healthwatch
North Lincolnshire

Oral health in care homes

Getting to the root of the issue

NOVEMBER 2019

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1 Introduction

1.1 Who are Healthwatch North Lincolnshire?

The Health and Social Care Act 2012 set an ambition to put people at the centre of Health and Social Care. This legislation created a Healthwatch in every local authority in England.

Healthwatch North Lincolnshire is the local independent consumer champion created to gather and represent the views of the public.

Healthwatch North Lincolnshire ensures that the views of those using services in North Lincolnshire are taken into account and used to influence and shape Health and Social care at a local and national level.

1.2 What is Enter and view?

Part of the local Healthwatch programme is to carry out Enter and view visits. 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.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as; hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and view visits can happen if people tell Healthwatch there is a problem with a service, but equally they can occur when services have a good reputation, so Healthwatch can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

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

Healthwatch Enter and Views visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they are instructed to inform their lead who will inform the service Manager, ending the visit.

In addition, if any member of Staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

1.3 Disclaimer

Please note that this report relates only to findings observed on the dates of the visits. The report does not represent the experiences of all service users and Staff, only an account of what was observed and contributed at the time. The findings are based upon the perceptions of those taking part, which are not verified for factual accuracy.

2 Background

2.1 Why this subject?

Good oral health is important for everyone, it can affect confidence and self-esteem, and it can also affect appearance and whether we choose to smile. Looking after our oral health can prevent pain, disease and certain cancers, as well as promoting self-confidence, and allowing us to continue eating the foods we love.[1]

However, achieving good oral health can be a challenge for some groups of individuals who may require extra help and support.

[1] CQC, Smiling Matters
https://www.cqc.org.uk/sites/default/files/20190624_smiling_matters_full_report.pdf

Adults over the age of 75 living in residential care are more likely to experience tooth decay than those living in their own home.[2] Older people are at greater risk of developing dental problems due to conditions such as Parkinson's disease and arthritis which makes brushing teeth more difficult and the use of medications that can cause a dry mouth.

Evidence has also shown that people with learning disabilities are more likely to experience dental problems such as gum disease, higher plaque levels and higher rates of untreated tooth decay. A lack of understanding of how to take care of teeth and a reliance on carers to support with dental visits are some of the factors contributing to this. [3]

In July 2016 The National Institute for Care Excellence (NICE) published the guidelines NG48 'Oral Health for adults in care homes' with the aim of ensuring that residents in care homes are receiving the correct support to maintaining good oral health and have access to dental services.

In June 2019 the Care Quality Commission published a report; 'Smiling Matters: Oral care in care homes' which looked at 100 residential care homes across the country to review oral health provision and look at whether the NICE guidelines were being adopted consistently.

From this, the CQC found that too many people living in care homes are not being supported with maintaining or improving their oral health. Over half of Care Homes did not have a policy that protected and promoted good oral health. Almost half of Staff working in care homes had not received oral health training and most of the care homes visited (73%) did not cover oral health in the residents care plans. The CQC also found that it was difficult for residents to access routine dental care, and access to emergency care was also a challenge.[4]

As part of our wider piece of work – 'Access to dental services for vulnerable groups', we wanted to understand how people in care homes are supported with oral health, and their access to dental services in North Lincolnshire.

We wanted to give local care home residents the opportunity to share their experiences of living in care home, and accessing dental care, and compare these experiences to those shared in the 'smiling matters' report.

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2 https://www.nice.org.uk/Media/Default/Oral_health_quick_guide/Oral_health_a_quick_guide_for_care_home_Managers.pdf

3 https://www.gov.uk/government/publications/oral-care-and-people-with-learning-disabilities/oral-care-and-people-with-learning-disabilities#oral-health-of-people-with-learning-disabilities

4 'Smiling matters- Oral Care in Care Homes' Care Quality Commission

2.2 Strategic drivers

In January 2019 Healthwatch North Lincolnshire undertook a priorities survey, which highlighted an issue with access to dental services in Northern Lincolnshire, particularly for the most vulnerable groups.

The feedback from this survey in conjunction with the CQC Smiling Matters report prompted us to undertake enter & view visits in care homes, concentrating on the theme of oral health for people with Learning Disabilities and the elderly.

Alongside this, as part of the annual work plan, a wider survey focussing on general access to dental services was distributed across health and social care services across Northern Lincolnshire, with Healthwatch Staff and volunteers engaging with the public, the homeless community, and other minority groups.

The results of the enter and view visits will be used to contribute to the findings of the wider piece of work 'Access to Dentistry for vulnerable groups in North Lincolnshire'.

2.3 Purpose of Visits

The main purpose of the visits was to look at resident's access to dental services and how care homes support residents with oral health.

The objectives of the project:

- Speak to as many residents as possible about their experience of accessing dental services and how well they are supported with oral hygiene routines.
- Allow Staff the opportunity to share their views and experiences of access to dental services for residents, and how well Staff are supported from management to implement good oral health promotion.
- Speak to management to gain an understanding of how accessible dental services are for residents, and how they support Staff to implement good oral health.

2.3 Methodology

This report provides an overview of the themes and highlights good practice in relation to promotion and support with maintaining and improving dental health in care homes.

The managers at each care home were notified by letter that a visit would be taking place. One weeks' notice was given with the date and time of the visit.

The aim across the care homes was to speak to managers, residents, family members and Staff. The visits took place at different times of day for around two hours in duration and the same questionnaires were used by all representatives in all care homes.

The care homes were selected as a mixture of residential over 65, and learning and physical disabilities for ages 18-65. We looked at homes rated by the CQC as 'Requires Improvement', Good', and 'Outstanding' across all care networks in Northern Lincolnshire.

Most of the settings visited provided care for residents with varying levels of dementia, and enter and view representatives ensured that this was taken into consideration when communicating with residents.

The size of the care homes varied, with capacity ranging from 6 –41 beds.

In total, the enter and view representatives listened to the views of 53 residents, 5 relatives / visitors, 24 members of Staff and 11 care home managers.

At the end of each visit, the enter and view lead representative provided feedback to each care home manager which allowed them to provide additional information if needed.

Following the visits, an individual report with recommendations was produced for each setting and shared with the providers who were given 20 days in which to respond.

