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# Chelsfield Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 15 March 2016

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 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 providing well-led care in accordance with the relevant regulations

#### **Background**

Chelsfield Dental Practice is located in Chelsfield, near Orpington Kent. The practice consists of two treatment

rooms, a waiting room, decontamination area, and patient toilet. All the facilities are situated on the ground floor. Parking is available outside the surgery and the practice has wheelchair access, although the toilet facilities was not wheelchair friendly..

The practice provides private dental treatment to children and adults. The practice offers a range of dental treatments such as routine examinations, general dental treatments, oral hygiene care, and restorative treatments such as veneers, crowns, bridges, implants.

The practice is open Monday 9am-5.30pm, Tuesday 9am-8pm, Wednesday-Thursday 9am-5.30pm, Friday 8am-1pm. The staff structure consists of a principal dentist, a part time associate dentist, one part time implant dentist, two dental nurses, a practice manager and a hygienist.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We received 21 CQC comment cards completed by patients and spoke with six patients during our inspection visit. Patients we spoke with, and those who completed comment cards, were positive about the care

# Summary of findings

they received from the practice. They were complimentary about the staff and the treatment they had received and told us they were able to access appointments easily. We were told the staff were friendly and professional at all times.

## **Our key findings were:**

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The practice manager had a clear vision for the practice and staff told us they were well supported by the management team.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

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

The practice had systems in place to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. There was a system in place for updating policies and protocols, which informed the team of any requirements to review practice, audit or arrange training. This included the management of infection control, medical emergencies and dental radiography, although not all staff had received recent training for infection prevention and decontamination. We found the equipment used in the practice was maintained and checked for effectiveness.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

### **Are services effective?**

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence, (NICE) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. Staff were undertaking continuous professional development (CPD) and were meeting the training requirements of the GDC.

### **Are services caring?**

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

We reviewed 21 completed CQC comments cards and spoke with six patients on the day of the inspection. Patients were positive about the care they received from the practice. Patients commented they felt fully informed and involved in making decisions about their treatment at all times.

We noted that patients were treated with respect and dignity during interactions at the reception desk and throughout their episode of care.

Patients were invited to provide feedback via a satisfaction survey and the feedback was positive.

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

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

Patients had good access to appointments, including emergency appointments, which were available on the same day if required.

The needs of people with disabilities had been considered. There was level access to the waiting area and treatment rooms.

Patients were invited to provide feedback via a satisfaction survey. There was a clear policy in place which was used to handle complaints as they arose. The practice had not received any complaints in the last year.

# Summary of findings

## **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had suitable clinical governance and risk management structures in place. There were processes in place for dissemination of information and feedback to all staff. There were appropriate audits used to monitor and improve care.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. They were confident in the abilities of the management team to address any issues highlighted.

There was a strategy and vision in place to maintain the practice environment.

# Chelsfield Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 15 March 2016. The inspection took place over one day and was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit we spoke with four members of staff including the principal dentist, associate dentist, dental nurse, and practice manager. We carried out a tour of the practice and looked at the maintenance of equipment and storage arrangements for emergency medicines. We asked the dental nurse to demonstrate how they carried out decontamination procedures of dental instruments.

Twenty-one people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 was a policy in place for reporting and learning from incidents for staff to follow for the reporting of incidents or never events. There had not been any reported incidents within the last year. Staff told us information on any incidents that arose would be shared with all staff employed who met on a daily basis or at the practice staff meetings; although we noted that there had not been a formal staff meeting within the last six months.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There were no reported accidents or injuries within the last 12 months.

### Reliable safety systems and processes (including safeguarding)

The principal dentist was the named practice lead for child and adult safeguarding. The safeguarding lead and staff we spoke with were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. Staff had received training at level 2 in safeguarding children and safeguarding vulnerable adults. The principal dentist informed us that it had been decided that all the staff would also undertake level 3 child protection training and this had been planned for the 20 May 2016..

The practice had children and adults' safeguarding policy which included local authority contact details for escalating concerns; information was available for all staff to access.

The practice followed national guidelines on patient safety. For example, the practice used a non-latex rubber dam for root canal treatments in line with guidance supplied by the British Endodontic Society. (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. Rubber dams should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Emergency exit routes were signposted and fire training for all staff had been arranged. The practice had carried out a fire risk assessment and implemented policies and protocols with a view to keeping staff and patients safe. Improvements could be made to ensure there was a named fire marshall and regular drills undertaken and information relating to the evacuation procedure or meeting point should the building need evacuating be clearly displayed.

