



Enter and View Report

Ascot House . Scunthorpe

Published 7th November 2019



**Oral health, promotion, and access to
dental services for residents**

Enter and View Report

Ascot House

Date of visit - 30/7/19

Date of publication - 7th November 2019

HWNL representatives: Carrie Butler, Jane Brown , Jackie Rae

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

What is Enter and View?

Enter and View is the statutory power granted to every local Healthwatch which allows authorised representatives to observe how publicly funded health and social care services are being delivered.

Healthwatch North Lincolnshire use powers of enter and view to find out about the quality of services within North Lincolnshire.

Enter and View is not an inspection, it is a genuine opportunity to build positive relationships with local Health and Social Care providers and give service users an opportunity to give their views in order to improve service delivery.

Enter & View allows Healthwatch to-;

- Observe the nature and quality of services
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives of service users
- Collate evidence-based feedback
- Enter and View can be announced or unannounced

The purpose of Enter and View can be part of the Healthwatch prioritised work plan or in response to local intelligence. Broadly, the purpose will fit into three areas of activity:

1. To contribute to a wider local Healthwatch programme of work
2. To look at a single issue across a number of premises
3. To respond to local intelligence at a single premises

Main Purpose of Visit

The main purpose of this visit was to look at oral health, promotion, and access to dental services for residents.

Aims:

- Observe the environment and routine of the care home with a particular focus on resident's oral health.
- Speak to as many residents as possible about their experience of living in the care home and their personal view on their own dental health, and to allow the residents to discuss any concerns they may have with us.
- Give care home staff the opportunity to share their opinions on resident's dental health and how well informed they are with supporting residents oral hygiene routines.
- To gain the views and opinions of management and staff regarding their experience of accessing dental services for residents and any problems they may face with promoting good oral hygiene.

The enter and view visit was announced and the Manager was sent a letter one week before the date of visit.

Care Home - background

Ascot House is a residential care home based in the Centre of Scunthorpe North Lincolnshire which is part of the Kapil Care group of homes.

The care home is registered to cater for the needs of 40 residents over the age of 65 and was rated 'good' at the most recent CQC inspection in 2017.

On arriving at the care home we were greeted by the Manager and the Operations Director of Kapil Care who felt that they were not given enough notice for the visit as they had only received the letter the day before. This was despite the letters being posted one week in advance.

We explained the purpose and the format of the visit, and reassured the Manager and Director that three people was the usual number of representatives that took part in a visit at a care home of this size.

Summary of the Manager's questionnaire

The registered Manager was asked;

To what extent are you aware of NICE guidelines for oral health in Care Homes?

She was not aware of the guidelines and had not implemented them in the setting yet.

The Care Home has a mouth care policy in place which details the assessment process, how to provide oral hygiene and how to support a resident who wears a denture, has a dry mouth or has an oral infection.

All residents have their oral health needs assessed on admission to the care home. The Manager explained that they ask questions related to oral care as part of the personal care assessment.

The following information is then documented in the residents care plan:

- Name of dentist (if applicable)
- Any support that may be required to maintain good oral hygiene
- A log of any dental issues
- Preferred time to receive oral care

The residents' eligibility for free NHS treatment (if applicable) is not documented, although the Manager said she had a very good understanding of the exemption criteria for each resident.

Members of staff working in the care home have not been trained in oral health, but the Manager was very keen to find out about what was available.

Of the 34 residents living in the care home, 7 visit the dentist regularly for routine check-ups and treatment. 6 visit a high street dentist and one visit the community dental service at the Ironstone centre.

When asked why she thought the remaining residents did not access a dentist, she felt that this was partly due to personal choice as many older residents do not feel as though they need to, and lack of available dentists locally.

One resident was visited by the domiciliary dentist from the community service recently on an urgent basis. The Manager explained that domiciliary visits tended to happen 'as needed' rather than on a regular basis and that she had recently received a nice email offering support to residents. She went on to say;

'The Community Dental Service are really good, it can be difficult in the care home without the correct facilities but they usually come out within a few days.'

We asked the Manager what the procedure would be if a resident was experiencing dental pain/ swelling and required urgent treatment out of hours.

She said she felt they have always been very lucky; if they haven't managed to get through to the Emergency Dental Service over the telephone they have taken the residents to the surgery as it is in close proximity to the care home. The dentists at the emergency clinic have always been accommodating in this situation.

The Manager was asked if there was anything else she would like to share about providing oral care to residents or accessing services. She stated that providing oral care can be difficult when dementia advances.

'We always try to ensure the resident wears their denture, but sometimes with advanced dementia they don't like to, and sometimes bite.'

What did residents say about their oral care?

We had the opportunity to listen to the views of seven residents on the day of the visit, with ages ranging from 80 - 103.

Three of the seven residents spoken to still have some or most of their own natural teeth.

None of the residents had experienced any problems with their mouth in the last 12 months.

Four residents wear a denture, and of the remaining three residents that do not wear a denture, two have no teeth at all.

All of the residents said that their denture fitted well and was comfortable. They all stated that they were happy with the appearance of the denture. None of the dentures are marked with the residents initials on.

One elderly gentleman told us that he had all of his teeth removed when he was 20 years old. He had worn dentures for 60 years but currently didn't have a set as they had worn out. He told us **'I'm not bothered about them anymore.'**

Another resident told us that they had once lost their denture in the care home and it was found by the care staff.