All individual reports have been shared with the CQC, the Provider Development Team at North Lincolnshire Council and the CCG, and are available to read on the Healthwatch North Lincolnshire website.

This report will be shared with all care home providers within Northern Lincolnshire, the local authority, the CCG and the CQC.

Healthwatch intend to use the results of this report to contribute to ongoing work streams that are looking at the issue of access to dental services in North Lincolnshire.

The following care homes were visited as part of the enter and view programme.

- Amber House
- Applegate
- Ascot House
- Emerald House
- Holly House
- Lincolnshire House
- Lowfield House
- Norwood House
- Sycamore Lodge
- The Manor House
- The Willows

2.4 Acknowledgements

Healthwatch North Lincolnshire would like to thank the residents who shared their views during the enter and view visits and the Staff and Managers who welcomed our team into their care homes.

Healthwatch North Lincolnshire would also like to thank the team of dedicated volunteers for their valued contribution to the enter and view programme.

3 Findings

3.1 What did Residents say about oral health?

The enter and view team listened to 53 residents during the visits. The residents were aged 19-103, the majority of residents were female (61%).

The homes visited catered for the needs of a mix of over 65's and learning and physical disabilities. Many of the residents living in the over 65 settings had dementia with varying degrees of severity, and some of the learning disability settings had residents with complex and challenging behaviour. We visited 6 physical and learning disability settings and 5 residential homes for the over 65's.

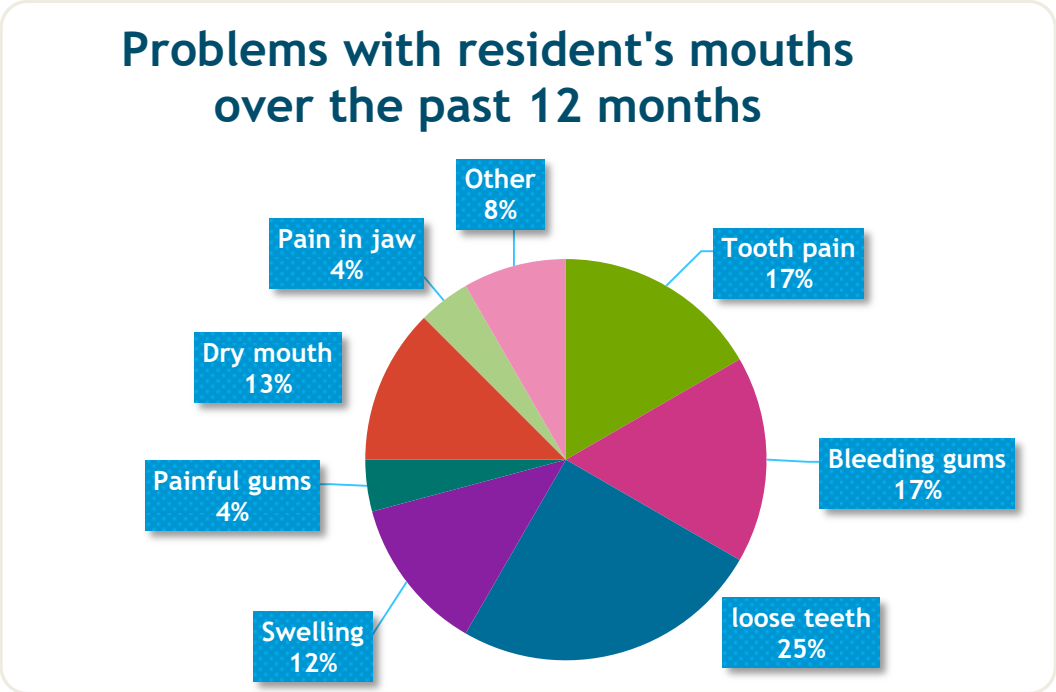
Oral health problems

Of the 53 residents we spoke to, 16 said that they had experienced problems with their mouth in the past 12 months.

In the over 65 settings, the most common problem was loose teeth, with 6 people saying that they had experienced this. One resident told us;

'I have lost three teeth since being in the care home. I didn't see a Dentist, they just came out'

The missing teeth were not replaced with a denture. Loose teeth can make chewing solid food more difficult and can cause pain and discomfort. If the lost teeth are not replaced, this can also cause problems with chewing and enjoying food, and nutrition may be compromised. Fortunately, this resident is currently still able to continue to eat solid food and enjoys a varied diet, despite the loss of teeth.



Residents told us they had experienced pain in their mouth, including their teeth, gums and jaw over the last 12 months. It is unclear whether all of the residents raised their concerns with the care home at the time, however three residents did receive treatment for their dental problem.

One resident told us they eat on one side of their mouth due to having pain on the opposite side. This resident does not have a regular dentist, and was reluctant to see one for treatment. He too had 'lost' a tooth a year ago.

Residents in the learning disability/physical disability settings told us they had experienced problems such as needing a filling and mouth ulcers. One resident had recently needed a filling and visited the community dentist to have this done. He told us he is frightened of the dentist and will only go when he has a problem.

Dentures

Of the 53 people spoken to, 19 said they wear a full or partial denture, with 14 saying that it fitted well.

18 of those residents who wear a denture live in residential care for over 65s.

One resident told us how they lost their bottom denture during a stay in hospital, and has not had this replaced. As a result of this she cannot eat solid foods and finds that it rubs the lower lip and makes it sore. She told us she finds it **"very annoying"** that she no longer has one.

Another resident said they lost their bottom denture during the night, which was never found.

"I lost my bottom denture around 3 months ago, and it was never found. I want a new bottom set as the other set looked nice".

We asked the residents if their dentures were marked with their initials to identify them. Only one resident had dentures that were marked.

Another resident told us how a badly fitted denture had caused them to change their diet from a solid to a soft one, due to pain and discomfort in their jaw during eating. This particular resident told us that they were advised by their dentist to change their diet and to stop using their denture to see if this made a difference, but unfortunately this change meant that this resident could no longer enjoy the foods they used to.

"My denture isn't comfortable to wear and doesn't fit me well. I can't eat at the minute, due to pain in my jaw. My Dentist has advised me to stop eating solids to see if this makes any difference".

One resident was proud of their dentures and told us they had them fitted for their Grandson's wedding.

"I wanted a nice smile for my Grandson's wedding. I like to have my teeth in all the time, I have two sets".