### Medical emergencies

The practice had suitable arrangements in place to deal with medical emergencies. The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Oxygen and other related items, such as manual breathing aids and portable suction, and an automated external defibrillator (AED) were available in line with the Resuscitation Council UK guidelines. (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).

The emergency medicines and equipment were in date and logs were in place to show that checks had been undertaken. Staff received annual training in using the emergency equipment and management of medical emergencies in 2015. The staff we spoke with were all aware of the location of the emergency equipment within the premises.

### Staff recruitment

The practice staffing consisted of a principal dentist, one associate dentist, an implant dentist, two dental nurses, a hygienist, and a practice manager.

There was a recruitment policy in place. The principal dentist and practice manager outlined what would be covered if a new member of staff was employed regarding the interview process, pre-employment checks and the induction programme. We saw some relevant checks had been undertaken to ensure the persons being recruited were suitable and competent for the role. Document checks including evidence of relevant professional qualifications such as registration with the General Dental Council (where applicable) and photographic identification were noted. Staff told us the practice carried out Disclosure and Barring Service (DBS) checks for new members of staff

# Are services safe?

when they were initially employed. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) However, two members of staff had not had DBS checks carried out. This was discussed with the practice manager and principal dentist and immediate action was taken. DBS checks were applied for and evidence was provided.

A member of staff had returned to work following a gap of approximately a year at the practice. Improvements could be made to ensure a return to work process was undertaken with evidence of appropriate documentation held within their personal file.

## **Monitoring health & safety and responding to risks**

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file and risk assessments had been completed, which covered key aspects and actions to be taken relating to chemicals and cleaning materials used on the premises. Staff were aware of the COSHH file and told us they would refer to the file if there were any issues to minimise the risks associated with these products.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were reviewed by the principal dentist and where appropriate disseminated to the staff and the necessary action taken.

There was a business continuity plan in place to cover emergency situations. The practice manager held details of key contacts within the local area; this included emergency services, gas and electricity suppliers and local authority details.

## **Infection control**

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. Staff files showed that two out of six staff had attended training courses in infection control and decontamination. Dates for the training of the remaining staff had not been confirmed at the time of our inspection.

Staff had access to supplies of personal protective equipment which included gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet; there were posters displaying the correct hand washing techniques.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

We checked the cleaning and decontaminating of dental instruments which was carried out in the decontamination area. The decontamination area and the surgeries were well organised with clear flow from 'dirty' to 'clean' indicated. One of the dental nurses demonstrated the decontamination process and showed a good understanding of the correct processes. Following inspection of cleaned items, they were placed in an autoclave and most of the instruments were stored appropriately and pouched and date stamped. However, we found some pouched instruments dated 2013 and this was brought to the attention of the principal dentist and the practice manager.

We were told by staff all instruments in daily use were sterilised at the beginning of the day although there was not a 'start up' or 'close down' process documented for new or agency staff to follow.

The dental nurse showed us systems that were in place to ensure all decontamination equipment such as the autoclaves were working effectively. These included the automatic control test for the autoclave. The data sheets used to record the essential daily validation were fully completed and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and domestic waste were properly separated and stored correctly. The practice used a contractor to remove dental waste from the practice. Waste consignment notices were available for inspection. We found the clinical waste bin although locked was not secured at the back of the premises. This was discussed with the principal dentist as there was public access to the back of the property and required action to be taken.

# Are services safe?

Infection control audits were undertaken regularly, though one had not been undertaken since April 2015. The principal dentist submitted an audit undertaken following our inspection. The audit showed an overall compliance rate of 97%.

There were notices at all the sinks on the correct hand washing technique and we observed staff following the recommended process.

The domestic cleaning and effectiveness was audited by the practice manager on a weekly basis.

The dental water lines were maintained and checks were logged to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current guidance. A Legionella risk assessment been been carried out by an appropriate external contractor and was valid until November 2016..

## Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Portable appliance testing (PAT) was carried out annually and next due in March 2017 (PAT, is the name of a process during which electrical appliances are routinely checked for safety).

