



Enter and View Report

Applegate House. Barton Upon Humber

Published 16th August 2019



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

Enter and View Report

Applegate House

Date of visit - 29/07/19

Date of publication -16/8/19

HWNL representatives: Carrie Butler, Denise Fowler

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

Applegate House is a residential setting that provides personalised support to people with autistic spectrum conditions over the age of 18. The facility has six self-contained flats, located in Barton upon Humber.

Applegate House is part of the Options Group, which provides residential and educational facilities for children, young people and adults with learning disabilities and autism, in a range of settings across the UK.

Applegate House is one of five facilities owned by Options that have been rated as 'Outstanding' by the Care Quality Commission (CQC).

Summary of the Manager's questionnaire

The registered Manager was very welcoming and was keen to participate in the visit.

We asked; *'To what extent are you aware of the NICE guidelines for oral health in Care homes'*

The Manager had read and understood the guidelines and had taken steps to implement them. He felt that they were mostly implemented within the setting.

Although the care home does not have a specific mouth care policy, oral health is covered as part of the care planning policy. The Manager has raised this with the quality assurance team at the options group, as he feels that this is needed.

All of the residents had their oral health needs assessed when they first arrived at the care home and had an individualised oral care plan which includes:

- Name of Dentist
- Eligibility for free NHS treatment
- Support needed with oral care
- Special techniques/ equipment that may be needed to encourage brushing
- Log of any recent or ongoing issues
- Preferred time for treatment
- Products the residents like to use

The Manager showed us an example of a resident's oral health plan which was comprehensive and personalised to their needs.

The care home provides basic oral hygiene products for the residents to use, and any additional products such as electric toothbrushes are funded by the resident or family members.

All members of staff had recently undertaken training in oral health provided by the NHS (e-learning for healthcare) which included an introduction to mouth care, mouth care for adults and mouth care for adults with additional needs.

Five of the six residents access routine dental care. Two residents visit the Community Dental service at the Ironstone centre, and one receives domiciliary care from this service. Two residents continue to visit their usual 'high street' dentist and travel to nearby Hull for this service.

Only one resident did not access any dental care. This is a decision made by the resident who refuses to engage in oral health interventions. This is thought to be due to previous trauma. The Manager has worked with the Community Dentist to develop a plan for this resident to ensure that the most appropriate treatment would be provided if a dental emergency was to occur.

The domiciliary dentist visits the setting frequently, and the Manager feels that he has a good relationship with the Community Dental service. He finds the referral process simple, and the service very responsive.

'I don't know how we would manage without Mr Stanfield'

The Manager also stated that the length of time in between appointments at the Community Dental Service had improved recently, and he no longer felt he needed to 'chase' letters. He also stated that he found the referral process simple and the form easy to use.

The Manager was asked; *'What is the procedure if a resident is experiencing dental pain/ swelling and requires urgent treatment'*.

The Manager felt he could contact the Community Dental Service if needed, but if the resident experienced a dental emergency on an evening or weekend he stated that they would probably have to go to A+E. The Manager felt that if a dental emergency was to occur it would be 'interesting' as they had never experienced this issue. He said that a protocol was probably needed to cover this.

The Manager said he felt that it would be useful for the residents to have access to some advice on how to keep their teeth healthy and said it would be useful for someone from the oral health promotion team to come along to their 'Applegate Voice' meetings to speak to them.

What did residents say about their oral care?

We spoke to two residents on the day of the visit who were most able to express themselves verbally.

Both residents had their own natural teeth and did not wear a denture.

Neither resident had experienced any problems with their mouths in the last year. Both were registered with a dentist over in Hull, and did not need to access the Community Dental service. It was felt that as they had visited their own dentist since childhood, it would be in their best interest to continue.

Both residents expressed that they enjoyed the food in the care home. One resident told us that he particularly enjoys eating sweets and crisps and drinking fizzy pop.

This resident is independent and does not require any help to clean his teeth. He does this twice a day.

The second resident is a little more reluctant to carry out daily oral hygiene. Although he cleans twice a day, he often needs prompting and has some support from his key worker.