This particular resident sleeps in one set of dentures whilst the second set is soaking overnight.

We spoke to 4 residents who said that they don't wear a denture because they feel it's no longer necessary. Two of these residents spoken to had no natural teeth remaining.

One gentleman who had all his teeth removed when he was 28 told us:

"I used to wear a denture, had them for 60 years but they got worn out so I'm not bothered anymore"

Despite the fact that the resident did not have a denture, he had no difficulty eating, telling us he eats ***'anything and everything'***

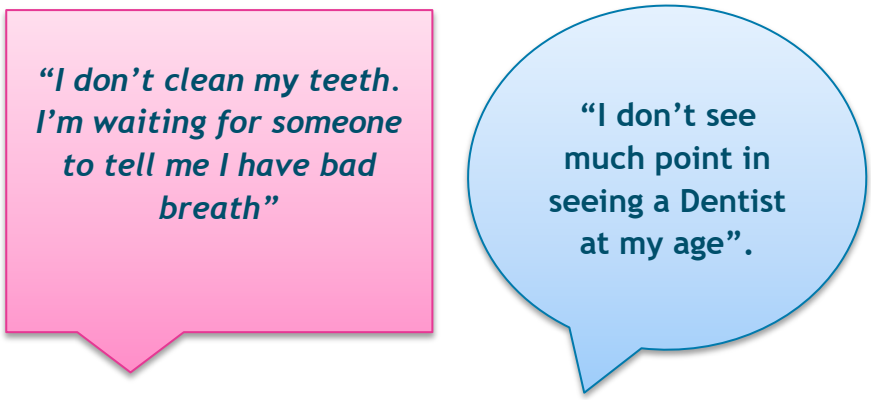
Of the residents that wear a denture, 4 told us they sleep in them. 9 residents told us they clean the dentures daily and one mentioned they clean them ***"when they feel like it"***

The one resident that was aged under 65 and lived in a setting for physical disabilities had recently had a new partial denture fitted but was unable to wear it as it was causing pain so he was currently restricted to a soft diet. He had an appointment to get this adjusted.

Attitudes to oral health

A reoccurring theme amongst the over 65's was that many no longer thought that their oral health was important due to their age or a lack of natural teeth, with many assuming that they no longer need to see a dentist for regular check-ups.

One resident told us how they no longer cleaned their teeth because they didn't feel they needed to. This resident also commented that they were expecting someone to tell them that they had bad breath, but no one, including staff had mentioned this or prompted the resident to brush their teeth.



Access to dental services

55% (29) residents told us that they visit a dentist for regular check-ups, and one resident received domiciliary visits.

Of the people asked, 10 of the residents were living in a home for physical and learning disabilities, and were registered with the community dentist at the Ironstone Centre in Scunthorpe.

The Community Dental Service is a service that aims to provide dental care for more vulnerable groups, such as people with learning disabilities and dementia. There are two clinics based in Scunthorpe and residents can be referred into this service by care home managers, GP's, care workers, and other dentists.

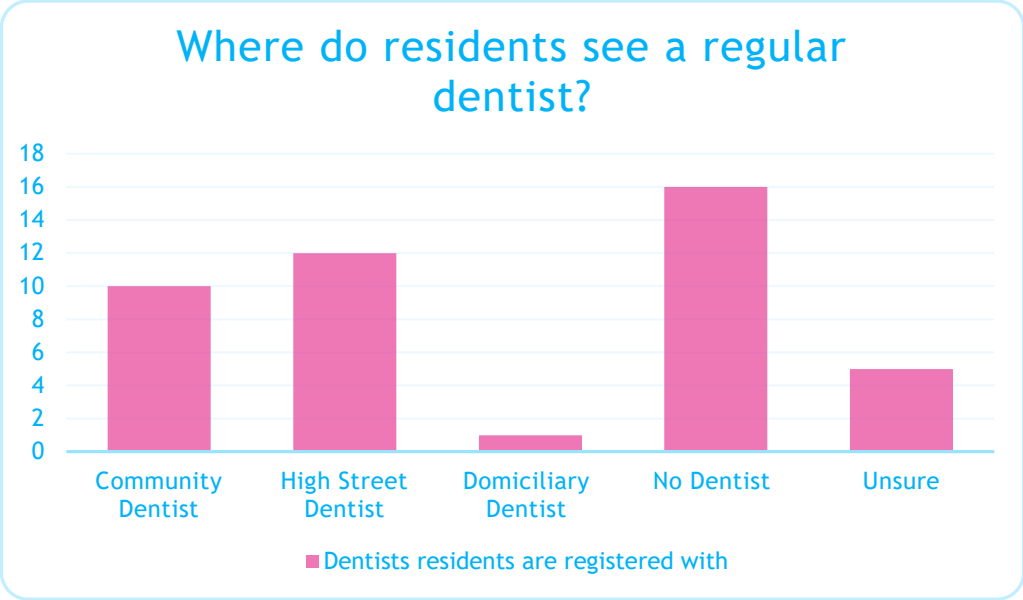
According to Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), the Community Dental Service exists to 'complement the hospital and general or 'high street' dental services, by providing care to the most vulnerable members of our communities'.[5]

We received a lot of positive feedback about this service during our visits from residents.

"Very nice Dentist, very patient"

"Dentist is kind"

[5] NHS Northern Lincolnshire and Goole https://www.nlg.nhs.uk/services/community-dental/



Residents not registered with a dentist told us that this was due to either cost, fear of the dentist, and also feeling that they no longer need to have check-ups due to age or lack of natural teeth. Residents in homes for over 65's were less likely to visit a dentist for these reasons. 14 residents told us that they no longer had a regular dentist, as theirs had retired, or they had been 'de-registered' due to non-attendance. This further reinforced the view held by these residents that their oral health was not important.

One resident told us that she was previously registered with a dentist before being admitted to the care home but didn't know if she was still registered.

"I last visited the Dentist 6 years ago, but put off by the cost of dental treatment, and don't know if I am exempt from charges".

"My Dentist retired and I never registered with another one".

