

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

Abersoch Dental Care Ltd,

Betsi Cadwaladr 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 are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **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 announced inspection of Abersoch Dental Care Ltd at 19 Cae Du Estate, Abersoch, Pwllheli, LL53 7EN, within Betsi Cadwaladr University Health Board on the 25 April 2017.

Our team, for the inspection comprised of two HIW inspection managers and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

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

## 2. Summary of our inspection

Overall, we found evidence that Abersoch Dental Care Ltd provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff. We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Excellent clinical records
- Surgery facilities were well-equipped, visibly clean, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-rays
- Systems for governance and monitoring the quality of the service against the requirements of the regulations are in place.

This is what we recommend the service could improve:

- Emergency drugs and equipment management and storage
- Decontamination facility to align with WHTM 01-05
- Ensure clinical staff DBS checks are renewed / in place
- Ensure separate policies are in place for whistleblowing and underperforming.

## 3. What we found

### **Background of the service**

Abersoch Dental Care Ltd provides services to patients in the Abersoch area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice employs a staff team which includes the principal dentist, a hygienist and four dental nurses.

The practice provides both private and NHS dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we found evidence that Abersoch Dental Care Ltd provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff. The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 41 were completed. Patient comments included the following:

*'Brilliant service and excellent girls at the practice'*

*'Very good dentist. Very happy patient'*

*'Great service'*

## Staying healthy

There was ample, dedicated dental health promotion information available, which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice. No smoking signs were displayed in the practice. Price lists were also clearly on display in the waiting / reception area.

## Dignified care

All patients were satisfied with the care and treatment they had received at the practice and all patients felt welcomed by staff and confirmed they were always treated with respect. We also observed the warm, friendly and professional approach adopted by staff towards patients.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

We saw that the door to the dental surgery, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

### **Patient information**

All patients confirmed that they received sufficient information about their individual treatment. The majority of patients confirmed that they were always involved in the decisions made about their individual treatment. However, 2 patients told us that they were not always involved in the decisions made about their individual treatment and 1 patient told us they did not know.

The practice has its own patient information leaflet which provides patients with the practice opening hours and contact details for out of hour's emergency dental care.

### **Communicating effectively**

Some staff at the practice can communicate with patients bilingually. Of the 41 questionnaire completed, 32 patients confirmed that they had been able to speak to staff in their preferred language

### **Timely care**

The practice tries to ensure that dental care is always provided in a timely way. All patients who completed the questionnaires stated that they had always been seen on time by the dentist.

### **Individual care**

#### **Planning care to promote independence**

Responses from patients' questionnaires showed us that all of the patients felt they were given enough advice about their individual treatment and were very happy with the service they received and were always made to feel welcome.

Patients' medical histories are reviewed and updated at each visit and we saw evidence of this within patients' individual records. Patients are also required to complete a new medical history form every 6 months which is deemed good practice. We saw evidence of treatment planning and options being discussed with patients.

### **People's rights**

The practice had in place an equality and diversity policy. The practice is fully accessible for patients with mobility difficulties and has its own parking facilities with dedicated disabled parking

### Listening and learning from feedback

The practice's complaints handling policy covers both private and NHS treatment and we advised the practice to review the policy ensuring correct timescales for acknowledging and responding to complaints were included in line with the regulations for private patients and with 'Putting Things Right' for NHS patients which the practice did immediately during our visit.

The procedure for making a complaint was clearly displayed in the waiting area; it was also set out in the 'Patient Information' leaflet.

The practice informed us that any informal concerns were captured within individual patients' records and logged in an informal book.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients and also providing a comments / suggestion box in the waiting area. The practice informed us that the feedback is discussed at team meetings. We advised the practice to display patients' feedback analysis, demonstrating to patients that their individual feedback has been captured and acted upon to enhance learning and service improvement.

#### Improvement needed

Practice to publish / display patients' feedback analysis

## Delivery of safe and effective care

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

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a clean environment and the surgeries were light and airy. However, we did find some improvements needed to medicines management and the decontamination room.

### Safe care

#### Managing risk and promoting health and safety

There was one unisex toilet for use by both patients and staff which was clearly signposted and visibly clean.

