Dentalwork Ltd

Dentalwork

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Dentalwork is a private practice located in the London Borough of Lewisham. The premises consist of one surgery, a decontamination room, a waiting and reception area.

The staff structure consists of two dentists, two dental nurses and a practice manager. The practice offers appointments to patients Monday to Sunday from 9.00am to 7.00pm.

This is a new practice which registered with the Care Quality Commission (CQC) in November 2014. It has not previously been inspected. The owner who was also the practice manager was the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received three completed comment cards from patients. The feedback we received was positive about the service. Patients told us the care and treatment they received was good and they generally had positive experiences.

Our key findings were:

- The practice had processes in place to reduce and minimise the risk of infection

Summary of findings

- Clinical staff were up to date with their continuing professional development
- Patients' needs were assessed and treatment was planned and delivered in line with best practice guidance such as from the National Institute for Health and Care Excellence
- The practice had appropriate equipment and medicines to respond to a medical emergency in line with British National Formulary guidance
- There was lack of effective processes in place to ensure patients were safeguarded from the risks of abuse.
- The practice did not have processes in place such as undertaking audits and obtaining staff feedback to assess and monitor the quality of the service.
- The practice did not have effective systems to safely recruit staff members.
- The practice did not have appropriate arrangements in place to ensure that X-rays were taken safely and in line with health and safety requirements.
- The practice was not carrying out risk assessments to ensure the health and safety of staff and patients.

We identified regulations that were not being met and the provider must**:**

- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Ensure that systems and processes are established and operated effectively to prevent abuse of service users.
- 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 and the required specified information in respect of persons employed by the practice is held.
- Ensure that appropriate governance arrangements are in place for the safe running of the service.
- Ensure there are systems in place to monitor and assess the quality of the service.
- Ensure audits are undertaken at regular intervals. The provider must also ensure that all audits have learning points documented and resulting improvements can be demonstrated.
- Ensure that the registered person establishes and operates effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Ensure all staff are aware of their responsibilities under the Mental Capacity Act (MCA) 2005 as it relates to their role.
- Ensure that all necessary equipment is available to staff for the appropriate decontamination of used dental instruments including an illuminated magnifying glass to examine instruments.

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 this practice was not providing 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).

All clinical staff had received recent safeguarding adults and child protection training to the appropriate levels and clinical staff we spoke with demonstrated appropriate knowledge of safeguarding. However the practice manager, who was the safeguarding lead had not completed safeguarding training and he provider did not have a safeguarding policy or procedure in place for staff to refer to.

There was lack of processes to ensure safe recruitment and selection of staff to the service.

Processes were not in place for staff to learn from incidents and accidents. The practice had not carried out any risk assessments. There were processes to ensure some equipment and materials were well maintained and safe to use. There were no processes in place for the maintenance of the X-ray machine.

Recommended medicines and equipment were available to manage a medical emergency. The practice had an automated external defibrillator (AED) in line with Resuscitation Council (UK) guidance. Medical oxygen was available.

Following the inspection the provider told us that they had made a voluntary decision not to see any patients and they would also not book any further patients till all the concerns raised by us, especially around the lack of processes in place for the maintenance of the X-ray machine were rectified. Further to this they advised us that an appropriate lead for safeguarding had been appointed.

Are services effective?

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

The provider was assessing patients' needs and delivering care and treatment, in line with published guidance, such as from the National Institute for Health and Care Excellence and the Department of Health (DoH). Referrals were made and followed up appropriately.

Information was available to patients relating to health promotion and maintaining good oral health. Staff gave necessary advice to patients on oral health. Clinical members of the dental team were meeting their requirements for continuing professional development in line with General Dental Council (GDC) guidelines.

Some staff had received Mental Capacity Act (MCA) 2005 training; however not all staff demonstrated an awareness of their responsibilities under the Act.

Are services caring?

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

There were no patients attending for appointments on the day of our inspection; hence we were unable to speak with any patients. We received three completed CQC comment cards. We also reviewed the provider's patient satisfaction survey. The feedback we reviewed was very positive. Patients were happy with the service the received. They described staff as friendly and helpful and felt that a caring service was being provided.