Supporting oral health

Most residents we spoke to said that they were independent and didn't need support with brushing their teeth. Residents with dementia, and physical and learning disabilities said that they needed more support, but some homes we visited prompted independence as much as possible. Most of the residents in physical and learning disability homes were prompted, supported or encouraged to brush their teeth by care Staff. Residents seemed to be supported well with their oral health, and some homes had promotional materials in communal bathrooms,

and individual bedrooms promoting good oral hygiene. These included posters with images and diagrams demonstrated how to brush teeth, to promote the importance of a good oral hygiene routine.

3.2 What did Staff say?

The enter and view team spoke to 39 care staff members during the visits to the care homes.

Oral Health Policy

Staff were asked if they were aware of their homes oral health policy. 20 staff members said that they had seen it, 10 said they hadn't and 9 were unsure if they had seen one. The majority of these staff were working in an over 65's setting.

When asked if staff used templates and tools to assess oral health, such as the NICE oral health assessment tool, (see appendix a) 32 said that they do not use any guides. We showed staff the NICE tool, and feedback was positive with most staff saying that they would find the infographic useful if it was available to them.

Training

Of 39 staff asked, 28 (71%) said that they had not received any specific oral health training. 23% of staff had received training in some capacity and told us they received training face to face, online, shadowing, or as part of their care certificate. Staff were asked whether they would find training useful if it was available; 34 (87%) of staff said that they would find it useful.

When we asked staff whether they felt they were able to spot the signs and symptoms of oral pain or disease in residents, 27 said that they felt very able, 2 members of staff said they didn't feel fully able, and that they would like training to feel more confident in spotting the signs and symptoms of oral pain and disease. The enter & view team informed staff and managers about free online training resources.

Supporting Residents

We asked staff if they faced any challenges when trying to support residents with their oral hygiene routines. Some staff who cared for residents with dementia said that it can be challenging due to residents not understanding what is being asked of them.

"It can be difficult for residents with dementia to communicate that they are in pain or suffering from symptoms such as bleeding, as some don't understand that this is a problem".

Staff who worked with residents with physical and learning disabilities said that they can face challenges such as prompting residents to clean their teeth. One member of staff said that they can be met with resistance when supporting a resident with teeth brushing.

"Some residents don't like their teeth being brushed and can hit out and bite".

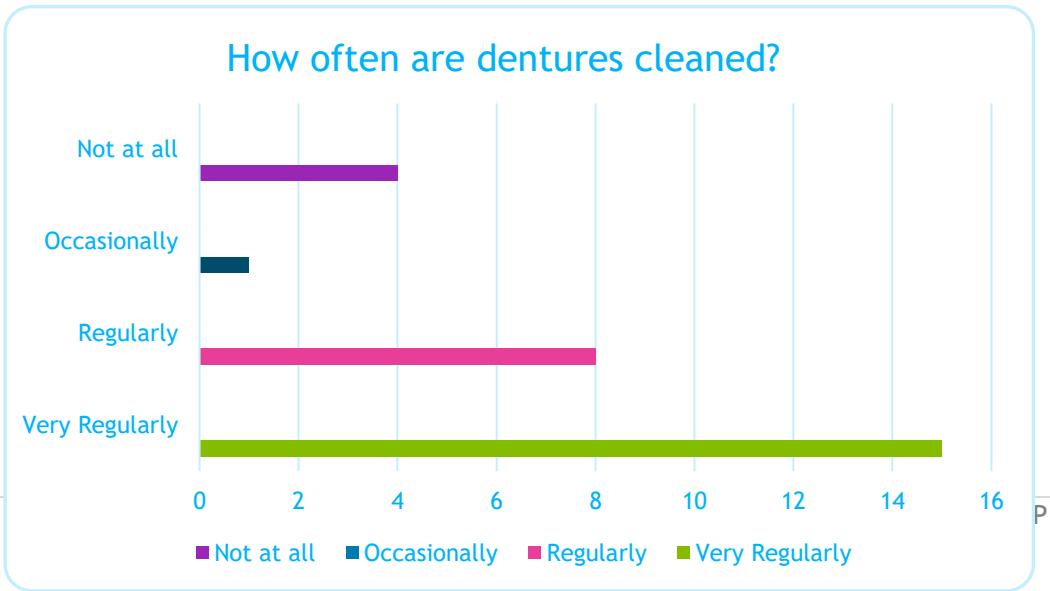
Some staff said most residents are self-sufficient and independent when it comes to their oral hygiene routines, and some residents don't want or need support from staff. Staff said residents are always reminded and encouraged to brush their teeth, particularly in the learning disability homes, where staff actively encouraged residents to be independent where possible.

Overall 38 staff members said that they felt they had sufficient time to care for resident's oral health and to support them with such things as teeth brushing. One member of Staff told us;

"you have to make sure you have time and you have to be patient, use hand on hand brushing and gently encourage the resident to brush"

Dentures

Residents who had dentures were mostly supported with removal, cleaning and putting them back in. We asked staff how many times residents dentures are cleaned. 15 said that they are done very regularly, while 4 said that they were never cleaned.



When we asked staff if resident's dentures were marked with their initials to help identify who they belong to if lost or misplaced, only 2 Staff told us that residents have their dentures marked, and 18 said that they did not.

3.3. The Managers Questionnaire

The CQC published that 39% out of 100 care homes spoken to were not aware of the NICE oral health guidelines despite considerable engagement with the social care sector since its launch in July 2016.[6]

We wanted to speak to managers to understand whether they had implemented these guidelines, and gather further information regarding resident's oral health and access to dental services across Northern Lincolnshire.

NICE Oral Health Guidelines in Care Homes

When we asked the Managers if they were aware of the NICE oral health in guidelines in care homes, 5 out of 11 Managers we spoke to said that they had read and understood the guidelines, whereas 2 said that they were aware of them but have not read them. The remaining 36% (4) said that they were not aware of the guidelines and what they involved.

We asked if managers felt they had successfully implemented these guidelines in their settings. None of the Manager's spoke to said they felt they were fully implemented. Of the 11 Managers spoken to, 4 said that they felt they had mostly implemented these guidelines, but said this was difficult due to their particular setting. One home said that it can be difficult to always implement the guidelines due to challenging behaviour and lack of cooperation from residents.