Staff told us they held small quantities of antibiotics on-site; all medication used for sedation was supplied by the external provider used to carry out the sedation

procedure. All medication such as antibiotics were stored safely and batch numbers recorded when dispensed to patients. Any other medication was prescribed on a private prescription and recorded within the patient's notes.

The expiry dates of emergency medicines, oxygen and resuscitation equipment were monitored using a daily check sheet which enabled the staff to replace out-of-date drugs and equipment promptly. The drug refrigerator was also check and the temperature recorded on a daily basis.

## Radiography (X-rays)

The practice had a Radiation Protection Adviser in place and a nominated Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). A radiation protection file and local rules were displayed within the practice. Included in the file were the critical examination pack for the X-ray set, which included dose assessment reports, the maintenance log and appropriate notification to the Health and Safety Executive. The maintenance log was within the current recommended interval of three years and next check was due to be undertaken in 20 April 2016. We saw evidence that staff had completed radiation protection training.

A copy of the most recent radiological audit undertaken on 11 March 2016 was available for inspection and showed the majority of X-rays taken were of a high quality and were justified. Staff told us that quality assurance checks were carried regularly and audits were carried out annually to ensure the quality was maintained and the reasons for any retakes were documented. We checked a sample of dental care records to confirm the findings and noted that justification of all dental X-rays was appropriately documented in the dental care records.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised professional and General Dental Council (GDC) guidelines. The principal dentist described how they carried out patient assessments using a typical patient journey scenario. The practice used a pathway approach to the assessment of the patient which was supported by the use of computer software. The assessment began with a review of the patient's medical history. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues of the mouth. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment and the appropriate advice and actions taken.

Following the clinical assessment, the diagnosis was discussed with the patient and treatment options were fully explained. The dental care record was updated with the new treatment plan after discussing the options with the patient. The treatment given to patients was monitored at their follow-up appointments in line with their individual requirements.

During the course of our inspection we checked dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw notes containing details about the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (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.) The dentists and hygienists worked closely and provided verbal handover of patients and their needs to ensure that areas of concern were treated appropriately. Details of the treatments carried out were documented; this included local anaesthetic, type of anaesthetic, site of administration, batch number and expiry date.

### Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease

prevention strategies. Staff told us they discussed oral health such as tooth brushing and dietary advice and where applicable smoking cessation and alcohol consumption with their patients.

The waiting area had health promotion material available. Health promotion material included information on how to prevent gum disease, smoking cessation and maintaining healthy teeth and gums.

### Staffing

Staff told us they received some professional development and training. We reviewed staff records and saw that this included training in radiation protection, oral cancer detection, complaints management, cardiopulmonary resuscitation and medical emergencies, infection control and safeguarding children and vulnerable adults.

The practice carried out annual appraisals for each member of staff. This provided staff with an opportunity to discuss their current performance as well as their career aspirations. Notes from these meetings were kept in each staff member's file and these were made available at the inspection.

### Working with other services

The principal dentist explained how they worked with other services. Dentists were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice or if a possible oral cancer was suspected. A referral letter was prepared and sent to the hospital with full details of the dentists' findings and a copy was stored in the patient's dental care records.

### Consent to care and treatment

Consent was obtained for all care and treatment patients received. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients were asked to sign to state they had understood their treatment plans and provide with a copy of their treatment plan and signed consent.

Staff were aware of the Mental Capacity Act (2005). The practice had a process in place to assist staff to carry out assessments on suspected vulnerable adults if required. Staff could explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if they suspected patients lacked

# Are services effective?

(for example, treatment is effective)

some decision-making abilities. [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 themselves].

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We collected comment cards from 21 patients. Patients' were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were friendly and polite at all times. During the inspection we observed staff in the reception/waiting area and observed staff were polite towards patients on arrival and throughout the episode of care. Some of the patients we spoke with had been attending the surgery with their families for a number of years and told us that they were very happy with the treatment they received. Patients told us they were not kept waiting and treatment was explained fully.

All the staff we spoke with were mindful about treating patients in a respectful and caring way. They were aware of the importance of protecting patients' privacy and dignity. There were systems in place to ensure that patients' confidential information was protected. All computers were password protected and staff had individual passwords. Staff understood the importance of data protection and confidentiality and had received training in information governance.

The practice obtained regular feedback from patients via a satisfaction survey. All the responses seen showed high levels of satisfaction.

