

Enter and View Report

The Manor House

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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

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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. Our aim was to compare the results to the same survey that was completed in 2019 to see if there had been any improvement in oral care in care homes.

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

The Manor House is a residential home for people with complex mental health, physical and learning disabilities. The home has 17 permanent residents and has a CQC rating of Good.

The home also had purpose built bungalows in the grounds to support independent living, as well as bedrooms in the main house.

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 was familiar with Healthwatch and had been the manager when the previous enter and view in 2019 had been completed.

The manager stated that she had been a Registered Manager at the Manor since 2019. Their rating with CQC was Good their last inspection was in May 2019. The Manor House plus the bungalows catered for seventeen residents. They were at full capacity.

The manager stated that she was fully aware of the NICE guidelines for Oral Health in Care homes. She felt that the Manor fully implemented the guidelines and used the 543 Dental Service from Hull. Residents are encouraged to buy their own toothbrushes and toothpaste. Medicated toothpaste and mouthwash are used and were prescribed by the dentist. However, the prescribed toothpaste did cause some issues with having to enter them for every resident onto the EMAR system.

The Manor has an Oral health policy in place. All policies are online and accessed through Learning Pool.

Residents have a monthly mouth check and an annual review.

The following information is documented for a resident in their care plan: Name of dentist, eligibility for free NHS treatment, any support needed to maintain good oral hygiene, log of any recent or ongoing dental issues to be aware of.

The residents pay for their own oral hygiene products using their own personal funds. Staff support residents who need help to buy products.

Staff at the Manor have training in oral health through the Learning Pool.

All the residents have access to a domiciliary dentist from 543 Dental service. The dentist visits the Manor, and everyone can see them. If someone didn't see them then it would probably be down to refusal to be seen possibly due to challenging behaviour. The dentist visits every six months or will visit earlier if needed.

If a resident needed urgent treatment, then they would go through the Single Point of Access. The manager was aware of the 111 service to contact the emergency

dental service and felt that resident's access to dental services over the last two years has improved.

What did residents say about their oral care?

Healthwatch spoke with four residents at The Manor, three were male and one was female. They had lived at the Manor from under six months to over five years. Most had their own teeth, with one resident had some but not all their teeth. Four residents spoke about problems that they had in the last year. One had two teeth out, one had lost a tooth, and one said that they had two wobbly teeth now. Two residents thought that they had dentures. One of which doesn't wear their dentures.

When asked about the food at the Manor, two said that they enjoyed the food, one said sometimes, and one said no. Only one resident said that it was because of their teeth and that they needed bite size portions. One resident listed the food available to eat, they mentioned lasagne, pasta, Chinese and Indian takeaways. They said that they wanted to keep healthy and listed the vegetables that they liked. When asked if there was any food that they can't eat any more they said "sweets, as they are bad for my teeth".

Two residents when asked said that they had a regular dentist. Everyone was happy with seeing a dentist and the treatment they received. Two residents stated that the dentist visits them at the home.

All four residents said that they cleaned their teeth in the morning and three said sometimes at night. Two residents said they did it themselves and two stated that they needed support from care staff.

When asked if there was anything else that they would like to tell Healthwatch about living at the Manor, two residents spoke about their interests and that they had friends. They also spoke of some residents that could cause problems for others due to fall outs.

One resident had been in the home for less than 6 months and hadn't yet had a visit from the dentist. The manager informed us this was due to the dentist visiting just before the resident moved into The Manor and the dentist was due to visit on 22nd October 2024. The resident explained that they were shown how to clean teeth

properly by the care staff and they observe this morning and night in case they need any further support.

This resident had their own teeth and stated they have had no problems with their mouth in the past ear. They stated that they enjoyed the food, but more so when a particular cook was on shift.

What did staff say?

The Deputy Manager supported the residents that Healthwatch spoke with in the lounge area upstairs.

We spoke with three members of staff who were aware of The Manors Oral Health policy.

The oral health needs of a resident were assessed upon admission, and they felt quite confident with assessing residents' oral health needs. There is a mouth map used in their care plans which is updated monthly by the care staff. This is the NICE recommended oral health assessment tool.

Staff received online training in oral health through learning pool however all staff said they would find it helpful to receive more training.

Staff felt quite able to spot the signs and symptoms of dental pain or disease and would be happy to ask senior staff if they were unsure of anything. Most residents needed prompting to clean their teeth, but they would be willing to do so with little or no physical help. Some residents have visual aids such as diagrams to help them understand how to brush their teeth however most of the time the care staff will demonstrate this.

A resident's daily oral hygiene routine would follow getting washed and dressed in a morning.

Observations

We were welcomed into The Manor by a Staff member who also checked our ID badges and asked us to sign in before entering the building. We were introduced to the Manager and Deputy Manager. Healthwatch went into the Manager's Office to complete the Managers questionnaire, also in the office was a small dog which was very much part of the home.

Upon arrival some residents were playing games with the staff and others were getting ready to go out. There are pictorial menus on a board near the kitchen, along with other notices about balanced diets. There is also an activities chart on the wall which tells residents what is available to do each day.

We were offered a tour of the building.

As we passed through the building, to go upstairs, It was noticed that there were two boards with photographs and pictures in the corridor. (These were covered over with Perspex for safety.) The living room upstairs was clean and decorated and furnished nicely. Again, the TV was covered in Perspex for safety.

The building is small and does feel quite enclosed in some areas between bedrooms, bathrooms and communal areas. Some décors could be refreshed such as paint on the banister to go upstairs was worn away.

We were invited into four bedrooms, three of which were tidy and clean. One bedroom although tidy did smell of urine, we were told this is due to the resident having a catheter and that they would often empty this on the floor, we were also told the shower leaks into the downstairs bedroom, so the resident is unable to use the shower in his en-suite.

Not all staff were wearing uniform or badges, we were informed that this was due to being new starters and that badges were only worn on trips out of the building.

There was a PPE station downstairs and a there was a box for comments.

Conclusion

The team at The Manor House appeared to be attentive to the needs of the residents who all appear happy in their environment.

The Manor demonstrates a positive and proactive approach to ensuring quality dental services for its residents. The care home embeds the NICE ng48 guidelines into the home.

Residents were assessed for oral health on a regular basis.

The Manor has an Oral Health Policy in place under the provider's name of Prime life which staff were aware of.

Staff knew how to access emergency treatment for a resident if required.

In comparison to the 2019 report the standards of oral health support at The Manor House have improved. Staff have all now received training in Oral health and have regular refresher training. All residents are registered with 345 Domiciliary Dentist in Hull and have received regular check-ups and treatment.

Recommendations

The Manor should continue to work within the NICENG48 guidelines and support their residents to continue to maintain good oral hygiene.

The following recommendations are from general observations of the home.

It was mentioned that one of the residents only had one hour of 1-1 support, this doesn't give much opportunity to access activities further away, due to the remoteness of the home. This could be discussed further with the funding authority.

Healthwatch would recommend that the floor covering is replaced and the shower is fixed in the bedroom of the resident mentioned in the observations section above.

Signed on behalf of HWNL		Date: 19.11.2024
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Provider Response

Page 6:One bedroom did smell of urine: this room has been identified as requiring decorating and has had a new shower fitted which is in working order.

Leak has been repaired.

Page 6: All uniforms have been delivered.

Recommendations for the resident who only has 1-1 support for one hour. This has been discussed with the funding authority. Ongoing issue with social services of which we have no control over.