We noted that portable appliance testing (PAT) was undertaken appropriately and at regular intervals to help ensure they were safe for use. Fire extinguishers were in place throughout the building and were serviced regularly. Directions for the emergency exits were clearly visible and the Health and Safety poster was clearly on display.

We noted that the practice accident book needed to be replaced with the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which includes the Health and Safety Executive (HSE) contact details and protocols.

We found that all chemicals were kept securely and none were left in public areas.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that waste had been segregated into the designated coloured bags / containers in accordance with the correct method of disposal.

### Improvement needed

Ensure all accidents are recorded in an approved RIDDOR book

### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05.

Manual cleaning of dental instruments are rarely undertaken as the routine method used is automated. However, it was noted that in the decontamination room that there are currently only two sinks with no dedicated hand washing facility. The two sinks are used for scrubbing and rinsing instruments. In order to align with WHTM 01-05 we recommended that the practice dedicates one sink for hand washing (with appropriate hand washing poster). As instruments are routinely cleaned in an ultrasonic bath, two sinks for scrubbing and rinsing are not always needed. Therefore, we recommended that the practice uses the one sink and one bowl when manual cleaning is required.

We saw records that showed the practice undertakes audits of infection control on an annual basis as recommended by WHTM 01-05.

We also noted that the dental instruments were stored in line with their current decontamination policy.

### Improvement needed

Dedicate one sink in the decontamination room with appropriate notice displayed for hand washing.

Additional washing bowl be added in the decontamination room to one sink in order for manual cleaning.

### Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. We saw records that indicated the team had received all relevant training. The emergency drugs were stored in a location which ensured that they were immediately available in the event of a medical emergency (patient collapse) at the practice. However, we did recommend that the practice keeps the

emergency drugs in a locked cupboard at night. We also advised the practice to consider organising the emergency drugs into boxes / packs relating to potential emergency.

We saw evidence that an effective system was in place to check the emergency drugs to ensure they remained in date and ready for use. However, we did find that the emergency kit contained some out of date needles / syringes. We recommended to the practice that they also log expiry dates of all items such as needles, airways and face masks.

We also noted that a child sized oxygen mask, child ambu-bag and size '0' airway were not available in the kit held by the practice. Our concerns regarding the emergency kit were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix A.

We noted that the practice checks the oxygen levels on a weekly basis and we recommended that oxygen levels are checked and logged on a daily basis.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training. However, the practice did not have a dedicated first aider.

We advised the practice to review and update the resuscitation policy ensuring it reflects current procedures.

#### Improvement needed

Ensure emergency drugs are stored in a locked cupboard at night.

Ensure that oxygen levels are checked and logged daily.

Add needle / syringe expiry dates to the existing log of emergency equipment.

Ensure at least one member of staff is trained in first-aid.

Review and update the resuscitation policy.

#### Safeguarding children and adults at risk

We saw that the practice had a safeguarding policy in place which covered both children and vulnerable adults. Training certificate for the protection of children and vulnerable adults for the therapist was not available for us to view on the day of inspection. However, we were assured that relevant training had been

completed. We saw that all other staff had completed training in the protection of children and vulnerable adults.

We confirmed that all relevant staff were registered with the General Dental Council (GDC).

The practice informed us that the dentist Disclosure and Barring Service (DBS) check needed to be renewed and arrangements would be made. All dentists registered with HIW must hold a valid DBS check for which no more than three years have lapsed. The DBS certificate for the therapist was not available for us to view. All other relevant staff had a valid DBS in place.

#### Improvement needed

Forward to HIW certificate of training in the protection of children and vulnerable adults for the therapist.

Forward to HIW details of the renewed DBS certificate for the lead dentist.

Forward to HIW details of the DBS certificate for the therapist.

#### Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgeries had been designed and organised to help the team work efficiently and were visibly very clean and in good condition.

We were informed by the practice that the dental laboratory used by the practice is currently in the process of registering with the Medicines & Healthcare products Regulatory Agency (MHRA).

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. We saw evidence of up-to-date ionising radiation training for all the clinical staff.

We saw evidence that the practice had undertaken image quality assurance audits of X-rays on an annual basis.

### Improvement needed

Forward to HIW confirmation that the dental laboratory used by the practice is registered with MHRA.

## Effective care

### Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that relevant audits had been completed or arranged by the practice.

### Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff is regularly undertaken and contributes to the quality and safety of the care provided to patients. We advised the practice to keep a record of all clinical reviews.

We saw evidence that the practice have used the Maturity Matrix Dentistry tool. This is a self-evaluation tool that allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas.

### Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

### Record keeping

There was evidence that the practice as a whole is keeping excellent clinical records, demonstrating that care is being planned and delivered to a high standard ensure patients' safety and wellbeing.

We examined a sample of patients' records and found that patient care entries contained sufficient information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. There was also evidence of treatment planning and where required a treatment plan given to patients. X-rays are stored digitally and are justified, reported on and

graded. The dentist documented that cancer screening and smoking cessation advice had been given.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found the practice to have good leadership and clear lines of accountability. A range of relevant policies and procedures were in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.

### **Governance, leadership and accountability**

Abersoch Dental Care Ltd has provided services to patients in the Abersoch area since it opened in 1996.

We found the practice had good leadership and clear lines of accountability. Most of the staff had worked together for many years and there was a good rapport amongst them. The staff told us that they were confident in raising any issues or concerns directly with the dentist.

### **Staff and resources**

#### **Workforce**

We saw completed staff induction folders and these were well planned. All staff had access to policies and procedures.

We also saw that all staff had access to a wide variety of training; meeting the Continuous Professional Development (CPD) requirements and we saw evidence of annual staff appraisals.

We saw evidence that the team meets regularly on a formal and informal basis. We reviewed the team meeting file and we advised the practice to introduce a system to highlight the action points clearly within the notes of meeting.

The dentist HIW registration certificate was on display, as required by the Private Dentistry (Wales) Regulation 2008. However, the certificate displayed contained the incorrect address for HIW. We advised the practice to contact

the Registration Team at HIW in order for a replacement certificate to be issued.

We saw records relating to Hepatitis B immunisation status for the dentist and all dental nurses working at the practice. However, no records were in place for the Therapist during our visit.

Our concerns regarding the Hepatitis B immunisation status for the Therapist was dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial action was taken. Details of the immediate improvements we identified are provided in Appendix B.

We looked at the policies and procedures in place and found that they reflected actual practice. All of the policies and procedures were regularly reviewed, contained review dates and / or were version controlled and contained staff signatures which demonstrated that these had been read and understood. However, we noted that the practice had one policy in place for whistleblowing and underperformance. We recommended to the practice that they have separate policies in place for whistleblowing and underperforming.

We found that the practice displayed its emergency contact details and the practice opening times on the outside entrance of the premises. The dentist's name and qualification were also clearly on display.

#### Improvement needed

Contact the Registration Team at HIW for replacement registration certificate.

Ensure separate policies are in place for whistleblowing and underperforming.

## 4. What next?

Where we have identified improvements and immediate concerns 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 require the service to complete an immediate improvement plan telling 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

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, measureable, 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](#). Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiation Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) 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 resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

| Immediate concerns identified  | Impact/potential impact on patient care and treatment      | How HIW escalated the concern  | How the concern was resolved   |
|--|--|--|--|
| We found that a child sized oxygen mask, child ambu-bag and size '0' airway were not available in the emergency kit held by the practice | This meant children were at risk in an emergency situation | We brought this to the attention of staff who immediately arranged for the items to be purchased | Staff immediately ordered on the day of our visit for delivery the next day. |

## Appendix B – Immediate improvement plan

**Service:** Abersoch Dental Care Ltd

**Date of inspection:** 25 April 2017

The table below includes any immediate 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.

| Immediate improvement needed  | Standard  | Service action   | Responsible officer | Timescale  |
|---|---|--|---------------------|------------|
| <p>We found that not all records relating to Hepatitis B immunisation status were in place for all clinical staff. No records were in place for the Therapist working in the practice.</p> <p>The practice owner must make arrangements to ensure the practice complies with standard 1.5 of the GDC Standards, section 1.5.2. Specifically, all patients must be treated in a hygienic and safe environment by ensuring that all clinical staff have all necessary vaccinations; and follow the relevant guidance relating to blood-borne viruses.</p> | <p>General Dental Council (GDC) Standard 1.5, Section 1.5.2</p> <p>Welsh Health Circular (2007) 086</p> | <p>Person found her Hep B Immunisation status print out.</p> <p>SEE COPY</p> | <p>C.J Lotter</p>   | <p>Now</p> |

| Immediate improvement needed  | Standard | Service action   | Responsible officer | Timescale |
|---|----------|------------------|---------------------|-----------|
| The practice owner must ensure that a record relating to Hepatitis B immunisation status for the Therapist working at the practice is in place and a copy forwarded to HIW. |          | DONE<br>SEE COPY | C.J Lotter          |           |

