



Enter and View Report

Holly House. Burringham

Published 4th September 2019



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

Enter and View Report

Holly House

Date of visit -9/8/19

Date of publication - 04.09.19

HWNL representatives: Jackie Rae , Carrie Butler

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.

Care Home - Background

Holly House is a 25 bed registered residential care facility, located on one floor that caters for people over 65. There are currently 22 residents in Holly House receiving respite or long term care. The care home also provides specialist care including dementia, palliative and end of life care. The facility is located in Burringham.

Holly House is run by PB residential part of Dryband One Limited which has six care homes in the Northern Lincolnshire area. The Manager has been in post for 5 years but worked at the facility for 36 years. The facility has a low turnover of staff.

Holly House has been rated as 'Good' by the Care Quality Commission (CQC) in October 2017.

Summary of the Manager's questionnaire

On arriving at the Care home we found the Manager to be very welcoming. We explained the purpose of our visit and the recent CQC 'smiling matters' report and explained that we would be asking questions that would identify any issues in accessing dental services for residents, and any gaps in oral health care.

The Manager was not aware of the NICE guidelines for oral health in care home.

The Manager said that there was no specific oral healthcare policy for the facility and suggested that this may be in the personal care policy. She confirmed that an oral care plan

was included in each resident's care plan which was prepared on admission. The oral care plan would be updated as necessary and any issues identified logged and dealt with.

The Manager confirmed that she had an understanding of the NHS exemption criteria but would double check if unsure.

Resident's oral healthcare products (toothbrushes, toothpaste etc.) are provided by their friends and family.

Staff do not receive any specific training on oral healthcare, but the Manager did feel that this could be useful.

The Manager said that none of the residents attended a dentist for regular check-ups and contact with a dentist only occurs if the resident is experiencing a problem. She felt that the reason few residents would not engage with dental services was due to personal choice or being afraid of the dentist.

The Manager could only recall one visit from the Domiciliary Dentist to the home (early in 2019); this was following a referral to the Community Dental Service at the beginning of 2019. In this situation the resident was experiencing a dental problem.

If a resident was experiencing dental problems outside of normal working hours the Manager would contact the SPA who are **“very good”** and who would send an emergency care practitioner if needed, or provide information of where to access treatment.

The Manager was not aware of the emergency dental service and therefore was not aware there had been any changes in the process for contacting them. The Manager said she **“found it quite easy to access services”** and that there had been no change in accessing services in the last two years.

What did residents say about their oral care?

Healthwatch representatives spoke to five residents and one relative at Holly House. The residents had lived at Holly House for varying timescales from one year to more than five years. The majority of residents that Healthwatch spoke to reported that they felt happy and well cared for;

“I like it here”

“I'm happy here”

Two of the residents had some of their own teeth; the other two had none of their own teeth.

None of the residents had experienced any problems in their mouths over the last year.

All residents said that their dentures fit well and are comfortable. One of the residents said that their dentures were marked with their name and no residents said they had lost their dentures (except in bed when they were found). One resident had a partial denture which she refused to wear.

One of the residents showed us their denture which had some missing teeth on it and the need a good clean.

One resident had two sets of dentures. She alternated the use of them as she did not like to be without them in her mouth. She told us she cleaned and soaked one pair while she wore the other.

Residents said they enjoyed the food at Holly House and all can eat anything, but one said it would depend on how the steak was cooked.

One resident did have a regular dentist, the others did not. None of the residents had visited a dentist recently.

“I don't know why, don't want one - they can leave well alone.”

“Quite happy as I am. I don't need a dentist.”

Residents had not received any advice on how to keep their mouths healthy.

Residents said that their dentures were cleaned twice a day by staff, with the exception of two residents who said they cleaned their dentures themselves. One said that they clean their dentures, **“When I feel like it - not regularly”** but the other said that they clean them before bed each day.

What did staff say?

We spoke to four members of staff on the day of the visit. None of the staff were aware of a specific oral health policy for the home but said that this was covered by the Personal Care policy and said it was just one aspect of personal care. All staff felt confident in visually assessing the residents' oral health needs but had no assessment tools/templates to help them in the assessment; they also said they were able to spot the signs and symptoms of dental pain or disease.

