

**Agenda item 5**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**31 January 2019**

**Report of Chief Executive Healthwatch Derbyshire**

**HEALTHWATCH DERBYSHIRE REPORTS**

**1. Purpose of the report**

To provide the Health and Wellbeing Board with an update on three reports recently published by Healthwatch Derbyshire (HWD). These are:

- Enter & View Bi-Annual DCC Summary Report
- Oral Hygiene in Care Homes across Derbyshire
- Non-emergency patient transport from the experience of renal patients

**2. Information and analysis**

All three reports can be found in full, including recommendations and service provider/commissioner responses, on the Healthwatch website, or telephone 01773 880786 to request a hard copy.

**2.1 Enter & View Bi-Annual DCC Summary Report**

During 2018/2019, Healthwatch Derbyshire have been re-commissioned by Derbyshire County Council (DCC) to conduct a range of unannounced visits to 13 of their 26 residential services across the county. The service profile and range includes 11 services supporting older persons and two services supporting people who have learning disabilities/difficulties. The report is attached at Appendix 1 and refers to findings from the first six visits conducted and was published in September 2018. The key findings were that:

- Healthwatch findings were mostly comparable to the previous reports with good standards maintained or improved in most cases

- Healthwatch findings were mostly aligned with the CQC's positive and negative findings
- Both residents and relatives expressed an appreciation of the high quality of care experienced and confidence in the staff delivering the care
- There was a good level of involvement with local community and voluntary sector groups for the benefit of residents
- Observations and interviews evidenced a variety of one-to-one and group activities for residents to engage within the majority of homes
- A few homes still require attention to garden areas, however, the majority are now maintained to a high standard

## **2.2 Oral Hygiene in Care Homes across Derbyshire**

During October 2018, Healthwatch also visited a number of care homes across Derbyshire to speak with residents/clients and staff around the topic of oral hygiene in a care home setting. HWD were briefed by the Care Quality Commission (CQC) on the key questions that would be helpful in contributing to their work, and from this, developed two questionnaires to capture this evidence; one for residents/clients and one for members of care staff. The report is attached at Appendix 2.

According to Department of Health (2011), maintaining good oral hygiene is crucial as it not only has an impact on an individual's ability to eat, speak and socialise, but can also help to prevent conditions such as mouth cancer and cardiovascular disease. The key findings included:

- The majority of residents/clients last visited a dentist over two years ago, mainly due to local dental services not offering visits to the home
- The majority of residents/clients were supported by staff with their oral hygiene, whilst the other residents/clients not supported as they felt able to look after their teeth/dentures themselves or chose to either clean them once a day or not at all
- The majority of residents/clients who were supported by staff with their oral hygiene received support twice a day (morning and night), whilst the other residents/clients who were supported were provided with assistance once a day, though some residents/clients showed a desire to be supported more than once a day but felt that staffing levels impacted on this

- The majority of residents/clients felt that they had easy access to oral and dental hygiene products (toothbrushes, toothpaste, mouthwash, denture cleaning tabs etc.)
- The majority of care staff advised that they had not received any formal training on oral hygiene to support residents/clients, but several expressed a desire for this
- Some care staff reported that they had received oral hygiene training, but that this was years ago. One participant advised that another staff member within the home had volunteered as an oral hygiene champion and had attended specific training which they then passed onto other staff members within the home
- The majority of care home staff felt they had enough time to support residents with their oral hygiene, but highlighted that resistance from residents can be an issue
- Some care staff felt that they did not have enough time to support residents with their oral hygiene, with many commenting that this was dependent on staffing levels
- The majority of care staff felt that they did have access to a local dentist should a resident require it, but many felt that there were delays in the resident receiving the treatment, whilst others who did not feel they had access to a local dentist shared similar issues
- It was apparent from several participants that for short-term residents/clients, there are less barriers to accessing dental services as they are already registered in the community
- The majority of care staff had easy access to dental care products as family members provide these, and most homes had a bulk store for emergencies or for those without families

- The majority of participants explained a system for ensuring that residents/clients did not lose their dentures; keeping them in a name labelled pot within their bedrooms
- The majority of care staff explained a process for supporting residents/clients at end-of-life with their oral hygiene; key themes being ensuring the mouth is moist, clean and the resident/client is well hydrated.

### **2.3 Non-emergency patient transport from the experience of renal patients**

This area of work was undertaken as some negative feedback had been received from patients in regard to non-emergency patient transport services. It was felt that a targeted piece of engagement would help to explore the issues and give both the provider and commissioner a detailed picture of how patients experience the service. Renal patients were chosen as they use the patient transport service very frequently. The report is attached at Appendix 3. The key themes that emerged from the participants HWD talked to were as follows:

- Participants reported that they do not routinely receive a call or text letting them know when transport is on its way. Participants felt that this would make a big difference by taking away the feeling of watching and waiting for transport to arrive
- Some participants commented that despite being eligible for patient transport services, they now make their own arrangements due to dissatisfaction with the service. Others who were still using the service said that they were considering using alternative arrangements due to dissatisfaction
- Participants reported more issues to do with pick-ups and drop-offs on a Saturday than when compared to midweek
- Some participants spoke about stress and anxiety caused by the uncertainty around the provision of transport to and from appointments
- Participants were overwhelmingly positive about the attitude and support from EMAS drivers, and drivers from taxi companies offering a service on behalf of EMAS

- Several participants had noticed an improvement in vehicle comfort recently, particularly in the newer ambulances
- Some participants felt frustrated that the routes taken to pick people up do not always seem efficient and logical
- Many participants felt that it would make a real difference to have a pick-up time closer to their appointment time. This was especially the case for participants living very close to the hospital
- Participants shared different preferences with regard to arrival time, some wanting to be on time, and some early
- There was more negative feedback around being picked up after treatment to go back home than for arrival. Many participants spoke about waiting quite some time after treatment to leave, and how difficult this was when feeling ill after the effects of treatment
- Several participants also spoke about how much time dialysis takes, and so how precious their time is. This causes frustration when delays and inefficiencies with transport use up and cost valuable time
- Many participants spoke about the knock-on impact it has on elements of their life such as family and work when return transport is delayed.

Each of the reports contains a set of recommendations and a provider response to the findings for further / follow up work.

## **RECOMMENDATION**

The Health and Wellbeing Board is asked to:

1. note the report themes, and to actively use the report when possible within their own organisations either for wider learning, or in line with an organisational response given to the report where applicable

**Karen Ritchie  
Chief Executive  
Healthwatch Derbyshire**