

Enter and View Report

Ascot House

Date of visit – 30.09.2024 Date of publication – 10.01.2025

HWNL representatives: Lucy Wilkinson and Rebecca Price

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 several 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.

The enter and view visit was announced, and the Manger was sent a letter one week before the date of visit.

Care Home – background

Ascot House is a residential care home based in the Centre of Scunthorpe North Lincolnshire which is part of the Kapil Care group of homes.

The care home is registered to cater for the needs of forty residents over the age of sixty-five, with dementia and requiring nursing or personal needs. The home currently has thirty-two residents and was rated overall 'good' at the most recent CQC inspection in February 2021

On arriving at the care home, we were greeted by the deputy manager as the registered manager was on holiday. The area manager was available also in the building should she be required.

The home has had a recent recruitment drive and have five/six care staff on each shift, a senior on each shift, domestics, housekeepers and a cook.

Summary of the Manager's questionnaire

The deputy manager has been in her role for approximately 1 year and felt settled in and was enjoying her role. She had read the NICE ng48 guidelines and felt that they were mostly implemented well into the care home. She was open and honest and expressed that there are always areas to improve upon.

The Care Home has an Oral Hygiene policy in place dated May 2022 which details the assessment process, emergency treatment, care planning, training and the delivery of mouth care.

All residents have their oral health needs assessed on admission to the care home. The home uses PCS (Person Centred Software) to record each residents oral health needs.

The following information is then documented in the resident's care plan:

- Name of dentist (if applicable)
- Eligibility for free NHS treatment
- Any support that may be required to maintain good oral hygiene
- A log of any dental issues
- Preferred time to receive oral care
- Dentist sometimes prescribes fluoride toothpaste; families sometimes bring in preferred products.

There is a trolley shop that is available every other day where residents can purchase different products including toothbrushes and toothpaste.

Staff have training via Curve Training in Oral Care. 86.7% of staff had completed their training. Currently, there is no face-to-face training.

Of the thirty-two residents living in the care home, three have their own dentist who they visit regularly for routine checkups and treatment. The dentists used are Winterton, BUPA-Brigg and Ashby Road. The domiciliary Dentist 345 come into the home regularly to complete check-ups and treatments to all the other residents. They are next due to visit in November 2024.

Two residents preferred not to see the dentist.

We asked the deputy manager what the procedure would be if a resident was experiencing dental pain/ swelling and required urgent treatment out of hours. She advised they would try the Ironstone Centre first, then the SPA team or if required they would support the resident to A&E.

When asked if there was anything else she would like to share about providing oral care to residents or accessing services. She stated that initially the referrals for the community dentist at The Ironstone centre and Ashby clinic were difficult, but the ECP had sorted referrals, and this made it easier. She also stated that providing oral care can be difficult when dementia advances.

The deputy manager felt that overall oral health of residents had improved over the last two years.

What did residents say about their oral care?

Healthwatch spoke with six residents while at Ascot House. Two had just recently arrived on respite, three had been there for just over a year and one six months

One had most of their own teeth and four both had dentures as well as some of their own teeth. One had a full set of dentures having had all their teeth removed at nineteen as they were crooked. One had problems with their mouth in the last year, with toothache. Another had sore gums, they had been putting a bit of bonjela on their gum before inserting their dentures. None of the residents that had dentures had their names or initials engraved on them. One resident informed us that they had never lost their dentures, but they had been pinched, another told us they had lost them but soon got them back.

All the residents stated that they enjoyed the food. One resident stated they were picky and could only eat certain foods like stews and curry. Also due to wearing dentures they couldn't eat an apple. Another stated I wouldn't do very well without my teeth in.

Two residents stated that they didn't have a regular dentist anymore. One was unsure why and the other said that they didn't need too. Two residents still have their own dentist and go with a Carer in a taxi to a dentist in Ashby. The others used 345 domiciliary dentist that visits the home on a regular basis. All stated that they took care of their own teeth and dentures. But if they needed help a member of staff would put the dentures in a pot to clean with a tablet. One stated "I'm quite happy, I have my dentures re-fitted every three or four years, you shouldn't be frightened to go to the dentist".

