



Enter and View Report

Lowfield House. Kirton in Lindsey

Published 5th September 2019



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

Enter and View Report

Name of venue Lowfield House

Date of visit - 29.07.2019

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HWNL representatives: Laura Wilson, Carol Stothard, Jane Brown

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

Lowfield House is a residential home which also offers respite care and short breaks for over 18's with physical and learning disabilities.

The home has 21 permanent beds, 18 of which are occupied. The unoccupied beds are used for respite.

The CQC inspected the setting 23rd March 2017 and rated the home as Good, with 'Well Led' requiring improvement. The home currently has 20 staff members.

The aim of our visit was to speak with management, staff and residents to gain information of their views and experiences of accessing dental health services in North Lincolnshire. We also asked questions relating to the recent 'Smiling Matters' report regarding oral health in care homes.

Summary of the Manager's questionnaire

We introduced ourselves and explained the role of Healthwatch North Lincolnshire and the purpose of our visit.

The Manager had been registered with the care home for 3 years, and has previously worked there in other capacities.

We asked the Manager about her awareness of the NICE Oral Health guidelines in care homes. She told us that she was fully aware of them and she felt that they were partially implemented within the home. She went on to say that staff were very good with supporting resident's oral health needs.

The Manager said she had confidence in her staff to prompt and encourage residents to brush their teeth and look after their oral health.

The Care Home has a full oral health policy in place, however this this was not shared with us on the day of the visit.

We were informed that all residents have their oral health needs assessed on admission to the home, and that assessment of residents oral health took place daily by staff. We were told that on monthly basis residents' teeth and mouths were assessed and notes were taken and put into their care plans.

Information recorded in care plans consisted of;

- Dental practice and name,
- support that may be needed by the resident to maintain good oral hygiene
- equipment and products that residents prefer to use to support them with brushing
- Information regarding any new or ongoing dental issues.

The Manager had a sound understanding of the NHS exemption certificate and was fully aware that all residents could receive free dental health services.

Oral hygiene products such as toothbrushes, toothpaste and mouthwash are bought with resident's personal allowance. Keyworkers purchase these items for residents and provide receipts for proof of purchase. The Manager said that there is also petty cash available for residents who may urgently need oral hygiene products but cannot immediately access their own funds.

A domiciliary service from the community dental service visits the home annually to undertake routine check ups. This is done at the home to help desensitise the experience and make it as comfortable as possible for residents, and for the dentist to deliver a service. Appointments are then made for any follow up treatment that may be needed, or if the dentist feels a particular resident may need to be seen more often.

The overall feedback for accessing dental services for residents was very positive. The manager has built a good working relationship with the community dentist and feels there is good communication between them. She said;

“The dentist is extremely patient and understanding of physical and learning disabilities and always helps put the residents at ease”.

The Community Dentist often attends 'best interest' meetings with the Manager regarding residents.

She did mention that recently there had been an issue with appointments due to availability but this was rectified and new appointments made at a later date.

When asked about the procedure for a resident experiencing dental pain, the Manager informed us that pain relief would be offered to the resident, the Dentist contacted immediately during the week, and if necessary they would call 111 or attend accident and emergency during out of hours.

The Manager was not aware that the telephone number for contacting the emergency dental service had changed. We provided this information.

What did residents say about their oral care?

We spoke to 3 residents during our visit. Lowfield House is a home for people living with physical and learning disabilities, and not all residents were able to speak to us.

Two out of three of the residents we spoke to had their own natural teeth, and one resident had part dentures. All three residents said they hadn't experienced any problems with their teeth in the past 12 months.

Two of the residents accessed the Community Dental Service in Scunthorpe and said they were happy with the dentist and the service they had received.

One resident was staying on a respite visit and was registered with her own dentist in the Lincolnshire area. If her placement was to become permanent the manager would register the resident with the community dental service at the Ironstone Centre in Scunthorpe. While the resident is using respite services, an appointment can be made to see the community dentist should a problem arise, but all routine check ups would still be undertaken at her registered dentist.

All 3 residents said they are able to brush their own teeth, but know that they can ask staff for support if needed.

'I don't like having help to brush my teeth, but I need it'.

They explained that they don't like brushing their teeth or having them brushed, but know it must be done. Some days the resident would refuse to brush their teeth or have them brushed.

One resident wore a partial denture and felt that the denture did not fit well, but said that it was comfortable, and liked the way it looked. The resident said the denture was not marked with their initials and that they had never lost their denture.

