healthwatch Warrington

Oral Health in Care Homes Report

Introduction

Healthwatch Warrington act as the public voice in the delivery of health and social care services. To do this we collect feedback from residents of Warrington about their experiences of using health and social care services. We use that feedback to work with commissioners and service providers to highlight good practice and improve services.

On this occasion, Healthwatch Warrington have undertaken a project looking at the delivery of oral health support in care homes. This was highlighted as a concern for us because the Care Quality Commission (CQC) has identified the oral hygiene of care home residents, both older people and those with a learning disability, to be an issue across the country. The issue may be due to a multitude of factors, for example, training, resident resistance, or a lack of involvement from the health sector.

The CQC have asked all Healthwatch to feed in any intelligence they have gathered on the matter in order to build a picture of the prevalence of this issue across different regions. The National Institute for Health and Care Excellence (NICE) has also recently published guidance on oral health for adults in care homes in which it outlines the requirements for care staffs knowledge and skills, daily mouthcare, the availability of local oral health care services, and care home policies for oral health and providing residents with support to access dental services.

Methodology

This project used a mixed methodology and was based around the NICE guidance for Oral Health in Care Homes.

A survey that used mainly quantitative questions was used to survey care home managers about that arrangements they had in place to support their residents with their oral health. The survey was supported on-line and sent out to 60 care home managers by email with a follow up email reminder for those that had not completed the survey two weeks later.

Semi-structured interviews were also used with care staff and residents and/or their families. This was designed to understand how the staff understood their role in supporting oral health care and how residents experienced that support.

We carried out five interviews with staff and eight with residents or their family members. This was not intended to be a representative sample and we used the process of saturation to identify when enough interviews had been completed.

Key findings

83% of are home managers said that they had a policy on oral health care in place at their home.

75% of care home managers said that oral health assessments were undertaken when residents were admitted to the care home. But residents that were interviewed did not generally recall having had an assessment.

Although NICE recommend that dentures should be labelled with the relevant resident's name, this was not the case for residents who took part in the interviews.

100% of the care home managers said that information on oral health needs is on residents' care plans and this was borne out by staff who took part in interviews.

Staff training was a key theme with over half of care home managers saying that their staff had not received any training in oral health. Staff who took part in the interviews on the whole said that they had learnt from observing other staff although one had had on-line training.

75% of the care home managers said that they provided access to a specific dentist for their residents. Nearly all of the residents, or their relatives, that took part in the interviews said that they had seen a dentist since being residents.

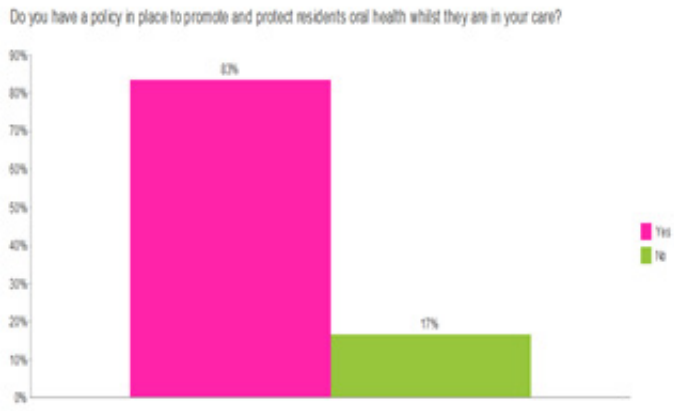
However, for some of those that had seen a dentist, this had been arranged by their families rather than the home. Families also seemed to have a role in providing oral health supplies such as toothpaste.

Results

There were only **12 responses** to the on-line survey sent to care home managers which is equates to a **20%** return rate. This means that it is difficult to draw conclusions from the survey results alone. However, combined with the information from the interviews it is possible to draw out key themes from the data.

