

## Enter and View Report

Holly House

Date of visit – 25.09.2024 Date of publication – 10.01.2025

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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

## 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. 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**

Holly House is a twenty-nine bedded registered residential care facility, located on one floor that caters for people aged over sixty-five receiving respite or long-term care. At the time of the visit the home was at full capacity. The care home also provides specialist care including dementia, palliative and end of life care. The facility is in Burringham, North Lincolnshire.

Holly House is run by PB residential part of Dryband One Limited which has six care homes in the Northern Lincolnshire area. The Manager has been in post since 2014

but has worked at the home for forty-one years. The facility has a low turnover of staff and is currently fully staffed.

Holly House has been rated as 'Good' by the Care Quality Commission (CQC) in December 2020. It has a five-star food hygiene rating and in the recent infection control inspection it scored 96.1%

## **Summary of the Manager's questionnaire**

On arriving at the Care home, we found the Manager to be welcoming. We explained the purpose of our visit and explained that we would be asking questions that would identify any issues in accessing dental services for residents, and any gaps in oral health care.

The Manager advised that at the last enter and view in 2019 she was not aware of the NICE ng48 guidelines but that she is now fully aware and that the guidelines are mostly implemented within the home.

The Manager advised of the homes Oral healthcare policy and a copy was provided to Healthwatch. She confirmed that an Oral care plan was included in each resident's care plan which was prepared on admission. The Oral care plan would be updated as necessary, and any issues identified logged and dealt with.

There was also an Oral Health risk assessment that was completed for each resident, Healthwatch were able to view this the document which was thorough and regularly reviewed.

The Manager confirmed that she understands the NHS exemption criteria but that the finance department would mostly deal with this.

Resident's oral healthcare products (toothbrushes, toothpaste etc) are provided by the resident's family. If a resident runs short or they do not have the products needed they would be supplied by the home.

Staff do not receive specific oral hygiene training, but "how to ensure good oral hygiene" is covered within personal hygiene training. The system used is Care Tutor.

The Manager stated that only two residents attend a dentist for regular check-ups and that contact with a dentist only occurs if the resident is experiencing a

problem. She felt that the reason few residents would not engage with dental services was due to personal choice and lack of availability.

The community dental service has not visited the home for many years. If a resident was experiencing dental problems outside of normal working hours the Manager would contact the Single Point of Access team who are “very good” and who would send an emergency care practitioner if needed or provide information as to where to access treatment.

The manager felt that resident’s access to dental services over the last few years has stayed about the same. Thankfully they have not had many issues with regards to requiring dental care.

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

### **Resident one and two**

One resident informed us that she had just recently moved into Holly House and had been there for just over six months. Another had been resident for over two years.

Neither had their own teeth and both had dentures. Neither had any problems with their mouth in the last year. Both stated that their dentures fitted well, and they were happy with them but didn’t have any names or initials engraved on them. Both stated that they enjoyed the food, one stated that it could be a bit rich. One stated that they didn’t need to eat big meals, and they could have something different to what was on offer, if they wanted to. You only had to ask. Apart from nuts, neither thought that their dentures caused them any issues or stopped them eating a particular food.

Neither had a regular dentist anymore and didn’t feel that they needed one. One took care of their own dentures and the other stated that a member of staff take them out for them and clean them.

One resident advised that the teeth cleaning pictures above the sinks in the bedrooms had been put up the previous day.

### **Resident three.**

I mostly have my own teeth, but also a small denture with two teeth. I don't have many problems, but I have had to start using Fixodent as my denture seems a little loose and I sometimes get food particles stuck underneath, which is uncomfortable. I am happy with how it looks. It is not marked with my name, and I have never lost it.

I like food and don't have any problems eating I eat anything vegetarian

I did have a regular dentist before I came into the home, he was an NHS dentist. I think I would be able to go there again if I had any problems as a family member could take me.

We don't have a dentist that visits the care home.

I manage my oral health myself; I clean my teeth twice a day if I remember. I sleep in my denture.

I am very happy here; I know all the staff by name and have made new friends among the residents.

### **Resident four and family member.**

Had a full set of dentures as had had teeth removed many years ago. They had no problems with their mouth although the bottom set of dentures are a little loose. It is comfortable, though and is happy with how it looks. It is not marked with initials and has never been lost.

The resident enjoys the food particularly fish and chips. Family member commented that they had put on a lot of weight since they had been a resident at Holly House.

The resident stated that they had a regular dentist when they lived at home but doesn't see anyone now. The dentist doesn't visit the care home.

The family member said that they have pointed out to them the picture in the bathroom which advises on how to brush their teeth. They advised that they were

not sure how often their dentures were cleaned. The family member said that if they notice that they have halitosis, they ask the care staff to make sure their teeth and mouth are clean.

The family member said that they were reassured that if ever anything was wrong it has always been responded to immediately by the care staff or management.

## **What did staff say?**

Most staff were aware of the care home's oral health policy and one stated "it is available in the medications room" A copy was printed off and given to Healthwatch.

Staff are trained using E learning and as part of the care certificate, however they felt some face-to-face training would be useful. One staff member stated that in a previous job they had received face to face training and would prefer to have that option again.

One member of staff stated "I would like to see a professional e.g. a dental hygienist come to the home to see residents and advise staff".

The oral needs of a resident are assessed on admission and there is a daily assessment documented on Ascom, the computer-based care plan system.