Oral health policies

NICE recommends that care homes should have an oral health policy that 'sets out to promote and protect oral health' and records information such as;

- local general dental services and emergency or out-of-hours dental treatment

[6] 7. CQC Smiling Matters
https://www.cqc.org.uk/sites/default/files/20190624_smiling_matters_full_report.pdf

- community dental services, including special care Dentistry teams
- oral health promotion or similar services, depending on local arrangements
- assessment of residents' oral health and referral to dental practitioners
- plans for caring for residents' oral health
- daily mouth care and use of mouth and denture care products
- what happens if a resident refuses oral health care (in line with the Mental Capacity Act and local policies about refusal of care)
- supply of oral hygiene equipment (for example, basic toothbrush or toothpaste).[7]

Of the 11 Managers we spoke to, 5 said that they had implemented a full policy that sets out to promote and protect oral health of its residents. Four said that they had policies in place to cover aspects of oral health such as a personal care policy, but not one centralised policy that was specific to oral health. The remaining 3 said that they did not have any policy in place that covered oral health. We also found that in some settings a policy was generated by a compliance system (Care Compliance System), but hadn't been read or implemented, which meant that Staff were unaware of its existence.

Oral health assessment

NICE recommends that '*Care Staff carrying out admission should assess the mouth care needs of its residents as soon as they start living in the care home*'

We asked Manager's if resident's oral health was assessed on admission into the home. 9 Managers told us that this is always carried out, whereas 2 Manager's said that this was never undertaken. We found that admission assessments were basic with only a visual of the resident's mouth undertaken. None of the care homes used the NICE infographic to assess oral health.

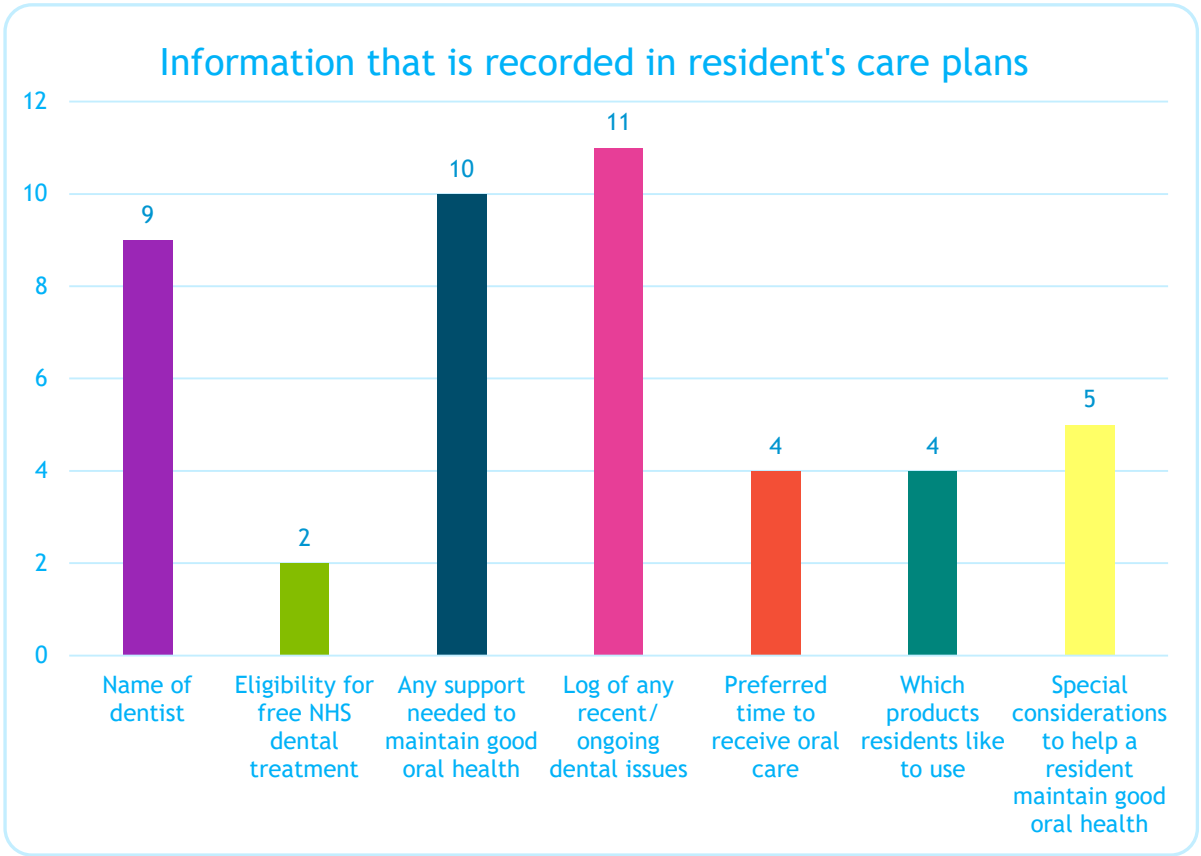
We asked Managers if residents' care plans recorded the name and address of their registered Dentist. 9 out of 11 homes said that this was included in care plans, but 2 homes said that this information wasn't recorded, raising the question whether residents in these two homes were given the opportunity to share this information.

All 11 Manager's said that a log of any recent and or ongoing dental problems is recorded in care plans. We found that care plans in learning and physical disability settings were more in depth and included more information, such as supporting a

[7] NICE NG48 – Oral Health in Care Homes. 2016

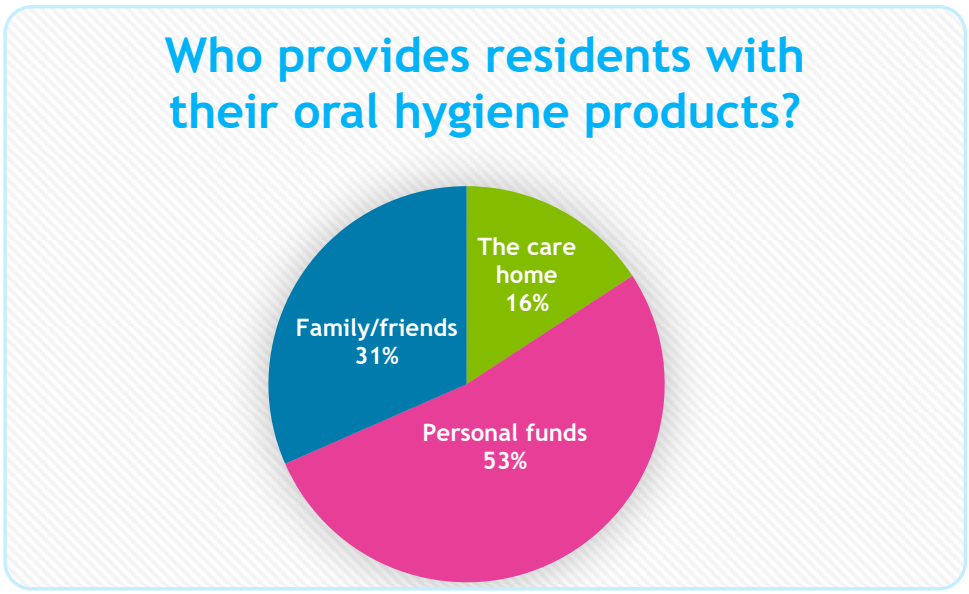
resident and any special considerations. Residential homes for over 65's seemed to lack a lot of vital information, such as support they may need to maintain good oral health.

