

# **General Dental Practice Inspection (Unannounced)**

Pearl Dental Care / Cwm Taf  
Morgannwg University Health  
Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that people in Wales receive good quality healthcare

## Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

## Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Pearl Dental Care at 2 Main Road, Church Village, Pontypridd, CF38 1PY within Cwm Taf Morgannwg University Health Board on the 04 August 2020.

This inspection was conducted in response to concerns reported to HIW regarding inappropriate standards of cleanliness and infection prevention and control arrangements at the dental practice. Due to the nature of these concerns, HIW felt an unannounced inspection was necessary to verify these allegations.

Our team, for the inspection comprised of a HIW healthcare inspector and a dental peer reviewer. HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance in relation to best practice infection prevention and control arrangements.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

During the inspection we found the condition of the decontamination room to be unacceptable and not fit for purpose. A substantial amount of mould, mildew, dirt and dust was visible and it was clear that the condition of the room had been allowed to deteriorate over a sustained period of time and posed a serious risk to the health and safety of staff and patients being treated at the practice.

Furthermore, we found that immediate improvements were needed in relation to the infection prevention and control arrangements to bring them in line with the best practice guidelines that ensure patients are being fully protected against the risk of cross infection.

Due to the nature and seriousness of our concerns these issues were dealt with under our non-compliance and enforcement process. This meant that we wrote to the practice immediately following the inspection to suspend their registration until urgent remedial actions were taken. HIW subsequently received sufficient assurance of the actions taken to address the improvements needed and the suspension was lifted with effect from 10 September 2020.

Details of the immediate improvements we identified and actions taken are provided in Appendix A and Appendix B.

## 3. What we found

### **Background of the service**

Pearl Dental Care provides services to patients in Church Village and surrounding areas. The practice forms part of dental services provided within the area served by Cwm Taf Morgannwg University Health Board.

The practice provides a range of NHS and private general dental services.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

### Managing risk and promoting health and safety

Pearl Dental Care is located in a mid-terrace building with traditional décor. All facilities are located on the ground floor with a single dental surgery and separate decontamination room located at the back of the premises.

During a tour of the practice we found the reception area and dental surgery to be tidy and free from any obvious hazards. However, while inspecting the decontamination room we saw that its condition was not fit for purpose. This is because a substantial amount of mould and mildew was visible in numerous places, including on the grout between the tiles above the worktops and on the external walls underneath the worktops where the dental compressor<sup>1</sup> was located.

We also saw that mould was visible on the seal of a fridge located within the decontamination room and that cleaning materials were being stored in the decontamination room instead of in a dedicated cleaning cupboard.

During the inspection we reviewed a report produced by Bowen Dental Engineering in June 2020 following a service of the dental compressor. The report advised that the amalgam separator pot on the compressor needed to be replaced urgently to ensure harmful amalgam particles from the waste water do not enter the sewage system. However, at the time of the inspection the amalgam separator pot had not yet been replaced.

These issues pose a serious risk to the health and safety of staff and patients at the practice. Further details about our concerns and of the actions taken by the service to address the improvements needed can be found in Appendix A and Appendix B.

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<sup>1</sup> A dental compressor is a machine that cleans, dries and stores air to power tools and hand-pieces used by dentists during the treatment of patients.



## Infection prevention and control

During the inspection we looked at the infection prevention and control arrangements in place at the practice. We saw that a number of policies were available that outlined how the practice and dental surgeries were to be kept clean and to help minimise the risk of cross infection to patients or staff.

We reviewed the training records of clinical staff and found that they had completed the required amount of verifiable training in disinfection and decontamination during their previous five year cycle as recommended by the General Dental Council.

The practice had undertaken an infection control audit to check compliance with Welsh Health Technical Memorandum (WHTM) 01-05<sup>2</sup>; however, the practice could not confirm when it had been undertaken as the document had not been dated. We recommend that such infection control audits are undertaken at least annually and the document should be dated and any outcomes and actions clearly recorded.

We saw that the dedicated decontamination room to clean and sterilise dental instruments followed a dirty to clean decontamination route. However, we noted that the dedicated area set aside to receive contaminated instruments was cluttered. Other items were also unnecessarily stored on shelves on the walls.

We found dirt and dust on floor standing shelving units that were being used to store items such as impression trays<sup>3</sup>. Some items stored within the shelving units also had dirt and mould on them.

An ultrasonic bath was available to help pre-sterilise dental instruments alongside the manual cleaning process but we were told that it was not currently being used. We recommend that if the ultrasonic bath is to be used in future the practice

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<sup>2</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

<sup>3</sup> An impression tray is used to carry, confine and control the material being used to make a mould of patients' teeth and soft tissue in their mouth.

must keep a record of all required testing and maintenance of the ultrasonic bath to ensure it is performing as expected.

We saw evidence that the autoclave at the practice had recently been serviced. The autoclave had a data logger to independently monitor and record data for each sterilisation cycle. However, staff could not confirm when the data from the data logger had last been downloaded and reviewed to ensure it has been sterilising effectively. Staff were also unable to show us any previous historical downloads on their computer.

We saw that a notebook was being used to record the daily checks undertaken to ensure the satisfactory sterilisation of dental instruments. We recommend that a dedicated logbook is used to record compliance in future.

During the inspection we did not see any visible personal protective equipment available for staff to use during the decontamination process (e.g. disposable gloves, aprons, eyewear).

In the dental surgery we found some dental materials that had exceeded their expiry date; we asked the clinical staff to remove these items from the surgery during the inspection. We also saw some decontaminated dental instruments that had not been appropriately bagged nor date stamped.