The provider had taken reasonable steps to ensure patient confidentiality was protected. Patients' information was held securely, both electronically and in paper records. Computers were password protected so that they could not be accessed by unauthorised persons.

Summary of findings

Are services responsive to people's needs?

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

Patients had appropriate access to the service. Information was made available to patients through leaflets and posters in the patient waiting area. Urgent on the day appointment slots were available during opening hours and appropriate arrangements were in place for out of hours.

There was lack of suitable systems in place for patients to make a complaint about the service if required.

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 at the end of this report).

Policies and procedures were not effective to ensure the smooth running of the service. Most policies were generic templates and they had not been adapted to the practice. There was no governance arrangement in place for the safe recruitment and selection of staff to the service. Practice meetings were not being held and there were no mechanisms in place to update staff. There were no processes in place for staff development, no appraisals and no evidence of how staff were supported. Audits were not being completed and there were limited mechanisms in place for obtaining and monitoring feedback for continuous improvements.

Following the inspection the provider told us they had made a voluntary decision not to see any patients and that they would also not book any further patients till processes had been put in place to mitigate the concerns raised by us about the lack of governance arrangements and leadership issues.

Dentalwork

Detailed findings

Background to this inspection

The inspection took place on the 14 August 2015 and was undertaken by a CQC inspector and a dental specialist adviser.

We reviewed information received from the provider prior to the inspection.

The methods used to carry out this inspection included speaking with staff and reviewing policies records and documents. There were no patients booked for appointments on the day of the inspection; we were therefore unable to speak with any patients. We received three CQC completed comment cards

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There were no systems in place to receive safety alerts. The registered manager was unaware of what safety alerts were or which organisations they could be received from. At the time of our inspection there had not been any accidents or incidents since the practice had been open. We were unsure whether this was due to a lack of understanding of what should be reported or whether there were no actual incidents. There were no processes in place for learning from incidents to be shared with staff.

The practice had not had any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) incidences. The practice manager was not aware of RIDDOR reporting requirements.

Staff we spoke with were aware of their responsibility to raise incidents but were unsure of how to report them in the practice.

Reliable safety systems and processes (including safeguarding)

The provider did not have systems in place to ensure people were safeguarded from abuse. The provider did not have a safeguarding policy or procedure in place. We found a generic safeguarding policy and the provider confirmed they had downloaded the policy but had not personalised it to make it relevant to the practice. Staff did not know the details of the local safeguarding authority to report actual or suspected concerns to.

The practice manager was the lead for safeguarding, however they had not received safeguarding training and did not demonstrate appropriate knowledge of safeguarding issues.

All clinical staff had received recent safeguarding adults and child protection training to the appropriate levels and clinical staff we spoke with demonstrated appropriate knowledge of safeguarding.

Following the inspection the practice manager confirmed that one of the dentists, who had the appropriate knowledge and training had been appointed as the new lead for safeguarding and further training had been arranged for staff who had not completed the safeguarding training.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth].

Medical emergencies

The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Medicines were stored appropriately, and all were within their expiry date. Regular checks were carried out by the dental nurse to check medicines were still within their expiry date.

Medical oxygen and other equipment to manage a medical emergency was available in the practice in line with Resuscitation Council (UK) guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm].

All staff had completed training in management of medical emergencies. Staff we spoke with on the day were aware of where emergency medicines and equipment were stored.

Staff recruitment

The staff team consisted of two dentists, two dental nurses and a practice manager. All staff were recruited when the practice opened in November 2014. All clinical staff were registered with the General Dental Council.

The provider had not carried out pre-employment checks on staff before they commenced work in the practice. For example, staff did not have proof of identity, previous employment history or references in place. The provider did not have any recruitment policies or procedures in place.. Criminal records check were available for the dentists and the practice manager. The provider assured us that the Disclosure and Barring Service (DBS) checks for the nurses would be undertaken before any more patients were booked for appointments.