Two of the three residents said they had a phobia of or didn't like the dentist. One resident had some natural teeth remaining, but said that they didn't want a denture and that their teeth have not affected the foods they eat.

All residents said that they brushed their teeth daily, and dentures were removed and soaked on an evening.

What did staff say?

We spoke to six members of staff, all of which were support workers. Four of the six members of staff said they were aware of the homes oral health policy, one was unsure if they had seen it, and another one said that they had not seen it or was aware of it. All staff said that it was the Manager's duty to assess the oral health needs of all residents on admission to the home.

Four of the staff said they felt very comfortable or quite comfortable when assessing resident's oral health needs. This was done visually on a daily basis but not part of a formal assessment process.

Two staff members said they never assessed residents oral health needs. We showed staff members the NICE Oral Health Assessment infographic, none of the staff had seen this before and were unaware of it.

Four of the six staff said they had never received any training regarding oral health, one was unsure and others said they had covered this in their care certificate. All six staff members said they would find training beneficial to their role.

“I haven’t had any training, but would like to learn”.

Staff said they faced minor challenges with helping to promote good oral hygiene with residents such as communication problems and residents unhappy about having their teeth brushed but most staff said with encouragement and support residents did brush their teeth.

When asked about recording resident’s oral health, all staff said that daily oral hygiene and health is recorded in residents daily care journals, and any issues such as pain or bleeding would be communicated to management immediately.

Staff told us that management arrange appointments and access dental services for residents. A member of staff said that they have visited dental appointments with residents and that it was a positive experience,

“I have been on appointments with residents and always had a positive experience; we have a good relationship with the Community Dentist”.

Observations

On entering the home the team were welcomed by the Deputy Manager, and the Manager came to greet us. We introduced ourselves and explained the role of Healthwatch North Lincolnshire and the purpose of our visit.

The home had recently been decorated and walls were freshly painted and walls were wet, as the decorator was present. The home was clean and had no odour to it.

Furniture appeared to be clean and well-kept in all areas that we saw, we didn’t witness any potential hazards during our visit.

Staff were presentable and wore a uniform of a purple polo shirt with logo on. Residents looked clean and presentable.

Staff and management were very attentive towards residents and their needs. We witnessed staff and the manager communicating to residents with Makaton. All staff appeared to be patient with residents and understanding of their needs. Staff seemed to know all residents on an individual basis. When passing a resident in the corridor the manager informed them that we were going to go past them.

There was a visible pictorial menu in the dining room and offered a variety of foods and healthy options such as fruit. The manager said that residents who may not like the menu choices will be offered other items

“This is their home, they should be able to choose what they like to eat”. We did not witness meal times.

We visited some residents' bathrooms and saw posters on the wall explaining how to clean teeth. This was written in simple language with pictures.

Toothbrushes and toothpaste were seen and were in good condition. Some residents had specially adapted angled toothbrushes with brushes with a double head to aid more efficient brushing.

Conclusion

Lowfield House take a very proactive approach to providing oral care for their residents. It was clear from speaking to staff that they understand the importance of good mouth care for people with additional needs and respond to this well. This could be further improved by staff completing formal training in oral health.

A positive relationship with the Community Dental Service has been established which ensures that all residents have access to check ups and routine treatment when needed.

Recommendations

- 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:
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Response received from Lowfield 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):

Page 3 paragraph 6 The community dentist from the iron stone centre visits the home yearly to complete a check up with all residents. This is done in their own home to desensitise the experience and make it as comfortable as possible to allow the dentist to do a routine check. Appointments are then made if follow up work is required or if the dentist feels that the client needs to be seen more frequently.

Page 4 Paragraph 4 The Lady who was spoken to from the Lincoln area was at the home for respite care. She is currently registered with a dentist in the Lincoln area but will be transferring to the Iron stone team should her placement become long term. Whilst on her respite stay she would be able to access the Iron stone dentist should the need arise. In the meantime routine appointments with her own dentist would be met.

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

Following the visit from Health watch I am working with the staff at Lowfield with the view to provide training on oral hygiene. I am currently introducing the NICE oral hygiene assessment tool to all staff and will look to complete this with all service users. We have a staff meeting due in the coming weeks and oral hygiene is going to be a topic discussed so all staff are aware of assessment tools and can share views on the topic.

- Any additional comments (please detail below).

I would like to comment on the team that visited Lowfield from Health watch. All of the team approached the staff and service users in a kind and approachable manner and took time to communicate with the service users in a way that made them at ease, taking prompts from the staff to communicate effectively. The information received from the team both during the visit and via the report will be used to improve the service experience and has been very helpful and informative.

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