The issues we found meant the practice was not compliant with the WHTM 01-05 best practice guidelines and we could not be assured that the reusable dental instruments being used at the practice were suitably clean and sterile at the end of the decontamination process or that they had been maintained in a clinically satisfactory condition up to the point of use. Further details about our concerns and of the actions taken by the service to address the improvements needed can be found in Appendix A and Appendix B.

#### Improvement needed

The practice must undertake infection prevention and control audits at least annually and the document should be dated and any outcomes and actions clearly recorded.

The practice must keep a record of all required testing and maintenance of the ultrasonic bath when used to pre-sterilise instruments.

A dedicated logbook must be used to record the daily checks undertaken to monitor compliance with the sterilisation process.

## 4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns identified during the inspection

The table below summarises the concerns identified during our inspection due to the impact/potential impact on patient care and treatment.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>During the inspection we found evidence that appropriate standards of cleanliness and infection control were not being adhered to at Pearl Dental Care.</p>	<p>There is reasonable cause to believe that persons have been and are at risk of acquiring a healthcare associated infection at the dental practice.</p>	<p>Following the inspection HIW decided to suspend the registration of Pearl Dental Care with immediate effect for 30 days to allow the practice to take the actions required to reduce or eliminate the risk of harm.</p>	<p>HIW visited the dental practice again on 07 September 2020 to inspect the remedial actions taken to improve the environment of the decontamination room. HIW were assured that the improvements made meant that appropriate standards of cleanliness and infection control could now be adhered to. HIW lifted the suspension of registration of Pearl Dental Care with effect from 10 September 2020.</p>

## Appendix B – Immediate improvement plan

**Service:** Pearl Dental Care

**Date of inspection:** 04 August 2020

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
<p>The environment of the decontamination room must be brought up to the expected standards required to allow a decontamination process that will render reusable dental instruments safe for further use. This must include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• The removal of all mould, dirt and dust from external walls, tiles and other materials and appliances;</li> <li>• The cleaning of the wash basin and replacement of dental instrument trays;</li> </ul>	<p>The Private Dentistry (Wales) Regulations 2017</p> <p>Regulations 13(3)(b), 13(5), 13(6)(b)</p>	<p>Room has been stripped to bare walls and existing shelving units/fridge have been disposed of.</p> <p>Building work commenced by landlord to treat external ingress of water from damaged guttering and batten/insulate/cladding to internal wall to providing a barrier against future ingress of water.</p> <p>Upon completion new decontamination room will be</p>	<p>Tahir Din/ Practice Principal</p>	<p>2 weeks</p>

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>The cleaning or replacement of existing shelving units;</li> <li>The cleaning, removal or replacement of materials and objects currently stored within the unclean shelving units;</li> <li>The decluttering of the worktops around the 'dirty' and 'clean' work spaces;</li> <li>The removal of cleaning materials which are not to be stored within the decontamination room.</li> </ul> <p>Consideration must be given to the undertaking of further remedial work to ensure the environment of the decontamination room does not deteriorate to the same extent in future.</p>		<p>installed including new cabinetry and basin. Dental instrument trays have been replaced.</p> <p>Cleaning materials are not to be stored in decontamination room.</p>		
<p>Personal protective equipment for the decontamination process must be made available for staff in line with best practice guidelines.</p>		<p>New heavy duty household gloves have been purchased and remaining PPE in line with best practice guidelines will be stored in decontamination room also.</p>	<p>Theresa Pritchard/ Practice Manager</p>	<p>Completed</p>
<p>The data from the data logger on the autoclave must be downloaded and reviewed at least weekly, preferably daily, to provide assurance</p>		<p>The data from data logger will be reviewed weekly.</p>	<p>Theresa Pritchard/</p>	<p>Completed</p>

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
that the autoclave is working as intended and therefore sterilising reusable dental equipment effectively.			Practice Manager	
The recommendations from the visit report following the recent inspection of the compressor must be actioned urgently.		A new bacterial filter and separator pot has been fitted to the suction motor.	Theresa Pritchard/ Practice Manager	Completed
The service must undertake regular documented checks to ensure that all materials used in the safe running of the dental practice (including emergency drugs) are still within their individual expiry dates in line with relevant best practice guidelines.		Regular documented checks are undertaken to ensure materials are still within expiry date.	Theresa Pritchard/ Practice Manager	Completed
All sterilised dental instruments must be appropriately packed, dated and stored in line with best practice guidelines.		The surplus dental instruments not in use have been removed from the nurse's drawer and put in storage. All sterilised dental instruments are appropriately packed, dated and stored in line with best practice guidelines.	Theresa Pritchard/ Practice Manager	Completed



The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print): Tahir Din**

**Job role: Registered Manager / Principal Dentist**

**Date: 12 August 2020**

## Appendix C – Improvement plan

**Service:** Pearl Dental Care

**Date of inspection:** 04 August 2020

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The practice must undertake infection prevention and control audits at least annually and the document should be dated and any outcomes and actions clearly recorded.	The Private Dentistry (Wales) Regulations 2017	Annual audits will be dated and outcomes/actions recorded.	Theresa Pritchard/Practice Manager/Head of Decontamination	Completed
The practice must keep a record of all required testing and maintenance of the ultrasonic bath when used to pre-sterilise instruments.	Regulations 13(3)(b), 13(5), 13(6)(b)	Recommended logbook for ultrasonic bath has been purchased and kept up to date	Theresa Pritchard/Practice Manager/Head of Decontamination	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
A dedicated logbook must be used to record the daily checks undertaken to monitor compliance with the sterilisation process.		Recommended logbook have been purchased and kept up to date	Theresa Pritchard/Practice Manager/Head of Decontamination	Completed

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### Service representative

**Name (print):** Tahir Din

**Job role:** Registered Manager / Principal Dentist

**Date:** 06 October 2020