Monitoring health & safety and responding to risks

The practice had a health and safety policy that outlined staff responsibilities towards health and safety, accidents, fire safety and manual handling. The practice had carried out a security risk assessment on 1 January 2015. The risk

assessment covered areas that were not relevant to the practice. For example it stated that current control measures for securing the premises was having a perimeter fence and CCTV however there was no fence or CCTV. We asked the provider to explain the discrepancy and they confirmed that they had used a template risk assessment and not tailored it to the practice The practice had also not carried out a legionella risk assessment, fire risk assessment or a premises risk assessment.

Infection control

The practice had an infection control policy. The practice manager told us that one of the nurses was the infection control lead. On the day of the inspection there was no nursing staff available to give us a demonstration of the decontamination process. We were therefore unable to observe if instruments were cleaned in line with the Health Technical Memorandum 01 05: Decontamination in primary care dental practices (HTM 01 05) guidance from the Department of Health. There was a separate decontamination room and it was set up in line with guidance. There room had clear zoning in place from dirty to clean and personal protective equipment was evident. An ultrasonic machine and autoclave were present. There was a hand washing sink and separate sinks for washing and rinsing instruments. The practice decontamination procedure was displayed on the wall as was procedures for cleaning waterlines and suction equipment. Instruments were stored appropriately and dated.

We reviewed the records of the checks carried out to sterilising equipment (autoclave) to ensure it was working effectively. The practice had been open for a total of five days over the past month. We saw that there were testing strips for every day they were open. The checks and tests were in line with recommended guidance and included a plan for annual servicing when it was due.

All clinical staff had been immunised against blood borne viruses. The practice manager handled clinical waste and had not been immunised. We discussed this with the practice manager and they advised that they would stop handling clinical waste immediately.

The segregation and storage of dental waste was in line with guidance. There were clinical waste bins in the surgery and decontamination room. Clinical waste was stored securely and there was a contract in place for it to be collected every two weeks.

Sharps containers were correctly assembled and labelled. The dentist we spoke with was following the sharps regulation and knew the steps of what to do in the event of a needle stick injury.

The surgery was visibly clean and tidy on the day of the inspection. The cleaning was carried out by staff and we saw that there was a cleaning procedure in place however there was no cleaning plan filled out that confirmed when cleaning was carried out. There was suitable cleaning equipment available at the practice.

There were suitable hand washing facilities available and paper hand towels and hand gel were available. The dentist told us that the dental nurses cleaned all clinical surfaces including the dental chair in the surgery, in-between patients and at the beginning and end of each session of the practice.

A Legionella risk assessment had not been carried out in the practice [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. We discussed this with the dentist and was advised that they were unaware they needed to complete a full assessment. The dentist agreed that they would arrange for a full legionella risk assessment to be carried out in the near future.

Staff responsible for maintaining dental lines (flushing and maintaining them with purifying agents) was not present during the inspection. The practice manager did not know what they did so was unable to confirm if dental lines were maintained in line with recommendations.

The practice had not carried out an infection control audit since they opened in January 2015.

Equipment and medicines

The practice had appropriate maintenance and service contracts in place for the autoclave. We saw that equipment had been serviced within the past 12 months. All portable appliances had been tested and we saw the certificate for portable appliance testing (PAT) that had been competed in 2014 just before the practice opened.

Radiography (X-rays)

The practice did not have appropriate systems in place for radiation protection and was not in in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation

Are services safe?

(IRMER) 2000. The practice did not have an appointed radiation protection file to confirm the maintenance of the x-ray machine. There was no appointed external radiation protection adviser or radiation protection supervisor within the practice. There was no Health and Safety Executive notification and no maintenance logs in place. These are all requirements for practices carrying out radiography on site. Local rules relating to the equipment were not in place.

We saw evidence that one of the dentists had completed Ionising Radiation (Medical Exposure) Regulation 2000 (IRMER) training. The practice was not carrying out radiography audits.