### **Involvement in decisions about care and treatment**

The practice displayed information in the waiting area regarding dental charges. There was also practice information leaflet. The leaflet provided information on opening hours, how to make a complaint, confidentiality and emergency access.

We spoke with the principal dentist, associate dentist, dental nurse and practice manager on staff on the day of our visit. Staff told us they worked as a team to provide clear explanations about treatment plans and patients were given time to them prior to going ahead with the treatment.

The patients we spoke with and comments cards, together with the data gathered by the practice's own survey, confirmed that patients felt appropriately involved in the planning of their treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had systems in place to schedule enough time to assess and meet patients' needs. Staff told us they scheduled additional time for patients receiving complex treatments, including scheduling additional time for patients who were known to be anxious or nervous. Staff confirmed they were able to have enough time in between each patient to document care and prepare equipment for the next patient as required. Staff told us they had adequate and appropriate equipment to carry out all types of dental treatment and were able to meet their patients' needs at all times.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff were able to access a website app should they need access to interpreting services.

The practice had disability access to the treatment areas of the practice and the main waiting room. There was parking outside the practice with easy access. The practice had carried out disability risk assessment 2014 to ensure the facilities provided access for wheelchair users, however, due to the access to toilet facilities were not fully compliant.

### Access to the service

The practice is open Monday 9am-5.30pm, Tuesday 9am-8pm, Wednesday-Thursday 9am-5.30pm, Friday 8am-1pm. The staff structure consists of a principal dentist, a part time associate dentist, part time implant dentist, two dental nurses, a practice manager and a hygienist. Staff told us patients, who needed to be seen urgently, for example, if they were experiencing dental pain, could be accommodated and seen on the same day. The practice manager monitored waiting times for all the dentists and hygienist on a quarterly basis to ensure patients were not kept waiting. We saw the waits on average were between three and ten minutes.

Staff told us they had enough time to treat patients and that patients could generally book an appointment within 24 hours to see the dentist. The feedback we received from patients confirmed was that they could get an appointment on the same day if it was an emergency or within a reasonable time frame to receive treatment.

### Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area and on the practice information leaflet. The nominated lead for complaints was the principal dentist.

There had not been any reported complaints recorded in the last 12 month period from February 2015-February 2016.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had implemented suitable arrangements for identifying, recording and managing risks through the use of risk assessments and audits. There were relevant policies and procedures in place to ensure all policies were updated annually. Staff were aware of the policies and procedures and acted in accordance with them. Records maintained including those related to patient care and treatments, as well as staff employment, were kept up to date and stored securely.

The principal dentist organised staff meetings on approximately quarterly basis, to discuss key governance issues and staff training sessions, although we noted the last two had been cancelled. We saw there had been a team meeting allocated for the 22 April 2016 for all staff to attend. Staff told us as a small team the lunch period was also a forum for discussing issues that were necessary. The staff meetings agenda included training, complaints and infection control items. We saw minutes of meetings from April 2015 which confirmed this. We were told that a joint meeting with another practice took place; although minutes were not available.

### Leadership, openness and transparency

Staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and any issues were responded to. Staff were aware of their responsibilities relating to the duty of candour, although had not received any training or inhouse discussion. Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

We spoke with the principal dentist about future plans for the practice. We were told the practice was keen to ensure

the standards of care remained high and due to environmental restrictions they could not expand the practice. There were plans however, to move the decontamination area to provide a bigger space for staff to carry out the process more easily.

We found staff to be hard working, caring and a cohesive team committed to providing a high standard of care. There was a system of yearly staff appraisals to support staff in carrying out their roles.

### Learning and improvement

The practice carried out audits for waiting times, patient satisfaction, records and X-ray quality and justification. Audits were repeated at appropriate intervals as required. We looked at some audits for example, on patient satisfaction, waiting times, records and X-rays. The records audit undertaken in September 2015 highlighted that improvements could be made in documentation relating to providing advice on smoking cessation and risks of oral cancers. There was an action plan in place to undertake a re-audit..

Staff were supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

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

The practice gathered feedback from patients through the use of a patient satisfaction survey. The survey covered topics such as treatment given, cleanliness of the premises, and general satisfaction with the service and care received. The satisfaction audit was completed on a continual basis and showed that the majority of patients' were happy with the care and service they received.

Staff commented the principal dentist was open to feedback regarding the quality of the care they provided.