We asked Managers if care plans contained information on the residents' eligibility for free NHS dental care. Only two homes recorded information about residents being exempt from NHS dental charges, both of which were learning and physical disability settings. The CQC found that many people believed NHS dental care was free to anyone residing in a care home, and that staff awareness and knowledge of NHS dental exemption charges was poor. The CQC found that lack of understanding may be exacerbated by problems in recording whether residents were entitled to free NHS dental treatment and care.



Provision of oral health products

When Managers were asked about the provision of oral health products for residents, there was a difference in the type of setting. Residential homes for physical and learning disabilities all said that residents purchased their own toothpaste, toothbrushes etc. with their personal funds during shopping trips with keyworkers. Three of the physical and learning disability settings said they do have a budget for products available if a resident is in need of products or for an emergency admission. None of the residential homes for 65's said that they had any provision for providing residents with oral hygiene products if needed.



Staff training

10 of the homes we spoke said that training in oral health wasn't provided, with only one of the homes making oral health training mandatory. All of the homes said that that oral health is included in personal care training for Staff, but this is not exclusive to oral health and is brief in its purpose.

"The training is included in shadowing personal care routines".

Access to routine dental treatment

We asked Managers how many of their residents regularly visit the dentist for routine check-ups and treatment. Only one home said that all of their residents do. It was evident that physical and learning disability settings had more residents that regularly visited the dentist than in the settings for over 65s. There was a mixture of reasons for this such as access to transport, domiciliary visits from the community dentist, and availability of appointments at the community dentist.

One manager highlighted that in the over 65 care homes it can be challenging getting residents to attend appointments, and because of this they have missed appointments, and have therefore been removed from the dental practices list.

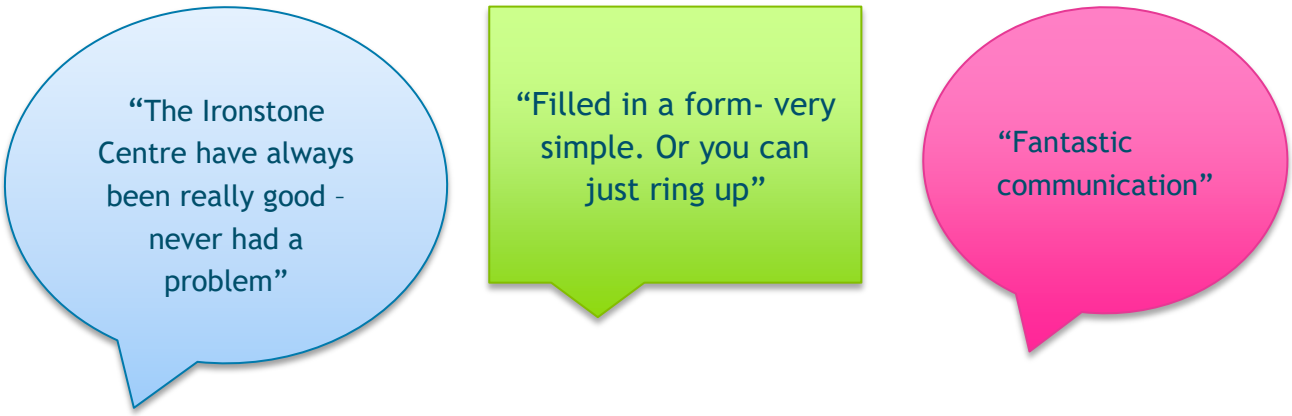
"All our residents are offered appointments, but not all choose to attend".

In the homes providing dementia care, fewer residents regularly visited a dentist.

One manager told us that residents with dementia could be very reluctant to visit a dentist due to not wanting to leave the home, or not understanding the role of a dentist and why they have to attend. One of the managers we spoke to said that only two of the residents were registered with a dentist, and that family members managed appointments and visits. When asked whether they had received

domiciliary visits from a dentist, we were told they were unaware that this service was available.

7 of the 11 Managers we spoke to told us they had referred residents to the Community Dental Service and had found the experience positive.



Whilst feedback was extremely positive, it was mentioned by Managers that the service appears to be overstretched and sometimes waiting times for appointments can be long.

2 Managers told us they didn't know how to refer to the Community Dental Service, and one said they didn't know it existed. One Manager told us that they had attempted to refer a resident to the Community Dental Service, but were told by a member of the dental team that they do not accept referrals from adult social care providers, and a referral would need to be sought from the GP. This echoes wider feedback received by Healthwatch North Lincolnshire, and directly contradicts the information outlined in the referral criteria that is available on the Trusts website; *'At present referrals are accepted from those working in health, social care, education and the 'third sector'*

In one care/ nursing home for over 65s, a general dentist from a high street practice offered annual domiciliary visits for their residents. The service has proved to be successful and has recently had an uptake of 12 residents who were due to see the dentist two days after our visit.

The manager told us that they did not need to access the community dental service for this reason. This care homes appeared to be very proactive at promoting the importance of good oral health with an oral health display visible in the care home, displaying how to keep teeth healthy.

Access to treatment in an emergency

Managers were asked what the procedure was if a resident was suffering with severe pain /swelling and needed urgent treatment out of hours.

The managers gave a mixed response to this question with some saying they would call the single point of access (SPA) team for advice, and others saying they would take the resident to A+E. One told us that they would try and get a GP to visit the care home but GPs tended to be reluctant to do this.