When asked if there was anything else that they would like to say about living at Ascot House they said that there was a lot of doors banging and repairs going on during the night which made it difficult to sleep. They enjoyed the bingo, sing a longs and flower arranging. Once a month they can go for a coffee morning at a different care home. Another resident just wanted to get home although he did state "they are good they do look after me".

What did family say?

"He is doing as well as can be expected, there have been a few issues with his catheter but that's sorted now, they are really good and look after him".

What did staff say?

Healthwatch spoke with four members of staff only one was aware of Ascot House's Oral Health policy. They assessed the oral health needs of a resident upon admission, if there is a problem and every day during whilst supporting with oral care. All four felt quite confident with assessing residents' oral health needs. Two members of staff stated that they use the NICE recommended oral health assessment tool, one stated that they use the care plan (PCS) on their hand-held device. Out of the four, only one member of staff said they had training in oral health and that was on-line. They would like to access training, if they were given the opportunity.

Challenges that they faced whilst promoting and providing good oral hygiene were down to residents presenting with challenging behaviour, refusing to open mouths. Staff encourage and support to brush teeth and to remove dentures. Dentures are soaked overnight and are cleaned very regularly. They have spare toothbrushes and toothpaste. Most residents can brush their own teeth or are

happy to have support. Some residents have their dentures clearly marked. All four members of staff felt that they had enough time to adequately care for residents' oral health needs. The Dentist comes to Ascot House to visit residents. However, it can take a long time to get through on the telephone to book an emergency appointment.

When asked if there was anything else that they would like to share, one member of staff said that it was a great place to work.

Observations

We entered Ascot House, via the side visitor's entrance by the Deputy manager and taken to her office. We were offered a tour of the building by a senior member of staff.

We were shown into a resident's room with permission of the resident by the senior member of staff. The room was clean. The resident had personalised the room with photographs and personal belongings.

Upstairs the smoke alarm system was being upgraded and there were wires dangling down from the ceiling (signs highlighted this and apologised for the inconvenience) There was a sign on one of the doors warning that the sluice room's floor was wet due to the sink leaking.

The building was plainly decorated in neutral colours. Unfortunately, it smelt of urine in the kitchen/dining area. This was mentioned to the area manager, and she asked the deputy manager to ensure the carpet area was cleaned.

Healthwatch observed staff handover taking place as shifts changed over..

Healthwatch witnessed a member of staff responding to a resident when she said that she wanted support to get up and move from the table. Staff were seen to be comforting a person who was very upset and confused.

Residents appeared comfortable and one resident who had a catheter kept expressing he needed to pass urine, despite being reminded that he didn't need to visit the toilet he continued to ask. A staff member quickly supported him to the toilet area.

Drinks were readily available on the side in one of the rooms.

Visitors can visit at any time.

Staff were wearing uniform; badges weren't worn consistently. Most staff observed were not wearing a badge.

There were several display boards with useful information including how to make a complaint.

There were plenty of seats for residents to sit in and a quiet lounge area. We didn't witness any social stimulation or activities taking place. They do have an activities co-ordinator who works three or four shifts a week. A large touch screen computer/tv was available for residents to access information and play games on.

Conclusion

The NICE ng48 guidelines were well implemented into the home

The home has an oral care policy and assesses residents' oral health needs on admission. Staff felt confident to assess residents' oral health.

Staff generally support residents well with their daily oral care.

Staff have received training in Oral Health.

The home is registered with 345 Dental domiciliary service.

Staff know how to access emergency dental treatment.

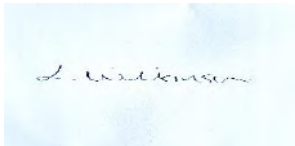
Some residents do not consider oral health as important, particularly those who do not have any teeth which does make providing care difficult.

In comparison to the 2019 report "getting to the root of the problem" The provider has since registered the home with a domiciliary dentist who visits the home on a regular basis.

Ascot House continues to support their residents to maintain good oral hygiene standards.

Recommendations

- Ascot House should continue to work within the NICE NG48 guidelines and support their residents to continue to maintain good oral hygiene standards.
- The manager should ensure that staff re visit or refresh Oral Health training on a regular basis.
- Care Home Staff should promote the importance of good oral health to residents, with visual aids and guidance displayed in prominent places around the care home.

Signed on behalf of HWNL		Date: 18.11.2024
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Provider response

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):

Good morning

I will not be submitting a response

Kind regards
Lynne

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