complete a fire risk assessment, and fire drills would be implemented.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available in line with the current regulations. However, we noted these were generic and did not relate to the specific equipment in the practice. The local rules did not identify who the Radiation Protection Advisor was. The provider used digital X-rays for the Orthopantomogram to enhance patient safety.

We saw evidence that the dentist justified and reported on the radiographs they took. The clinicians were not grading their own radiographs, this was being done by a dental nurse with a nurse's radiography qualification. The provider carried out radiography audits annually following current guidance and legislation.

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

Are services safe?

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had an infection prevention and control policy and procedures. We noted these were brief and lacked sufficient detail to guide staff to effectively follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. In particular we noted the procedure for manual cleaning was not detailed and the frequency of audits were not carried out as described in guidance. In relation to manual cleaning we noted the long-handled brush was

overdue to be replaced, and there was no evidence of an appropriate non-foaming cleaning agent being used or the water temperature being checked. Staff completed on-line infection prevention and control training and received updates as required.

There was a lead for infection control as recommended by the published guidance.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. We noted some dental instruments and instrument trays which were tarnished and could be ready to be replaced. We discussed this with the practice manager who assured us an audit of dental instruments would be undertaken.

We also noted the dentist's stool was in need of re-upholstering in the upstairs treatment room as this was damaged and the internal padding was exposed. In the upstairs treatment room the work surface should to be sealed at the back where it met the wall, to ensure effective cleaning can occur.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. There were records of water testing including sentinel water checks and dental unit water line management in place. The risk assessment had been completed by an external company in November 2016. The risk assessment had highlighted various action to be taken and the practice manager demonstrated that some but not all had been addressed. The practice manager assured us the action plan would form the basis for the review of the risks associated with Legionella.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Are services safe?

The practice carried out infection prevention and control audits annually, rather than twice a year as identified in national guidance. There were no action plans to demonstrate what action had been taken in response to the audits.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and noted that dental care records were often brief and did not always contain information about options and risks.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Patients updated their medical histories at each visit and they were then uploaded directly into the dental care records and were checked by the dentist.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

Antimicrobial prescribing audits had been completed in line with recognised guidance. The most recent audit was completed in April 2018 and was overdue.

Track record on safety and lessons learned and improvements

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the 12 months up to this inspection there had been no accidents recorded. There was a system for recording and analysing accidents although there were no records as the practice manager told us none had occurred.

There was a system and process for recording four significant events which occurred at the practice. In the year up to this inspection there had been no such events recorded.

There were adequate systems for reviewing and investigating when things went wrong. The practice learnt, and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had access to equipment such as digital X-rays for the orthopantomogram which were used to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health. We saw evidence of these discussions in dental care records.

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

The practice employed the services of three dental hygienists on a part time basis to assist and advise patients on good oral hygiene and improving their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed

charts of the patient's gum condition. Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance. There was limited evidence that consent had been recorded in the dental care records we saw. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had a consent policy and a mental capacity policy relating to the Mental Capacity Act 2005 (MCA). The policies gave limited information about the MCA and gave only brief information about best interest decisions. The practice manager assured us the consent policy would be re-written to bring everything into one policy and ensure all relevant information was contained within that policy. The policy did contain information on Gillick competence, by which a child under the age of 16 years of age may give consent for themselves.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance, however, this was not always recorded in the dental care records.

We saw that dental care records had last been audited for each dentist in September 2019. The audit had failed to identify any of the issues we identified in this inspection.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, for example all staff had completed basic life support training, and this was updated annually.

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The practice manager told us that staff did not have formal appraisals. Staff discussed their training needs and any developmental issues on an informal basis, but nothing was recorded.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems 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 referrals through an electronic referral and tracking system to make sure they were dealt with promptly. We noted that where referrals were made manually there was no log to track them or to record times, dates or actions.

Staff were aware of the risks associated with sepsis as the practice manager told us this had been discussed in training. We noted staff training records did not identify this. During the inspection staff printed relevant posters about sepsis to be displayed within the practice.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were helpful, friendly and professional. We saw that staff treated patients with dignity and respect. Staff were friendly towards patients at the reception desk and over the telephone.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The costs for private dental treatments were on display in the practice.

Patients said staff were compassionate and understanding.