One manager told us that they did not have a protocol in place and this would be useful.

3 managers told us their procedure was to contact the Emergency Dental Service, and none had experienced any problems with accessing this service.

"No issue, got an appointment ok"

"If we can't get an appointment, we just walk in"

Two managers told us that the Emergency Dental Service was not the most appropriate place for their residents to be seen due to their complex and challenging behaviour, and the limited time available for appointments.

In April 2019 the telephone number and process for arranging emergency appointments changed. We asked if they had been made aware of this change. None of the managers were aware.

3.4 Differences between types of provider.

Comparisons were made between the type of settings we visited, regarding support, access to dental services, and the promotion of good oral health.

Learning and physical disabilities

- The majority of residents were registered with a dentist and received regular check-ups and treatment.
- Most of the residents were prompted and supported with their oral hygiene by Staff.
- Oral health records and information was more readily available and information such a daily routines were recorded.

Residential care (over 65s)

- Smaller numbers of residents were registered with a Dentist.
- Fewer accessed a Dentist for check-ups and treatment and felt due to age that they didn't need to see a Dentist.
- There was a lack of understanding about the NHS exemption criteria.

Dementia care

- Few residents were registered with a Dentist.
- The majority of residents have not received dental treatment recently.
- Staff said that it was more challenging supporting residents with their oral health due to communication problems.
- There was a lack of understanding about the NHS exemption criteria.

3.5 The Care Home Environment

The enter and view teams spent time during their visits observing the care home environment, paying particular attention to the promotion of good oral health.

Three of the care homes were proactive in promoting good oral health and hygiene; two of these homes were learning and physical disability settings. One home had pictorial posters in communal bathrooms, which prompted and encouraged residents to brush their teeth and informed them of how to do this.

One learning disability home had a 'System of support' sheet in place for all residents which highlighted residents oral health needs and any support that may be needed. The support sheet provides information such as which products the resident likes to use, their registered dental practice, challenges and behaviour that may impact upon oral health, and details of how to contact the emergency dentist.

All of the settings had basic oral hygiene products such as toothbrushes, denture brushes and toothpaste available in resident's bedrooms or communal bathrooms.

In a few of the care homes we saw that some residents had prescription mouthwash for dry mouth; prescription toothpaste which is higher in fluoride; and specialist double ended toothbrushes. Many of the residents used electric toothbrushes.

4. Conclusion

When comparing the findings from the enter and view visits to the results of the CQCs 'Smiling Matters' report, it is evident that some of the issues that face residents in care homes nationally also affect residents in care homes in North Lincolnshire. Access to dental services, staff training and lack of awareness of guidelines are all issues that face care homes in North Lincolnshire.

The NICE guidelines NG48 – 'Oral Health in Care homes' have not been widely implemented by care home managers, with very few care homes with an oral health policy in place.

Oral health and access to dental services in care homes varied from setting to setting. In the settings for people with learning disabilities or physical disabilities, the resident's oral health seemed to be better than those living in over 65 settings. This was due to fact that more residents from this cohort had access to a regular dentist, and had more support with daily oral health routines. This could also be due to the fact that generally, people living in these settings were younger, and the impact of age on oral health was yet to be seen.

Residents living in homes for the over 65's reported more issues with oral health, and had poorer access to services. High street dental practices appear to be too quick to 'deregister' a patient when they have not attended for a while.

Many residents in homes for over 65's often didn't feel the need to see a dentist due to their age or lack of natural teeth. This could be changed through positive encouragement, promotion of oral health, and support with oral hygiene from Staff and family members.

Some managers were unaware of the role and remit of Community Dental Service, and there appears to be some confusion by care homes and the CDS over who can refer. This is leading to some of the most vulnerable residents such as those with dementia missing out on this service.

Managers seemed to be unsure of how to access emergency dental treatment out of hours, and although support and advice from the SPA team and emergency care practitioners may help to relieve the resident's pain, it does not resolve the dental problem which needs to be dealt with by a dentist. However, we recognise that the Emergency Dental Service is not always the most appropriate place for vulnerable residents to be treated.

Training in oral health is lacking across all settings visited. Although most staff said they felt confident recognising the signs of symptoms of poor dental health and how to support with daily oral hygiene routines, they felt this could be improved with the addition of specific oral health training.

Staff have a good understanding of individual resident's needs, and despite the challenges some faced when supporting residents, they are flexible in finding ways to help, such as taking a fresh faced approach or to try again later.

Most staff who took part in the visits showed a positive attitude to promoting good oral health and it was clear that they saw this as an important part of a resident's health and wellbeing.

5. Recommendations

1. Managers should ensure that they are aware of the NICE guidelines for oral health in care homes and develop a mouth care policy that reflects this.

2. Managers should ensure that oral health assessments are routinely undertaken on admission, using the assessment tool recommended by NICE (appendix A).

3. Managers should ensure that residents have access to equipment to enable them to maintain good oral health, such as adapted brushes and aids if needed.

4. Managers should complete a review of all residents and whether they have routine dental check ups with a dentist. Attempts should be made to secure an NHS dentist for those who do not have one.

5. All staff within care homes should undertake specific oral health training. Training should be offered on induction and refreshed at regular intervals. On moving to a new care home, Staff should be assessed, trained and updated where necessary. The following free training courses can be accessed online -

   - ✓ ***Skills for Care- https://www.skillsplatform.org/courses/4005-oral-health-free***
   - ✓ ***Training provided by local oral health promotion team in North Lincolnshirehttp://www.dentalhealthpromotion.net/healthcare.html***
   - ✓ ***NHS E- learning for Health- https://www.e-lfh.org.uk/***

6. Care staff should be shown how to care for resident's dentures and be informed of the importance of removing and cleaning dentures on a daily basis.

7. Residents should be provided with oral health advice, including how to look after their dentures, and should be encouraged to see a dentist for regular check-ups, regardless of whether or not they have teeth.

8. The Operational Manager of the Community Dental Service should;

   A) Ensure that the referral criteria and process is clearly communicated to all care home managers to avoid confusion and delays in being seen.

B) The CDS team are up to date with the criteria and are also communicating this in a clear and consistent manner.

9. NHS Dental Commissioners should ensure that any upcoming changes to commissioning reflect the needs of those specifically living in care homes.