Policy

The NICE guidance says that there should be a policy in place in every care home to promote and protect the oral health of their residents. Care home managers were asked about this in the survey and **83%** said that they had a policy in place. This means that almost a fifth of the respondents said that they did not have a policy in place.



Results

Assessment when admitted to the home

76% of the care home managers said that residents had their oral health assessed when they were admitted to the home. Those that said that they carried out an assessment at admission were asked what staff members undertook the assessments. They generally said that it was either a nurse or a senior member of staff such as the care manager or care team leader. None of the staff who were interviewed said that they undertook assessments, but one said that the nurses at the home carried out the oral health assessments.

During the resident interviews there was mixed feedback about whether they had been assessed when they moved to the care home. Some participants could not remember if they had been assessed specifically on their oral health. One resident said that the home had *'asked me if I wore dentures'.* For another a family member said that they had not been assessed when moving in the care home and one family said that they had taken their parent to the dentist when they were first admitted to the care home.

Daily support with oral health care

Staff members who were interviewed all said that they were involved with the daily care of residents' oral health.

They said that they were involved with the cleaning of residents' teeth or their dentures if they needed assistance. One participant said that if they were providing oral care they said that they always said what they were doing as they did not want *'those that struggle to understand... to feel like I'm just shoving something in their mouth.'*

For those that did not need assistance they said that they provided reminders to residents to clean their teeth and would sometimes supervise brushing or check dentures were clean. One said that they would *'put the toothpaste on and encourage them to brush their teeth'* and provide a **'gentle reminder'.**

Denture care

Although it is recommended by NICE that systems be put in place to ensure that dentures are identifiable through marking if residents want it, none of the staff mentioned that this was in place at their home. One said that *'all dentures are in the residents' rooms'* and this would mean that issues of missing dentures were minimised. The care home residents that took part in the interviews and had dentures said that they did not have their names on their dentures. One said that *'I have my own room, so they do not have to have my name on'*. Another said that they did not know if their name was on the box for their dentures.

From the information given by the staff interviewed, dentures were generally put into soak by night staff where assistance was required and the staff that were on during the day were more likely to *simply 'make sure that they are clean before we put them back in.'* Where dentures were not soaked overnight the participants said that they assisted with cleaning the dentures before they were put back in.

Those residents taking part in the interviews and wore dentures also said that staff would *'clean my dentures and soak them at night'*

Refusal of oral health care

Care home mangers were asked what happened if resident refused oral health care. There were a range of responses with one saying that 'if they have capacity it is their choice to make'. Two respondents said that they would raise the matter with the resident's family. Three respondents made comments that they ensure that staff keep records of refusals and two of these said that they would go back and ask for further advice it is was required. Two respondents said that staff would keep going back and trying to carry out the care that is required.

Staff that were interviewed spoke generally in terms of reminding and persuading resident's to undertake oral health care. One commented that *'for the ones that have still got full capacity, they are aware whether they have done their teeth or not. So I'll say, for example, have you done your teeth? [If they say] 'I haven't done them, I'll make sure [they] do them before I leave the room or I'll stand and watch [them] whilst [they do] them. Which is what I did this morning.'*

Information on residents needs

All of the care home managers said that information about the oral health needs of residents was kept on the individual's care plan.

This was also the case for the staff members who were interviewed, although one said that information was *'usually in the care plan, if it was documented down'.* Otherwise, they would have to ask the nurse. Additionally, one said that the residents would tell them what they preferred or needed if they had the capacity to do so.

Staff training

The feedback from care home managers about the training that their staff had received for looking after residents' oral health suggests that there are difficulties in being able to provide training. Five of the nine managers who responded to the question said that their staff had not had training. One said that they had *'tried to access'* training and another said that their staff had received none but some had accessed *'on-line training'*. Those that said that their staff had received training, said that it was provided in-house, was part of induction or that they had accessed e-learning as well as previously having had some community training.