Two of the residents we spoke to visit a local dentist regularly and one was unsure. One resident told us that she was previously registered with a dental practice in Ashby but didn't think she was registered anymore. This information was fed back to the Manager who said she would double check this.

We asked the residents who were not registered with a dentist why this was. Two residents told us they don't need to, one said they don't want to see a dentist, one said that since their dentist retired they don't have one now and another said it is too expensive.

All of the residents told us that they enjoy the food in the care home and appear to have a varied diet. None of the residents had issues with eating any of the food on offer.

The residents were asked if they had received any advice on how to keep their mouth healthy. Five residents told us they had not received any advice, one wasn't sure and one resident told us that they had.

Three residents told us that they clean their teeth/denture daily. None of the residents said they needed any support with daily oral care.

When asked if there was anything else they would like to share about living in the care home, the residents gave a mixed response;

"Staff are all very nice and I am comfortable. I like Monday activities like drawing."

"I'm quite happy, if I had any complaints I would tell them."

"I like the outings and visits."

"I like it here but it's not as friendly as it used to be, the staff are busy."

"It can get a bit boring. I have friends here in the home."

What did staff say?

We spoke to two members of staff on the day of the visit. One staff member was aware of the care homes oral health policy.

Both told us that they assess the oral health needs of residents on a daily basis during assisting with routine oral care, but do not complete any formal assessments on admission to the care home and were not aware of any tools or templates they could use to do this.

Both members of staff felt confident when assessing residents oral health needs and spotting the signs and symptoms of dental pain or disease. This was despite not receiving

any formal oral health training. Both staff members agreed that undertaking training would be useful in helping them carry out their daily observations and care.

“I would like to see more oral care training in residential homes”

Staff told us that dentures are cleaned very regularly, at least twice a day, and residents are supported with this where needed. However, providing support can sometimes be a challenge as some residents refuse to clean teeth or accept help. They told us that they have to patiently explain why they need to clean their teeth and this usually helps.

Staff were asked about access to dental services. Both members of staff felt that access was poor. One staff member told us the main challenge was getting referral forms and the length of time it takes for a resident to be seen is too long.

Observations

Ascot House is a traditional care home setting with a homely feel. One member of staff said she likes to work there as it is not too ‘clinical’.

Members of staff were very busy on the day of the visit and some residents needed to wait a little for help with things, although staff were very attentive despite this. They spoke to the residents in a warm and friendly manner. We saw some of the most vulnerable residents being supported with their meal by care workers who were very patient and encouraging. When one resident didn’t seem to be enjoying their food, the care worker immediately arranged for an alternative to be brought out.

Most of the residents seemed to be enjoying the food and none seemed to be having difficulty chewing.

A pictorial menu was available for the residents within the care home which showed the choice of meals that were available.

We had the opportunity to visit some of the resident’s bathrooms and saw a range of oral health products available such as toothbrushes, toothpaste and mouthwash. We also saw dentures that were stored in denture pots or soaking and denture cleaning brushes. Most of the toothbrushes seemed to be in good condition but some were ready to be replaced.

Conclusion

Despite the care home Manager stating that she was not aware of the NICE guidelines relating to oral health in the care home, many of the recommendations within the guidelines were already in place, such as having a mouth care policy and the assessment of oral health needs on admission. Staff generally support residents well with their daily oral care, but would benefit from further support and training with this.

Some residents do not consider oral health as important, particularly those who do not have any teeth which does make providing care difficult.

Access to dental services seems to be on an 'as needed' basis and more could be done to ensure that routine visits are offered for residents. We acknowledge that this does seem to be in progress.

Recommendations

- The Manager should try to access routine domiciliary visits from the Community Dental Service or other domiciliary providers for residents who are physically unable to visit a dentist.
- Care Home Staff should promote the importance of good oral health to residents, with visual aids and guidance displayed in prominent places around the care home.
- The Care Home Manager should consider using the NICE recommended oral assessment tool as part of routine assessment of residents' oral health. Staff should also be encouraged to use the tool.
https://www.nice.org.uk/Media/Default/Oral%20health%20toolkit/Oral_health_assessment_tool.pdf
- Staff should complete oral health training. This can be completed online for free on various platforms;

Skills for Care- <https://www.skillsplatform.org/courses/4005-oral-health-free>

Training provided by local oral health promotion team in North Lincolnshire-
<http://www.dentalhealthpromotion.net/healthcare.html>

NHS E- learning for Health- <https://www.e-lfh.org.uk/>

Signed on behalf of HWNL		Date: 16/8/19
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Response received from Ascot House 26th September 2019

Please tick as appropriate

The Enter & View report provided is factually accurate and I consider it to be ready to be published by Healthwatch North Lincolnshire.

I would like to correct the following in-accuracy included in the report (please detail below):

Provider response to the report (please detail below). This can include response to recommendations, what action you may/ may not take & why.

The visit was positive and we endeavour to continue to improve the service we provide to our residents.

Found the visit to be beneficial in partnership working to ensure all is done to improve the service in house and in the wider community provided for our residents.

Any additional comments (please detail below).



Thank you for your response, it is very much appreciated.