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: Dr C J LOTTER**

**Name (print): C.J Lotter**

**Job role: Dentist**

**Date: 09/05/2017**

## Appendix C – Improvement plan

**Service:** Abersoch Dental Care Ltd

**Date of inspection:** 25 April 2017

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   | Service action   | Responsible officer | Timescale |
|--|--|--|---------------------|-----------|
| <b>Quality of the patient experience</b>   |  |  |                     |           |
| Practice to publish / display patients' feedback analysis.   | 6.3 Listening and Learning from feedback                       | Discussed in meeting and will put feedback on display facebook etc in future                 | Dr C j Lotter       | Completed |
| <b>Delivery of safe and effective care</b>   |  |  |                     |           |
| Ensure all accidents are recorded in an approved RIDDOR book.  | 2.1 Managing risk and promoting health and safety              | Purchased on day of inspection – Arrived next day  | Dr C J Lotter       | Completed |
| Dedicate one sink in the decontamination room with appropriate notice displayed for hand washing.<br>Additional washing bowl be added in the | 2.4 Infection Prevention and Control (IPC) and Decontamination | Additional washing bowl added – dedicated sink for handwashing in place and notice displayed | Dr C J Lotter       | Completed |

| Improvement needed   | Standard                                     | Service action   | Responsible officer  | Timescale  |
|--|--|--|--|--|
| decontamination room to one sink in order for manual cleaning.   |  |  |  |  |
| <p>Ensure emergency drugs are stored in a locked cupboard at night.</p> <p>Ensure that oxygen levels are checked and logged daily.</p> <p>Add needle / syringe expiry dates to the existing log of emergency equipment.</p> <p>Ensure at least one member of staff is trained in first-aid.</p> <p>Review and update the resuscitation policy.</p> | 2.6 Medicines Management                     | <p>Locked cupboard installed in reception area for emergency drugs</p> <p>Daily log added to daily check list all staff aware</p> <p>Expiry dates for needle/syringe added emergency equipment log</p> <p>All staff members booked 21<sup>st</sup> Sept 2017</p> <p>Written new policy</p> | <p>Dr C J Lotter</p> | <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> |
| <p>Forward to HIW certificate of training in the protection of children and vulnerable adults for the Therapist.</p> <p>Forward to HIW details of the renewed DBS certificate for the lead dentist.</p> <p>Forward to HIW details of the DBS certificate for</p>   | 2.7 Safeguarding children and adults at risk | <p>Certificate already submitted</p> <p>In process of applying for enhance check</p> <p>In process of applying for enhance check</p>   | <p>Dr C J Lotter</p> <p>Dr C J Lotter</p>  | <p>Completed</p> <p>1<sup>st</sup> Sept 2017</p>                                     |

| Improvement needed  | Standard  | Service action  | Responsible officer            | Timescale                 |
|---|---|---|--------------------------------|---------------------------|
| the Therapist.  |   |   | Dr C J Lotter                  | 1 <sup>st</sup> Sept 2017 |
| Forward to HIW confirmation that the dental laboratory used by the practice is registered with MHRA.  | 2.9 Medical devices, equipment and diagnostic systems | Laboratory awaiting MHRA – stopped using until in place. New lab Klasp MHRA number: CA 000390           | Dr C J Lotter                  | Completed                 |
| Quality of management and leadership  |   |   |                                |                           |
| Contact the Registration Team at HIW for replacement registration certificate.<br>Ensure separate policies are in place for whistleblowing and underperforming. | 7.1 Workforce   | Done on day of inspection – New certificate received and displayed<br>New policy written up immediately | Dr C J Lotter<br>Dr C J Lotter | 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): Dr C J Lotter**

**Job role: Dentist**

**Date: 07/06/17**