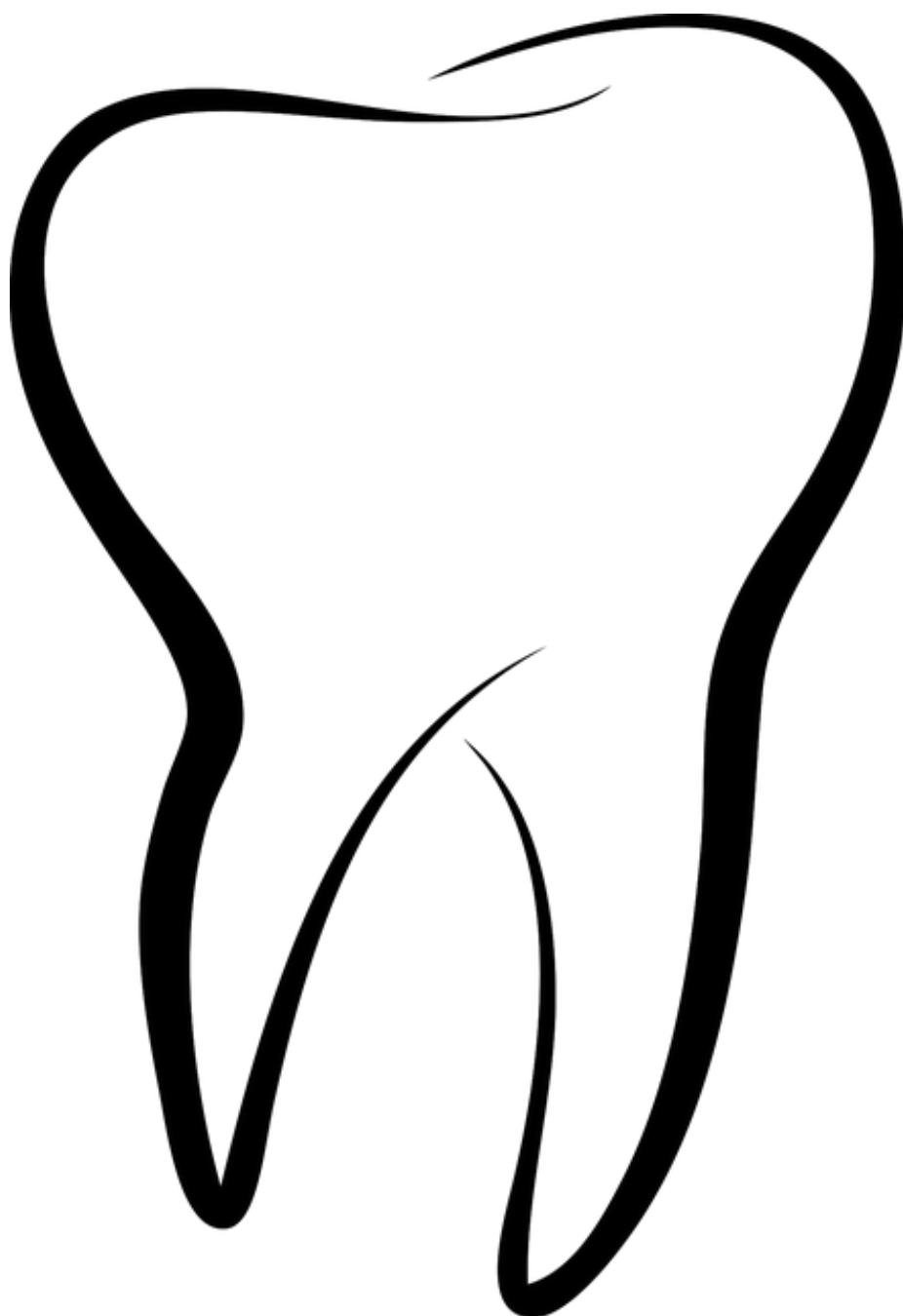


Oral Care in Care Homes

A review of oral health in residents of care homes in
Brighton and Hove
during February to April 2019



June 2019

Contact – Michelle Kay

Michelle@healthwatchbrightonandhove.co.uk

Contents

1. Executive Summary	4
2. Recommendations	7
3. Introduction	12
A: Background	12
B: Project Objective and Scope.....	13
C: Methodology	14
4. Key Findings	16
A: Quality of Care	17
B: Training	22
C: Access to services	26
D: Challenges and suggestions for improvements	29
5. Data Tables	32
A: Survey Questions Asked:	32
B: Demographic questions	42

About us

Healthwatch Brighton and Hove is the independent champion for people who use health and social care services in Brighton and Hove.