We discussed with the practice manager our serious concerns around the lack of appropriate arrangements in place for ensuring that the X-ray equipment was maintained appropriately,. We advised the practice that they should refrain from using the X-ray machine until the appropriate processes were in place. The practice manager assured us that the practice would not use the X-ray equipment until the appropriate systems were in place.

We have shared our concerns around the lack of robust radiography arrangements with the Health and Safety Executive (HSE).

Immediately following the inspection visit we were sent documentary evidence that the practice had appointed an external RPS to review the X-ray equipment and facilities and that they had carried out a formal visit to the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed, and care and treatment was delivered in line with current legislation such as National Institute for Health and Care Excellence (NICE) guidance.

During the course of our inspection we checked dental care records to confirm the findings. We saw evidence of comprehensive assessments and treatment plans that were individualised for patients. Dental care records contained details about past and present dental needs, details of the examination including condition of teeth, gums and soft tissues and an assessment of periodontal tissues using basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action. The dentists were providing and recording advice given to patients relating to oral hygiene, and where appropriate on diet or smoking and alcohol advice.

We noted that medical histories were obtained from patients and updated appropriately.

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Health promotion & prevention

There was some oral health and prevention information available to patients in the waiting area. Staff told us that oral health information was given to patients during consultations and we noted that this was clearly documented in the records we reviewed.

There were no patients to speak with during the inspection and patients who provided feedback did not comment on health promotion. We were therefore unable to obtain any further, direct information from patients relating to this area.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council. Records showed staff had undertaken training to demonstrate sufficient hours of working towards their continuing professional development (CPD) requirements to complete their five year cycle. Staff were responsible for making arrangements for their own CPD.

Working with other services

The practice worked with other professionals to ensure that patient' needs were met. We saw examples of referrals made to the hospital and orthodontic referrals. The dentist wrote individual letters explaining the reason for referral, required personal details and medical history information.

Consent to care and treatment

The provider made information available to patients relating to costs and treatment to support patients to understand their care and treatment options.

The dentist told us that consent was taken verbally from patients but confirmed that they did not always record this in patient's clinical notes. The records that we checked did not have consent documented.

Staff had not completed Mental Capacity Act 2005 awareness training; however they demonstrated an awareness of mental capacity issues and gave examples of how they identified patients with capacity issues and the steps they would take if they suspected the patients lacked capacity to make decisions. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received three completed CQC comment cards. Patient feedback was very positive. Patients were complimentary about the staff, describing them as friendly and caring. They said that the dentist explained treatment options and gave them enough information for them to make informed decisions. They commented that staff treated them with respect and respected their privacy. Staff we spoke with explained how they maintained patients' privacy. This included making sure the doors of the treatment rooms were always closed while treating patients, storing information safely and being attentive to patients such as nervous patients who needed compassion or empathy.

Involvement in decisions about care and treatment

Feedback from patients relating to being involved in their treatment was positive. Comments indicated that staff involved them in decision making by giving explanations and time to consider treatment. Dental care records we checked showed evidence that the dentists gave patients options about their treatment and pointed out the benefits and consequences to enable patients to make an informed decision

The dentist told us that treatment options were discussed with patients so that they had a clear understanding. Patients were given copies of their treatment plans to further ensure their involvement and understanding.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was open seven days a week by appointment. If patients required an urgent or non-routine appointment they could call the practice and see if a dentist was available to attend the practice. We were unable to speak with patients on the day of the inspection to confirm whether this arrangement was responsive to their needs; however staff we spoke with said that patients were happy with the appointment arrangements.

There were 55 patients registered with the practice and we were told the majority of them were of Russian and Ukrainian descent. Staff told us that to ensure they met their patients' needs they provided information in these languages. For example forms used in the practice were available in English and Russian.

Tackling inequity and promoting equality

The dentist told us that the practice's patient population was mainly Russian and Ukrainian and these languages were spoken by staff working in the practice so they were able to cater to patients' needs. All staff also spoke English fluently.

The practice was set out on the ground level and access to the building was step free with wheelchair access for all areas except for the toilet facilities. The dentist told us they did not have any patients who were wheelchair users; however if they did they would be told of the premises limitations and if required be referred to a nearby practice.