None of the staff had received any training on oral health care but would welcome any specific training that would support them in caring for the residents.

Care staff face some challenges when providing good oral hygiene to residents. One staff member said they had been bitten by a resident.

All used encouragement to get the residents to brush their teeth but **“if they do not want to there is little you can do - it is the resident's choice”**.

All staff said they would help residents if necessary to brush/clean teeth and dentures twice a day and remove dentures if needed. Staff said that they have enough time to adequately care for the residents oral health needs. It was clear from speaking to staff that they consider oral health as an important part of the residents' personal care and their needs must be met.

The staff all said that they included the details of the residents' daily oral hygiene routine on the electronic recording system. This is a new system on trial at the care home and staff are currently learning how to use it effectively.

None of the residents' dentures are marked to identify them.

Staff said that they are aware that it is difficult to get a dentist for the residents and are not aware of any visiting the home.

Observations

Whilst looking clean and tidy, the décor and lay out of the home was a bit tired and dated in some areas. The overall environment was friendly and calm and all staff were welcoming.

During the morning visit there were no residents in the communal areas; they were all in their own rooms watching their own television. Staff were keen to say this was **"the residents own choice"**. We did not see any details of activities on offer in the care home.

We observed staff interacting with residents to meet their needs. Residents and staff looked clean and tidy and all staff members wore a uniform, including the Manager.

Details of the food options for that day were displayed on a whiteboard in the dining room. Further details of the menu were included in the residents' information folder in their room. There was no picture menu available.

No residents were seen to be exhibiting dental pain; but one resident had some broken teeth which were not painful, and a second had teeth missing from a denture.

No dental/oral hygiene promotional material was on display in the care home. Other important information (how to make a complaint) was on display.

Dentures were seen in appropriate cleaning pots, and toothbrushes and toothpaste was also seen. One resident had an electric toothbrush. No specialist oral health equipment was seen.

A relative who spoke to the Healthwatch representative said that occasionally her relative needs changing when she arrives which is upsetting. **"There is not enough staff"**. She did say that **"the staff do really care and her relative is happy in the care home"**.

The care home has limited outdoor space, and many of the residents' rooms surround a small garden courtyard which provides a pleasant view for the resident. However, this courtyard is also used as a smoking area for staff and residents, and the smell of smoke could be detected in the bedrooms. This is unpleasant for the resident and puts them at potential risk of harm from second hand smoke inhalation.

Conclusion

The team at Holly House provide a caring environment for their residents.

The majority of residents told us they liked living at Holly House. They commented that the staff are friendly and the residents are pleased with the care they receive and the food they are given. However, the Manager acknowledged that there were gaps in her understanding of available dental services and how to access them, which could have an impact on resident's oral health.

Members of staff were not trained specifically in oral health, however they do attempt support residents with their daily oral hygiene routines, despite the challenges that they can often face.

Recommendations

- The Manager should review the use of the outside space, and consider allocating a separate smoking area away from the main communal courtyard to allow all residents to enjoy the space without being at risk of harm from second hand smoke.
- The provider should develop an oral care/ mouth care policy that is separate to the personal care policy.
- The NICE recommended oral health assessment tool should be considered for use as part of the assessment process
https://www.nice.org.uk/Media/Default/Oral%20health%20toolkit/Oral_health_assessment_tool.pdf
- Oral Health training should be introduced for all staff, with appropriate update/refresher training

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/>

- Promotional information on how to take care of teeth and dentures should be prominently displayed within the care home

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| Signed on behalf of HWNL |  | Date: |
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Response received from Holly House 04.09.19

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):

We are only registered as a 25 bed home not a 49 bed home.

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

A new policy on oral health has been written and I have attached copy for you, all staff are to be made aware of this policy and sign to say they have read it.

I am I the process of sourcing training on oral health.

We are to implement oral health comments into care plans.

- Any additional comments (please detail below).

I would like to thank you for your input.

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