Our job is to make sure that those who run local health and care services understand and act on what really matters to people. We listen to what people like about services and what could be improved. We share what people tell us with those with the power to make change happen. We encourage services to involve people in decisions that affect them. We also help people find the information they need about services in their area.

Acknowledgements

Healthwatch Brighton and Hove would like to thank the following volunteers who have supported this project:

Nick Goslett
Chris Jennings
Adam Mason
Sylvia New
Fran McCabe
Sue Seymour
Lynne Shields
Roger Squier
Maureen Smalldridge
Katie Waters

We would like to thank the following for their advice and support:

Ali McNealy and her team, the Special Care Dental Service, Sussex Community NHS Foundation Trust (SCFT)
Lynette Anear, the Oral health promotion office, SCFT
Rob Persey, Alex Saunders and colleagues at Health and Adult Social Care, Brighton and Hove City Council
Alistair Hill, Director of Public Health
Jackie Sowerbutts and Jenny Oliver, Public Health England
Mili Doshi, Surrey and Sussex Healthcare NHS Trust
Panna Shah, Kent Community Health NHS Foundation Trust
Kim Grosvenor, NHS High Weald Lewes Havens CCG

In addition, Healthwatch would like to thank all of the care home managers, care staff and care home residents who facilitated our visits and participated in the surveys and interviews.

1. Executive Summary

Oral care in care homes has been identified as an issue across the UK. During 2018/2019, the Care Quality Commission (CQC) is carrying out a national thematic review. Using NICE guidance as the standard against which care homes are being assessed, the CQC is looking at the quality of oral health in care homes, access to services and the impact of good or poor oral health on care home residents across the UK.¹ There are over 100 care homes in Brighton and Hove and Healthwatch has received many comments from the public expressing concern about some aspects of dental service provision in Brighton and Hove. With this in mind, we carried out a local review to investigate the quality of oral care provided to residents in care homes.

We spoke to 111 care home residents and 75 care staff across 20 care homes and nursing homes, representing young and old adults, and people with long-term physical and mental health conditions.² Care home residents and care staff identified that:

1. **Quality of care:** Responses received from care staff and care home residents provided a contrasting picture of care received.

The majority of care home residents (81%, 86)³ said they cleaned their own mouth (including teeth and dentures). Some care home residents felt it was not necessary for (or they did not want) care staff to clean their mouth. However, 65% of care home residents (67)⁴ told us that care staff did not ask them about their mouth and 69% of care home residents (66)⁵ told us that care staff did not encourage them to book check-ups with their dentist.

The majority of care staff reported that they regularly helped care home residents with their oral health but this indicated some gaps where care was not provided to every care home resident: 82% of care staff (61)⁶ said teeth were checked regularly (i.e. at least a few times a week) and 85% of care staff (62)⁷ responded that mouths were cleaned once or twice a day (either with assistance or independently).

¹ [Oral health in care homes, CQC Monthly Column, August 2018](#)

² See demographic questions in 5B. Data Tables

³ Q3 residents' interviews -see 5A. Data Tables

⁴ Q20 residents' interviews -see 5A. Data Tables

⁵ Q23 residents' interviews -see 5A. Data Tables

⁶ Q7 staff surveys -see 5A. Data Tables

⁷ Q9 staff surveys -see 5A. Data Tables

2. **Oral Assessment:** Only 33% of care home residents (35)⁸ could recall being asked questions about their oral health when they moved into the care home. However, half of the care staff we spoke to (52%, 39)⁹ said they carried out oral health assessments. But considering responses from both staff and care home residents, it is likely that only some were given a full oral assessment.¹⁰
3. **Staff Training:** Over a third of care staff (37%, 28)¹¹ said they had not undergone any training for oral health. When comparing care homes where staff had received training from the Special Care Dental Service,¹² against those where staff had not, Healthwatch found significant differences in staff responses.