What did staff say?

We spoke to two members of staff on the day of the visit.

Both members of staff were aware of the residents oral care plans but were unsure about whether there was an oral health policy in place.

Although no formal oral health assessment tools were used, both members of staff told us that they assess the oral health needs of a resident daily, during routine cleaning of teeth and felt that they were very confident at identifying any issues. This information is recorded in the residents' daily log.

One staff member told us that they knew the residents well and would be able to spot any changes in behaviour that might indicate that they are in pain straight away. Any issues would be immediately reported to the manager.

The care home staff had recently undertaken training in Oral Health, provided by the NHS online. One staff member said they found this training 'really good'.

Both members of staff felt that promoting and providing good oral care could be a challenge at times. Some residents needed prompting to clean their teeth whereas some needed more 'hands on' support, which involved placing their hand over the residents hand to guide them.

One staff member said;

“You have to be patient, and see oral health as important. Even if the resident is independent it is still important to ask and make sure the mouth is clean”

Both members of staff felt that they had enough time to care for a residents oral health needs and that access to local services was 'excellent'.

Observations

The Care Home environment was calm and welcoming. Members of staff were attentive and supported the residents on a 1-1 basis.

We were shown around the setting which consisted of a communal area and six self-contained flats. Each flat was decorated to the residents' preference and were clean and well kept. The Manager explained that the residents were encouraged to carry out their own cleaning and washing but were supported where needed.

Residents plan their menus on a weekly basis and are able to choose whatever they would like to eat. In one resident's flat, this was displayed on the notice board, and it was noted that they also eat out once a week. Healthy meal choices are encouraged in the care home, and an information board in the entrance has a display depicting the eatwell plate to help residents make an informed choice.

In a kitchen of one of the flats, an attempt to moderate a resident's sugar intake was seen. This resident enjoys sugar in their hot drinks, but when the sugar was left in container he would often eat this. The staff created a chart on the cupboard door, which contained sachets of sugar to be used throughout the day with each hot drink. This has helped the resident to understand moderation.

We were shown into residents' bathrooms and saw oral hygiene products such as toothpaste, mouthwash and toothbrushes. All of which were in good condition.

All of the residents appeared happy and well cared for and none appeared to be in any pain or discomfort.


Conclusion

Options Applegate House are very proactive with oral health care and residents are encouraged as much as possible to be independent and care for their own teeth, with support where needed. The Care Home Manager understands the importance of good oral health and this is reflected in the confidence and competence of the staff.

Recommendations

The following recommendations were discussed with the Manager on the day of the visit:

- The provider should consider implementing an oral health policy which is separate to the care planning policy.
- A protocol for access to the emergency dental service should be developed to ensure that staff are aware of what to do out of normal working hours.

		Date: 14/8/19
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The provider was sent the report and asked for a response within 20 days. A response was received within 2 days, as follows;

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 accurate and ready to be published, thank you for this.

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

Recommendations are underway in completion, progress so far:

Updates to all oral health care system of supports have been made, details on what to do in emergencies have been included and shared with staff.

Contact has been made with the quality and support manager for Options to consider the amendment in the policy, through this we have identified that oral health could also be added to the health & Nutritional needs policy. Again this policy does cover some aspects of oral health, but the decision needs to be made on whether the governance team feel our policies are detailing this enough.

- Any additional comments (please detail below).

The process and visit undertaken by Carrie and Denise was structured out really well, they were very considerate to the people we support at Applegate House and was continuously asking myself/staff team what was best when communicating.

The communication completed by both representatives was welcoming, considerate and open, the home collectively felt at ease with the visit. Through this the ability to offer the required information was completed at ease.

Carrie & Denise offered information around the emergency procedures for oral health needs so that further updates could be included/considered within our systems of support. We found this really valuable and was able to amend the plans which further enhanced the quality and detail.

The enter and view report is detailed and gives clear recommendations for us to work on.

Such visits to the site are very much welcome as they positively contribute to how we support and deliver a service for those at Applegate House. We are always eager to enhance our practice. Thank you for taking the time spent with us.

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