



Enter and View Report

Norwood House. Scunthorpe

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

Enter and View Report

Norwood House

Date of visit - 08/08/20109

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HWNL representatives: Laura Wilson, Jackie Rae, Carrie Butler

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

Norwood House is a residential home for over 65's that specialises in dementia care. The home has 27 beds and offer one to one care.

The CQC inspected the home 8th May 2019 and rated the home as Good.

The Manager for Norwood House has been in post since March 2019, and has held management positions prior to this for many years.

Summary of the Manager's questionnaire

The Manager said she was aware of the NICE guidelines for oral health for adults in care homes, but hadn't read them fully and as a result she hadn't yet implemented these guidelines in the home.

The care home has an oral care policy in place, and we were given a copy. This is very comprehensive as it is generated by an online compliance system used by the care home called QCS which assists care homes to ensure they are compliant with the requirements of the Care Quality Commission.

Residents receive an assessment of their oral health upon admission to the home, and information is recorded, such as any support the resident may need with their oral health and which products they prefer to use. The Manager explained that they ask questions about oral health but do not do a full assessment which involves looking in the mouth. We explained that the NICE have suggested a visual tool to use when assessing a residents oral health. This was shown to the Manager and sent over via email following the visit.

Residents were supplied with oral health products such as toothbrushes and toothpaste by the home, funded by personal funds and family members. Toothbrushes are replaced every two months.

We were told that staff have not received any training in oral health. We gave some information about a range of free training available to the Manager.

Only two of the residents regularly visited a dentist for check ups. We were told a lot of residents don't have access to a dentist; this is because it can be difficult for some residents to visit a dentist outside of the home.

The Manager told us she didn't know that she could refer residents to the community Dentist, or how she would access this service. She was also unaware that the Community Dental Service offered domiciliary visits. We offered to send the information regarding this over to the Manager following the visit.

When a resident experiences any dental pain, the procedure is to call the GP and try and make an appointment, but we were told that the GP can be reluctant to see patients with dental pain. A Nurse Practitioner visits the care home on a weekly basis from a local GP surgery and is very good at spotting any issues which are dealt with quickly.

The Manager commented on the purpose of our visit;

“I think what you are doing is great. The more information we can get to help and support residents, the better.”

What did residents say about their oral care?

The residents at Norwood House all have dementia, and most residents were unable to talk to us. Although the 3 residents we spoke to appeared to be very aware, at times they did seem to be confused.

The majority of the residents we spoke to said they had their own teeth. One resident said that they had recently experienced a problem with loose teeth, but was unsure if she had seen a dentist.

One resident wore a denture and they said that it was comfortable and that it fitted them well, and that it was removed and soaked every night.

All residents said they brushed their teeth twice daily and that they didn't need support from care staff.

We didn't witness any of the residents experiencing dental pain or discomfort during our visit.

What did staff say?

Only 1 out of 3 members of staff asked said they had seen the home's oral health policy. All staff said that they assess resident's oral health every day during personal care routines, such as looking for signs of bleeding or swelling.

Two members of staff said they had received oral health training in their previous roles, however this was part of personal care and induction and not specific oral health training. One staff member said that they have never received any.

We asked the staff about any challenges they face when trying to support residents' to look after their oral health.

Staff said that it can be challenging when encouraging residents to brush their teeth or to provide support with brushing. Some residents are reluctant to have things put in their mouth and need a lot of encouragement.

"I have been bitten, punched and pushed away. You have to talk calmly to encourage residents. I have brushed teeth while they are laid down -it is easier."

It can also be challenging to identify dental issues. One member of staff said;

"It can be difficult for dementia patients to recognise that they have dental pain and they sometimes don't recognise symptoms such as bleeding."

Residents have dentures removed and soaked every night, and care staff brush them in the morning before being used again.

Staff said that they make notes in resident's daily journals of when they have brushed their teeth, and if there are any problems noticed while brushing.

One member of staff told us she was quite new to Norwood House but really enjoys working there. She said;

"We get to spend lots of time with residents. There is a relaxed pace and I never feel rushed."

Observations

The members of staff are very attentive and patient with the residents, and there was a calm atmosphere throughout the home.

None of the residents appeared to be in any pain or discomfort and some were witnessed eating and drinking, with little difficulty.

Residents had a good choice of meals and there was a visible pictorial menu in the dining room. Residents who were eating breakfast, seemed happy with the food, and we didn't witness any complaints or food being left.

The home has four communal areas, all of which were very nicely decorated in different themes. All furniture looked new and clean and comfortable for residents to use.

Some of the residents within the Care Home had their pet dogs with them which the other residents enjoyed having around. One resident in particular was very close to one of the dogs, and she told us that she enjoyed looking after it.

“I love spending time with Ebony, she sits on my lap and enjoys having a cuddle”.

Corridors were bright and well lit and decorated in neutral colours. Some of the walls had murals of shops and street signs on, which the residents seemed to like. The corridors also had sensory equipment on such as door locks and catches, and beads that could be pushed around on a metal loop. We did witness one resident using these as he walked down the corridor.

There are two outdoor communal areas, one of which was a sensory garden with plenty of seating, and hanging decorations. There was a large table and chairs outside the dining room, which residents were using and seemed to enjoy being outside.

Oral hygiene products were seen in residents’ bedrooms such as toothpaste, toothbrushes and Sterident. Toothbrushes were in fair condition.

Conclusion

The team at Norwood House provide a very caring environment for their residents. 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. Although members of staff were not trained specifically in oral health, they do support residents well with their daily oral hygiene routines, despite the many challenges that they can often face with this client group. Although there is a comprehensive oral health policy in place, the Home could do more to utilise this and ensure it is embedded into the daily running of the care home.

Recommendations

- Oral assessments for residents should be routinely undertaken on admission, using the assessment tool recommended in the oral health policy to help establish resident’s dental needs.

The NICE recommended assessment tool can also be used-

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/>

- The provider should consider contacting the community dental service and/or other domiciliary dental services (information sent to Manager following the visit).

Signed on behalf of HWNL		Date: 15/8/19
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Response from Norwood House

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):

The report is complete and does not require amending

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

We'll be looking at seeking support from the dentist with our clients and I would like to access training once there are dates available

Any additional comments (please detail below).

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