On a four point scale, we found that where training had taken place, care home staff were more likely to:

- a. Carry out oral health assessments (62% in comparison to 52% of all care staff);
 - b. Respond that residents' mouths (including teeth and dentures) were checked at least a few times a week (90% in comparison to 82% of all care staff);
 - c. Respond that residents' mouths were cleaned once or twice a day, either with assistance or independently (90% in comparison to 85% of all care staff);
 - d. Be aware that the care home had a policy (72% in comparison to 49% of all care staff).
4. **Policy Awareness:** 51% of care staff (36)¹³ were either unsure as to whether the care home had an oral health policy, or did not believe the care home had one.
 5. **Access to dental care:** 55% of the homes we visited (11)¹⁴ did not have a dentist that would visit the home. This is in the context of the majority of care home residents (91%, 94)¹⁵ having a disability (physical, sensory, dementia or long-standing illness) that would make visiting a dentist difficult or impossible.

⁸ Q18 residents' interviews -see 5A. Data Tables

⁹ Q5 staff surveys -see 5A. Data Tables

¹⁰ Where residents indicated they had been asked questions about their oral health on moving into the home (Q18 residents interviews-see 5A. Data Tables) the type of questions asked indicated a full assessment had not been carried out. Where staff said they carried out oral health assessments (Q5 staff surveys -see 5A. Data Tables) Healthwatch asked staff how often the assessment was carried out and most of the responses indicated it was unlikely to be an oral health assessment.

¹¹ Q4 staff surveys -see 5A. Data Tables

¹² Provided by Sussex Community NHS Foundation Trust.

¹³ Q22 and Q23 staff survey - see 5A. Data Tables

¹⁴ Q27 staff survey - see 5A. Data Tables

¹⁵ See demographic questions in 5B. Data Tables

In light of these findings, Healthwatch makes recommendations in seven key areas, (detailed in Section Two):

1. Daily routine and checks;
2. Oral Health Assessment;
3. Staff training and support for care home residents;
4. Awareness of policy for care staff and care home residents;
5. Access to services and appointment records;
6. Dental visits to care homes;
7. Resources.

From speaking to care staff working in care homes Healthwatch appreciates that many care staff are working hard to provide appropriate levels of support to the care home residents. Our survey findings have highlighted some inconsistencies in the provision of oral care being delivered. Through training, consistent practice and procedure and maintaining good records, care homes can provide a service that is in line with NICE guidelines and meets all care home residents' needs, including those who are most vulnerable and in need of support.

We are pleased to include a response on page 11, from Brighton and Hove County Council (BHCC), to the draft report we circulated prior to the final version. BHCC support our recommendations as being 'in line with the council's approach to promoting oral health'.

2. Recommendations

Healthwatch has identified recommendations in seven key areas:

1. Daily routine and checks;
2. Oral Health Assessment;
3. Staff training and residents' support;
4. Awareness of policy for care staff and residents;
5. Access to services and appointment records;
6. Dental visits to care homes;
7. Resources.

1. Daily routine and checks:

For care staff:

All care home residents should be offered support with cleaning and where unable to do so themselves, care staff should offer to clean teeth and/or dentures. This offer should be made twice a day.¹⁶

Care staff should maintain records of daily checks for all care home residents¹⁷, noting:

- Potential signs of poor oral health (including ill-fitting dentures, not eating or drinking properly) and recording action taken.
- The products being used by care home residents, and advice given by care staff or dentists about suitable products. Recorded checks should also include ensuring care home residents are maintaining and renewing products.
- Records should also show where care home residents refuse support. If refusal is a new thing for the resident or it becomes a regular occurrence, this should be reported to the care home Manager.

2. Oral Health Assessment:

For care staff: All care home residents should receive an oral health assessment in line with NICE recommendations as soon as they move into the care home:

- This should be recorded and reviewed quarterly or if changes are noticed.¹⁸

¹⁶ See [Oral health for adults in care homes](#), NICE Guidelines, particularly 1.3 and [Mouth Care for Adults in a Hospital or Care Setting](#), Special Care Dental Service, Sussex Community NHS Foundation Trust

¹⁷ NICE recommends that oral care should be included in a care home residents' personal care plan, including recording dental appointments and mouth care needs as the latter changes. See [Oral health for adults in care homes](#), NICE Guidelines, particularly 1.2 and 1.3

¹⁸ See [Mouth Care for Adults in a Hospital or Care Setting](#), Special Care Dental Service, Sussex Community NHS Foundation Trust and [Oral health for adults in care homes](#), NICE Guidelines. Mouthcare Matters assessment forms recommend within 24 hours of the resident moving in to the care home. As the daily care plan is based upon assessment, we would recommend quarterly reviews to ensure if there is any change, the care plan can be amended accordingly.