The staff that were interviewed gave varied responses to what training they had received to look after residents' oral health. One said that they had '*kind of picked it up on my shadowing, so it was a matter of observing and then having a go myself',* another said that they did not *'recall'* having training but did confirm that they had watched the other staff carrying out oral care. Only one participant in the staff interviews said that they had had training other than observation saying that *'we have our on-line training'.*

However, one participant said that they had *'not received any training for that'* and that they had been in post *'since July'* when the interview took place in January the following year.

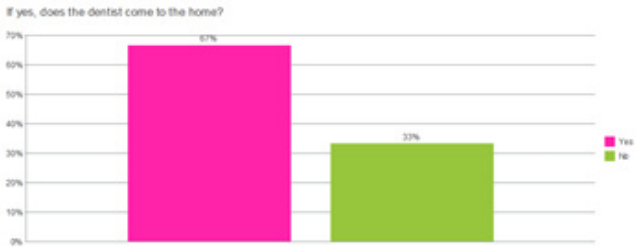
Routine access to dental care

75% of the respondents said that they provide access to a specific dentist for their residents.

Of those that said that they did not provide access to a specific dentist were asked that they did when their residents needed to see a dentist. One respondent said that the residents' *'families take them'* to the dentist and another said their residents often preferred to keep their original dentist. They clarified that if they wanted a dentist arranging for them the home would do so and the third respondent said that they call any dentist that is available when an appointment is needed.

Residents taking part in the interviews varied in whether they had kept their own dentist or whether they had used one that their care home arranged. Most of the participants said that they had seen a dentist since they had been resident whether it was arranged by the home or by their families. However, one said that they did not see a dentist *'because I have dentures and have no problems'* and another that they *'have had no problems, so I don't need to go.'* The family of another resident said that their family member had never gone to the dentist prior to being a resident and it was their choice not to access a dentist since they had been a resident.

Those that do provide access to a specific dentist were asked if their dentist came to the home. **67%** said that the dentist did go to the home. However, the staff who participated in the interviews generally said that the residents had to travel to the dentist with one saying that *'for almost all of them we are taking them to the clinic*' and the dentist only came to *'one of our clients that is totally bed bound'.*



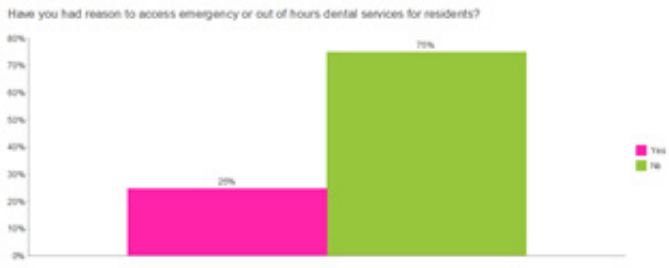
Where they did not go to the home the residents travelled their either by wheelchair taxi or by public transport. One participant in the resident interviews said that they went to the dentist *'on my own'* without staff support.

Staff members who were interviewed were generally not responsible for arranging access to the dentist for the residents they cared for although one said that they had been *'on a few appointments to the dentist with residents'* and that '*before we leave, I'll make an appointment for them to go back to the dentist in three months time.'*

Emergency access to dental care

The staff that were interviewed were unclear about accessing emergency dental care and spoke about accessing routine check-ups for residents. It was suggested that it was the role of nursing staff at one of the care homes.

The care home managers were asked if they had had reason to contact an out of hours or emergency dentist for their residents. Only **25%** or three of the respondents had needed to do so.



They were then asked how easy they had found it to access emergency dental care. One respondent said that it was easy, one said that it was neither easy nor difficult and one said that it was difficult. None of the respondents said that it was very easy or very difficult.

The role of families

The role of families in enabling access to dentists was mentioned by a care home manager in their survey response. This was supported by the families of some residents who said that they arranged dental care and took their family member to the dentist. One family member who took part in the interviews felt that *'because they are aware [they] take [them] to the dentist'* the care home have not arranged a dental check up since they became resident in the home.

