



## **Enter and View Report**

Lincolnshire House. Scunthorpe

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

## Enter and View Report

Lincolnshire House

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HWNL representatives: Laura Wilson, Carol Stothard, 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

Lincolnshire House is a residential home predominantly for people with cerebral palsy. The home also offers care for individuals with learning and physical disabilities. The home has 35 permanent beds, 2 respite, and day care facilities.

Residents live in bungalows, which they share communal kitchens and living areas. Residents have their own individual bedrooms with en-suite facilities.

## Summary of the Manager's questionnaire

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

When asked about the NICE Oral Health guidelines for care homes, the Manager said she was fully aware of them and that she has read and understood them. When asked if she felt she was able to implement these, she felt that it was partially implemented by the home, and that staff were very good with supporting resident's oral health needs. She went on to say that she had confidence in her staff to prompt and encourage residents to brush their teeth.

The Manager told us that the home had a full oral health policy in place, which was available to access on their network. This was shown to 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 visual assessments of residents oral health took place daily by staff.

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 overall feedback for accessing dental services for residents was generally positive. All residents have access to the Community Dentist and most go for regular check-ups and treatment. However the Manager did state that one resident was in pain and the dentist refused to see them which resulted in the care staff having to take the resident to Cleethorpes for treatment.

Not all have their own registered dentist. All residents are offered appointments, but sometimes do not attend due to personal choice.

When asked about the procedure for a resident experiencing dental pain, the Manager informed us that the Community Dentist would be contacted immediately during the week, and if necessary they would use the emergency dental service. We explained that this number had now changed to 111, she said she would communicate this change to all staff.

### **What did residents say about their oral care?**

We spoke to nine residents during our visit. All of the residents we spoke to have their own natural teeth, although one resident did wear partial dentures. This resident told us he was struggling to eat at the moment as his denture does not fit well and is uncomfortable.

***"I am struggling to eat and waiting for an appointment with the dentist."***

This resident also has gingivitis (swollen, bleeding gums) and has received advice from the dentist about how to manage this problem.

One resident said that she was experiencing dental pain, but currently doesn't have access to a dentist. We told the resident that she could access the community dental service; she said that she would look into this herself.

One resident had not seen a dentist for over six years as she finds it too expensive. She is not sure if she meets the criteria for free dental treatment as she is currently awaiting a decision regarding benefits entitlement.

We spoke to a female resident who told us that she had recently had problems with a tooth which resulted in an extraction. She told us that the issue was dealt with quickly.

Five of the residents accessed the Community Dental Service in Scunthorpe. One resident said he was registered with a high street dentist who has been going to for many years, and is very happy with this Dentist.

Most residents said they were happy to visit the dentist and go for regular check-ups and that they liked the community dentist. One resident said she was unhappy with her last visit to the community dentist as it was a different dentist who saw her.

***"I am frightened of needles and did not like the dentist who I saw last time I visited."***

Four of the residents said they need the support from care staff to brush their teeth.

***"Care staff help me to put toothpaste onto my toothbrush."***

All residents we spoke to said they brush their teeth twice daily, and residents who said they don't need support to brush their teeth, said that they would feel comfortable asking for help if it was needed.

## What did staff say?

We spoke to five members of staff, three of which said they were aware of their care homes oral health policy, and the others saying they were unsure. All staff said that they do not complete a formal oral health assessment on admission, but they do assess resident's oral health on a daily basis when helping with personal care.

We asked staff if they used an oral health assessment tool to assess the needs of residents. None of them answered that they did, but one or two said they would find one useful.

All of the care staff said they felt very comfortable or quite comfortable when assessing resident's oral health needs. One staff member said;

*“The behaviour usually gives us signs, and refusing hot and cold food and drinks”.*

Five staff said they had never received any training regarding oral health, but all said that they would find training very useful.

*“I haven't had any training, but would find it very useful if there was some available.”*

Staff said they faced some challenges with helping to promote good oral hygiene such as residents' reluctance to brush their teeth, but overall residents were happy with brushing their own teeth or having support from care staff.

When asked about recording resident's oral health, all staff said that daily oral hygiene and health is recorded in residents daily care notes, and if there was any issues they would be put into the medical notes and appointment would be made with the community dentist.

## Observations

On entering the facility we were given a warm welcome by the Manager and staff. We were also given a tour of the setting and its many facilities by the activities coordinator. There are two activities buildings, one had a kitchen where residents and carers could cook and bake together, a beauty and hair salon that the residents accessed and a large arts and crafts room that had daily activities.

The main activities building had a large communal area, a dining room, an IT room, a sensory room, a rebound therapy room with a trampoline specially adapted for physical disabilities, and an iMuse room. We were told that the iMuse is a piece of ground breaking equipment which involves computer-generated sound and graphics to give individuals an audio-visual and acoustic experience.

Communal areas were presentable and clean. Resident's bungalows and rooms were clean and clutter free. Resident's bedrooms were decorated to their liking and personalised with their own items, it had a very homely feel.

The home had extensive and well maintained gardens, and residents were encouraged to actively take part in growing produce like vegetables.

Pathways were wide, flat and well maintained and residents were able to easily maneuverer around the grounds.

None of the residents we interacted with seemed to be exhibiting any dental pain or issues. However it was evident that some residents' teeth appeared to be in poor condition.

We saw toothbrushes, toothpaste and mouthwash in all of the residents' bedrooms that we had visited. The toothbrushes seemed to be in good condition. One or two residents had an electric toothbrush. There were no specially adapted brushes seen.

In one bathroom we noticed high fluoride toothpaste which is often prescribed to people with disabilities such as cerebral palsy due to their high risk of dental cavities. Prescription mouthwash was also seen.

In one bedroom we observed a notice board with instructions for carrying out oral hygiene in bold writing.

We were informed that a residents meeting is held on a weekly basis. All residents are welcome to attend to discuss anything they like, such as any issues they may have, or ideas that they may have for up and coming and future events at the home.

## Conclusion

The team at Lincolnshire House are attentive to the needs of the residents who all seem very happy in their environment.

Although staff had not received formal oral health training, they were very proactive in supporting residents with their oral hygiene routines, and actively encouraged residents to retain independence where possible.

Residents who were registered with a dentist were generally happy with the treatment they received, however access to dental services for some residents could be improved. As the range of abilities within the setting varies so greatly, providing equitable access seems to be a challenge. Those residents who are most able seem to be the ones that are less supported with finding and accessing dental services.

## Recommendations

- The Manager should complete an overall review of all residents' access to dental services to ensure that those who do not have a dentist are given the opportunity to access one. This should also include determining eligibility for free NHS treatment.
- The Manager should ensure that all Care Staff are familiar with the Oral Health Policy.
- An oral health assessment tool should be used routinely to assess oral health needs of residents. The NICE recommended assessment tool can be used- [https://www.nice.org.uk/Media/Default/Oral%20health%20toolkit/Oral\\_health\\_assessment\\_tool.pdf](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 from Lincolnshire 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):

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

All files will be checked to ensure all residence have a named dentist.

All staff are told about all policies and procedures at start of employment but will be reminded about oral health at induction.

Assessment tool is being implemented.

- Any additional comments (please detail below).

The visit from Healthwatch was very useful.

It gave us additional information and ideas to put into practice.

The team who visited where friendly and helpful and interacted really well with the

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