Access to the service

The practice was open seven days a week by appointment. Due to the low number of patients registered in the practice the practice manager explained that they opened only by appointment. If a patient needed an appointment they would ring and an appointment was booked. The surgery would open for the appointment and then close again. If a patient required an emergency appointment they could call and see if a dentist was able to attend the practice to see them. If this was not possible then they were given details of the local hospital or 111 out of hour's service.

Concerns & complaints

The provider had a complaints policy and procedure in place however it was a template document and had not been adapted to the practice. At the time of our visit the practice had not received any complaints. We spoke with the practice manager about complaints and they explained how complaints would be handled. The explanations were not in line with our expectations for handling complaints. For example, they did not mention providing an apology to patients or sharing lessons learnt with staff. There were no formal processes in place to make patients aware of how to complain.

Are services well-led?

Our findings

Governance arrangements

The provider did not have effective governance arrangements in place. We reviewed the practice's policies and saw that they were template policies and had not been adapted to the practice. There was also an absence of recruitment and selection policies.

There were no formal meetings in the practice and staff did not have one-to-one meetings with their line manager.

The practice had not completed any audits to assess the on-going quality of the service. We spoke with the practice manager and they were not aware of what audits were and what purpose they served.

Leadership, openness and transparency

Leadership in the practice was lacking. Structures were not in place for staff to learn from incidents or to know who to report to. Staff in leadership roles did not demonstrate their leadership ability. For example the lead for safeguarding had not completed training and did not demonstrate appropriate awareness of safeguarding issues. There was no one appointed to other leadership roles such as radiation protection supervisor.

On the day of the inspection neither of the nurses were present; we were therefore unable to ask them regarding their supervision and support.

Management lead through learning and improvement

We found that the practice did not have a formalised system of learning and improvement. There was no schedule of audits at the practice and the manager confirmed they had not undertaken any. Staff meetings were not held and there were no formal mechanisms to share learning.

We found that there was no centralised monitoring of professional development in the practice. The dentists in the practice completed training for their continuing professional development and on-going registration with the GDC but this had been self-identified and arranged on their own. There was no programme of induction for staff and no mechanisms in place for staff to learn from incidents.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had recently started collating patient satisfaction surveys to seek feedback from patients and involve them in service development. We reviewed three forms that had been completed in the two weeks before our inspection. Patient feedback was positive. Areas covered by the survey included confidence in the dentist, choices explained and friendliness of staff. The manager told us they planned to undertake and analyse the surveys on a monthly basis.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not ensure that equipment used by the service was properly maintained because they did not have a radiation protection file in place and had not appointed a radiation protection supervisor or an external radiation protection adviser. No systems were in place for the maintenance of x-ray equipment. We did not see evidence that all staff using X-ray machine had received appropriate training. The provider had not carried out any infection control audits since they opened the practice in December 2014. Not all staff handling clinical waste had been vaccinated against Hepatitis B Regulation 12 (2)(e)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: Not all staff had completed safeguarding training and did not display the required competencies or experience of safeguarding, including being able to identify abuse, knowing what action to take for an actual or suspected case, knowing the local authority procedures of how to report to them Regulation 13 (1)(2)(3)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How the regulation was not being met: The registered person had not established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity Regulation 16 (2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: There were no systems in place to monitor or assess the quality of the service. The practice had not completed any audits, did not have processes in place to gain staff feedback and they were not holding practice meetings. Local rules were not in place for the practice for the use of X-ray equipment There were no defined governance structures in place in the practice. Leads were not clearly defined. Regulation 17 (1), (2) (a), (b), (e), (f).

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff demonstrated limited knowledge of the Mental Capacity Act and was unaware of when it should be used. There were no staff meeting or 1:1 meetings for staff and as such there was no assurance that staff had the skills, knowledge and experience to deliver effective care. Regulation 18 (2)(a)(b)(c)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not have appropriate recruitment processes in place. This included no recruitment and selection policy and carrying our appropriate pre-employment checks. Regulation 19 (1)(a) & (2)