A separate template is used, which is a map of the mouth and teeth.

Most staff felt confident assessing residents' oral health and did this by using their experience and knowledge/observation and questioning to assess oral needs.

They commented that "resident co-operation is not always good. We tend to repeatedly advise residents what to do and prompt them as to the next step when they are undertaking their oral hygiene. Patients with dementia often require calming and persuasive strategies".

Some residents need to have their teeth cleaned by the staff; some are okay with prompts. Staff tend to deal with dentures.

Most staff were able to identify mouth problems they said they would do this by observation for soreness, noticing if residents have trouble eating or drinking, ulcers, dry mouth, white patches.

Toothbrush, toothpaste, denture cleaning tablets are used as standard tools for teeth cleaning along with fresh water and a mirror. Staff advised they rarely use mouthwash as residents tend to drink it rather than rinse their mouths. They also have pictorial prompts by each washbasin in the residents' bathrooms.

Teeth/ dentures are usually cleaned once a day, in the morning, sometimes at night too, and sometimes after meals, depending on what the residents have had to eat.

Residents are supported to remove dentures if needed. One staff member stated "I have dentures myself, so I know what it's like "

Dentures are not routinely marked for identification, a few have their name engraved on them.

They felt that "local dental services are poor". Residents who have had problems in the past have had to go private and even then, have struggled to find a dentist. They have not had to use 111 to access emergency dentistry.

"It's okay if the resident has their own dentist and can be taken there, otherwise it's very difficult".

"I think we should have an annual visit to the home from a dentist or a dental hygienist to see the residents and educate the staff. Prevention is better than dealing with problems".

Most staff felt they had adequate time to support residents with their oral health care.

## **What did family say?**

Healthwatch spoke with one member of family who was visiting at the time of the visit. They supported and prompted their relative to answer the questions around oral health. Their relative added that they particularly liked one member of staff and that it sometimes took a while for someone to come and assist their family member as they couldn't walk unattended.

## Observations

Healthwatch were welcomed into Holly House by the Manager.

We weren't offered a tour of the building which made it difficult to get an overall impression but were taken to a large kitchen/dining room area, where there were staff sat at a table, filing in their notes on their handheld devices.

The building itself appeared a little tired although the décor was in good condition. It was quite dark in one of the lounges which made it difficult to see that something had spilt onto the floor. There was a mixture of non-slip flooring and carpet around the home.

Equipment, linen etc was all clean and stored appropriately. There were signs present on the doors but not all were dementia friendly with pictures. Not all rooms were en-suite.

The staff appeared to be supportive of patients and were friendly towards them, with a respectful manner. There were six residents sat in the chairs in a lounge and one resident who was sat on a small table as there weren't enough chairs (the manager, walking past, saw and took her by her hand to sit somewhere else) the television was on in the lounge, but no one appeared to be watching.

Staff were observed wearing gloves, removing them then washing their hands.

Residents all appeared to be clean and tidy and were well dressed in comfortable clothes. However, some of the staff looked untidy with tunics not buttoned up.

One staff member said that she didn't like the idea of pinned name badges as there could be a health and safety issue there.

There were several quiet lounges for residents to access.

There was a general feeling of calm in the home, several visitors were present and were interacting in a friendly manner with staff.

There was a board outside the kitchen showing the menu. The menu that was written didn't coincide with what the residents had eaten. (A member of staff confirmed this). The staff said there was always a choice of meals, although on our visit, this was not evident on the board as there was just one main course and one



pudding written up. We didn't observe a meal taking place, the team leader advised us that they have 3 or 4 residents who require to have help or to be fed.

A drinks round was about to take place. Another member of staff questioned her to why it was happening at 1pm and not the usual 2:00pm as the residents had only just finished lunch.

Healthwatch were invited to look inside a bedroom by a resident. There was a bookcase with reading material upon it. They were pleased that they had been able to bring their mementos from home with them, which was very important to them. The room was clean, and the bed was waiting to be made. The resident stated that they liked to make the bed themselves and that you can always see the boss lady if you were unhappy about anything.

There were no safeguarding risks evident

## **Conclusion**

The team at Holly House provide a caring and supportive environment for their residents.

Residents told us they liked living at Holly House, that the staff are friendly, and they are pleased with the care they receive.

Only two residents regularly visit the Dentist. However, help would be sought via appropriate pathways if a resident complained of mouth or tooth pain.

Staff support residents with their daily oral hygiene routines, despite the challenges that they can often face.

Staff feel access to dental services for the residents is poor in the local area.

In comparison to the 2019 visit, the home has since implemented an Oral Health Care within The Care Home Policy. This includes assessment of oral health, care planning, treatment, oral care and staff training.

The home is not registered with a Domiciliary Dentist.

Members of staff were not trained specifically in oral health; however, they do cover oral health in their personal care training.

## Recommendations

- Specific Oral Health training should be introduced for all staff, with appropriate update/refresher training.
- The manager should consider registering the home with a domiciliary dentist to ensure those that wish to receive dental treatment are able to access this service regularly for check-ups and treatment.

Signed on behalf of HWNL		Date: 19.11.2024
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## Provider response

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

I attend the sector led forum meetings with other managers and at the last meeting (12.09.2024) we were spoken to by members from the oral health team from the Ironstone centre I believe and it was discussed there about having training for staff on oral hygiene and I believe that this was going to be looked into by themselves, we would welcome any assistance to improve our oral hygiene.