It was also mentioned by one staff interview participant that the families of their residents also supplied oral health supplies such as toothbrushes and toothpaste. A list was provided of what they needed to provide and this list was used to let them know when supplies were running low. On questioning the participant said that for people without family to provide supplies, these could be accessed through the home.

It is not clear if it is common practice for residents or their families to have to supply their own oral health supplies in all the homes that took part. Further, it was not always clear what arrangements were in place for accessing dental care if family members were not available or could not arrange dental care for residents. It seems that there is a great reliance on family members to look after the oral health of residents instead of this being the responsibility of the care home provider.

Conclusions

In keeping with the recommendations of NICE, most of the care home managers said that they had a policy in place for looking after residents' oral health.

NICE recommend that when someone becomes a resident in a care home, they should have an oral health assessment when they are admitted. Although three quarters of the care home managers said that this did happen, there were still many cases where this did not happen. The staff that were interviewed were not involved in carrying out assessments and were not always clear who did carry out assessments. From the interviews with residents and their families it was not clear whether assessments were taking place, as many could not remember being assessed.

Staff training was seen as an issue for some care home managers as they had been unable to access training for their staff. The staff who took part in the interviews said that they had learnt from observation and there had been little or no formal training. This is a missed opportunity to ensure that staff are aware of the importance of oral health care and also suggests that for some the home's policy on oral health has not been conveyed to them in a meaningful way.

Although staff and residents were able to speak about daily oral health care in a positive manner, when it came to denture care, it was the case that dentures were not labelled with the residents' names, despite this being a NICE recommendation.

75% of the care home managers said that they provided access to a specific dentist although some said that they did not because families and residents preferred to use their previous dentist. However, whatever the way in which access to a dentist to was provided, most residents said that they had recently seen a dentist if they wished to. Access to emergency dentists had mixed feedback from care home managers. Staff who were interviewed had little to no knowledge of how dental care was accessed for residents as this was outside the scope of their roles.

The role of families was significant in ensuring the oral health of residents. It was clear from the feedback that some families were taking responsibility for ensuring access to a dentist including taking their family member to the dentist on a regular basis. From the interviews it was also sometimes the case that families were providing oral health equipment such as toothbrushes and toothpaste and this was not provided by the care home as might be expected.

Recommendations

Training

As only one of the staff that was interviewed had received any formal training in looking after residents oral health it is recommended that the local authority explore ways in which they can support care homes to access formal training that can be undertaken by their staff.

Providing formal training as well as 'on the job' observation will help to ensure that care staff understand the importance of ensuring that residents are supported in maintaining their oral health.

Healthwatch Warrington recommend that the National Mouth Care Matters training programme NHS England be implemented throughout all the care homes in Warrington on a rolling programme. This would ensure that there is an ongoing training programme for care staff.

Oral health assessments

As there were a quarter of care homes managers said that they did not carry out oral health assessments when someone became a resident and a number of residents that were interviewed could not recall having an assessment it is recommended that care homes ensure that an assessment is undertaken at admission.

Access to dental care

Whilst none of the residents said that they had not been able to see a dentist since they had become a resident in a care home, the feedback from care home managers suggests that not all homes provide access to a dentist through them. Therefore, it is recommended that all homes develop an arrangement to provide access to a specific dental practice if it is required by a resident who does not have their own dentist and it is not left to their family to arrange access to a dentist.

Dentures

Although it was considered unnecessary to label dentures with residents' names by the interview participants because dentures were kept in residents' own rooms good practice guidance suggests that they should be labelled. Therefore, it is recommended that this is adopted as normal practice by the care home providers.

Oral health assessments

It was considered unnecessary by participants to label dentures as they were kept in the rooms of residents. However, it was not clear whether there had been discussion about labelling dentures. Therefore, it is recommended that as part of the initial oral health assessment on becoming a resident a discussion takes place about whether dentures should be labelled and that there is a record of this.

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