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 areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into a private room near the reception desk. 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 to be involved in decisions about their care and were aware of the requirements under the Equality Act.

- If staff had need of an interpreting service, they had done so through a translation service available on their mobile telephones. Staff told us they had used this in the past and it had worked very well.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflets provided patients with information about the range of treatments available at the practice.

The dentist described the methods they used to help patients understand treatment options they discussed. These included for example photographs, study models and X-ray images. This allowed the dentist to show them to the patient or their relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

The practice had an access policy and a policy relating to patients' rights under the Equality Act 2010.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff sent e-mail and text messages to remind patients who had agreed to receive them when they had an appointment.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their practice information leaflet.

The practice had an efficient appointment system to respond to patients' needs. The practice had emergency slots available for patients who were in pain or who telephoned in an emergency. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

If patients required emergency out-of-hours treatment, they could ring the practice telephone number for further advice and contact.

Patients confirmed patients could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. This was displayed within the practice for the benefit of patients. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The complaints policy identified the time scale in which the practice would respond to any complaints received.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with the practice manager in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had received one complaint in the year up to this inspection. The records showed the practice had followed their complaints policy when dealing with this complaint.

Are services well-led?

Our findings

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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice manager had returned from long term sick leave on the day of this Inspection. We noted that in the practice manager's absence some governance tasks had not been completed, and there had been no deputy identified or assigned to ensure governance tasks were completed. For example, the six-monthly infection prevention and control audit had been completed on 30 September 2019 this was the first recorded audit since April 2018. There were no action plans for either audit to identify required improvements or learning points.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. Staff were proud to work in the practice. The practice focused on the needs of patients. Managers had systems to identify and act on behaviour and performance that was not consistent with the vision and values of the practice.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The practice had a duty of candour policy, and the practice manager showed a clear understanding of the principles that underpinned it.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

Staff knew the management arrangements and their roles and responsibilities within the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Systems to identify and manage risks were not effective. We identified risks in relation to:

- Staff files did not contain all the information required by schedule three of the Health & Social Care Act 2008 Regulations.
- The system to ensure fire safety was not effective. Staff had not completed fire training and the practice did not carry out regular fire drills.
- There were outstanding actions from the Legionella risk assessment which had been completed in November 2016.
- Dental care records did not always contain sufficient information to ensure risks were identified and addressed.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

We noted that systems and processes relating to quality and operational information was not always used to ensure and improve performance. There was no system for staff to receive an annual appraisal of their performance, audit cycles were not being completed and there were no action plans or learning logs to drive improvements and monitor performance.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. Patient feedback was managed through a company who contacted patients who had agreed to participate by e-mail. The results from January 2019 to July 2019 showed 13 patients had responded. All the feedback had been positive.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Are services well-led?

There had been 36 reviews submitted on line. All 36 had provided positive feedback about the service and staff.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The systems and processes relating to quality improvement were not effective. For example, radiograph audits were not checked by the dentist; infection prevention and control audits were not being completed as identified in national guidance; antimicrobial audits were overdue, audits of dental care records had failed to identify issues highlighted in this inspection; there was a lack of action plans and learning points had not been identified.

Staff members did not have annual appraisals of their performance. The practice manager told us that as it was a small team, any issues were discussed on an informal one to one basis. This included learning needs, general wellbeing and aims for future professional development. There were no records of these discussions kept.

Staff completed 'highly recommended' training as per the General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete their continuing professional development to meet the professional standards.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Staff files did not contain all of the information required by schedule three of the Health & Social Care Act 2008 Regulations.• The registered person's system to ensure fire safety was not effective. Staff had not completed fire training and the practice did not carry out regular fire drills.• The local rules for the X-ray machines were generic and did not relate to the specific equipment in the practice or identify who the Radiation Protection Advisor was• The registered person's infection control procedures and protocols were ineffective in that manual cleaning was not being carried out in accordance with national guidance.• There was damage to the dentist's stool in the upstairs treatment room which posed a risk to the infection prevention and control measures in that room.• The registered person had not ensured that outstanding actions from the Legionella risk assessment which had been completed in November 2016, had been addressed.

This section is primarily information for the provider

Requirement notices

- Dental care records did not always contain sufficient information to ensure risks/options were identified and addressed.
- Where referrals were made manually there was no log to track them or to record times, dates or actions.

Regulation 17 (1)