10. NHS Dental Commissioners should work with the local authority to ensure that all care homes are aware of how to access dental services, including the Emergency out of hour's service and the Community Dental Service, and also what pathway they should take if there is an emergency.

11. As part of contract monitoring, NHS Dental commissioners should ensure that dental practices are taking a more flexible approach when determining whether or not to see a patient who lives in a care home and has not received dental care for two years or more, to ensure residents are not being unfairly disadvantaged as a result of their resident status.

12. NHS dental practices should adopt a more flexible policy when determining whether to offer appointments to patients who live in residential care and have not visited the practice for over two years, to ensure residents are not being unfairly disadvantaged as a result of their resident status.

13. The Local Authority should ensure that the recommendations within this report are incorporated into current mechanisms for improving quality within the care home sector.

Healthwatch aim to continue to support the promotion of oral health in care homes by taking the following actions;

- Promote the importance of good oral health and provide up to date information in the Healthwatch newsletter, website and other platforms.
- Continued involvement in current work streams that are focussing on the issue of dental health.
- To update care home Manager's with up to date dental services in the Northern Lincolnshire area.
- To support in the promotion of eligibility criteria for exemption charges for dental care.

6 Next steps

Under Healthwatch powers to produce reports and recommendations, the following services have 20 working days from receipt to respond:

- Amber House
- Applegate
- Ascot House
- Emerald House
- Holly House
- Lincolnshire House
- Lowfield House
- Norwood House
- Sycamore Lodge
- The Manor House
- The Willows
- NHS England Yorkshire and Humber
- North Lincolnshire Council- Adult Social Care Commissioning Team.
- Community Dental Service North Lincolnshire

Healthwatch North Lincolnshire will monitor responses to the recommendations within this report and keep members of the public and stakeholders informed of progress and actions to deliver improved services.

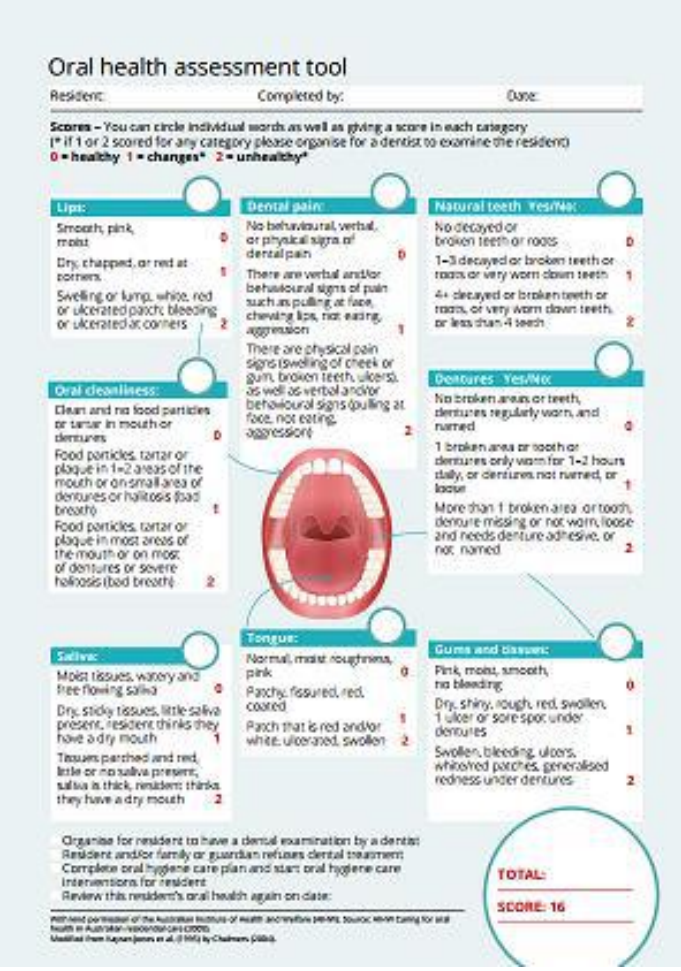
Healthwatch North Lincolnshire will also share this report with the following groups and organisations:

- All Care Homes in North Lincolnshire
- The Provider Development Team at North Lincolnshire Council
- North Lincolnshire Safeguarding Adults Team
- The Care Quality Commission
- The Health and Social Care Standards Board

The report will be published, along with responses on the Healthwatch North Lincolnshire website.

APPENDIX

Tool available at
https://www.nice.org.uk/Media/Default/Oral%20health%20toolkit/Oral_health_assessment_tool.pdf



Oral health assessment tool

Resident: Completed by: Date:

Scores – You can circle individual words as well as giving a score in each category
(* if 1 or 2 scored for any category please organise for a dentist to examine the resident)
0 = healthy 1 = changes* 2 = unhealthy*

Lips:
Smooth, pink, moist 0
Dry, chapped, or red at corners 1
Swelling or lump, white, red or ulcerated patch, bleeding or ulcerated at corners 2

Dental pain:
No behavioural, verbal, or physical signs of dental pain 0
There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression 1
There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression) 2

Natural teeth Yes/No:
No decayed or broken teeth or roots 0
1–3 decayed or broken teeth or roots or very worn down teeth 1
4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth 2

Oral cleanliness:
Clean and no food particles or tartar in mouth or dentures 0
Food particles, tartar or plaque in 1–2 areas of the mouth or on small area of dentures or halitosis (bad breath) 1
Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) 2

Dentures Yes/No:
No broken areas or teeth, dentures regularly worn, and named 0
1 broken area or tooth or dentures only worn for 1–2 hours daily, or dentures not named, or loose 1
More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named 2

Saliva:
Moist tissues, watery and free flowing saliva 0
Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth 1
Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth 2

Tongue:
Normal, moist roughness, pink 0
Patchy, fissured, red, coated 1
Patch that is red and/or white, ulcerated, swollen 2

Gums and tissues:
Pink, moist, smooth, no bleeding 0
Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures 1
Swollen, bleeding, ulcers, whitened patches, generalised redness under dentures 2

Organise for resident to have a dental examination by a dentist
Resident and/or family or guardian refuses dental treatment
Complete oral hygiene care plan and start oral hygiene care interventions for resident
Review this resident's oral health again on date:

TOTAL:
SCORE: 16