- The assessment (and care plan) should record who the residents' next of kin is and details of past wishes or presence of any advocates.

3. Staff training and support for care home residents:

For care home managers: All care staff should receive a minimum standard of oral health training, which should include:¹⁹

- Best practice around cleaning and supporting care home residents with oral hygiene;
- How to spot signs of potential poor oral health;
- Awareness of the Oral Health Assessment tool;²⁰
- Awareness of the oral health policy of the care home they work in.

For care home managers: Depending on responsibility and role, additional staff training should include:

- When and how to carry out the Oral Health Assessment;²¹
- Dealing with resistance (from care home residents);²²
- How to assist care home residents with dementia.²³
- How to assist residents in accessing routine and urgent dental care (where appropriate).

For care staff: All care home residents with dentures to be shown how to look after them (where applicable), to be advised on the importance of taking care of dentures and seeing the dentist regularly.

For care home managers: All staff training and support for care home residents should be recorded and reviewed annually. On moving to a new care home, staff should be assessed and provided with relevant and up-to-date training where necessary.²⁴

For Brighton and Hove County Council Commissioners: To consider using contract requirements to encourage care homes to engage with specialist oral health training for care home staff. This is provided by the Special Care Dental Service (Sussex Community NHS Foundation Trust) and Mouth Care Matters.²⁵

¹⁹ For example that provided by the [Special Care Dental Service, Sussex Community NHS Foundation Trust](#). See also [Mouth Care Matters](#).

²⁰ [The Oral Health Assessment Tool, NICE](#)

²¹ [NICE provides guidance on using the Oral Health Assessment Tool](#)

²² See [Oral health for adults in care homes](#), NICE Guidelines, particularly 1.3. See also [Mouth Care Matters: A guide for hospital healthcare professionals](#).

²³ The [Special Care Dental Service](#) offers guidance on supporting oral health of patients with dementia. It is also worth looking at the [Faculty of General Dental Practice 'Dementia, Oral Health & Care Homes: Good practice guidelines'](#) for an excellent online resource.

²⁴ Oral health training while not mandatory, is recommended for all care home staff. The Special Dental Service recommends that 'new staff would benefit [from training and] ideally a yearly update', Oral Health Promotion Team Leader, Special Care Dental Service, Sussex Community NHS Foundation Trust.

²⁵ See the [Special Care Dental Service, Sussex Community NHS Foundation Trust](#) and [Mouth Care Matters](#).

For Sussex NHS Commissioners: To recognise the added value of specialist oral health training provided to care homes (commissioned by the NHS).²⁶ To consider further supporting this training and ways in which it might be extended; To do so in partnership with Brighton and Hove City Council Commissioners.

4. Awareness of policy for care staff and care home residents:

For care home managers: All care staff should be aware of the care home's oral health policy and procedures, including:²⁷

- Policy on maintaining dentures and oral hygiene;
- Details of the care home's main dental provider;
- Process for finding residents a new dentist;
- Process for booking appointments and whether the care home receives dental visits;
- Procedure for dealing with a resident in need of urgent dental care.
- Where there is no policy, one should be developed.

For care home managers: All care home residents and their support networks (family and friends) to be made aware of the policy and procedures for the care home, to include:²⁸

- The same details as shown to the care staff;
- The obligation of care staff to assist with checking and cleaning the mouth, including teeth and dentures;
- The responsibility of the support network to encourage care home residents with accessing care staff support.

For care home managers: Care staff should maintain records which show when care staff and care home residents have been shown the policy. These should be reviewed annually.

5. Access to services and appointment records:

For care staff: All care home residents who do not have a dentist, should be found a new dentist as soon as they move into a care home.²⁹

Care staff should maintain a record of all dental visits made, ensuring these are undertaken as often as is recommended by the dentist. This should include:

- Recording procedures carried out and recall intervals;
- Dental advice offered that should be actioned upon.

²⁶ See the [Special Care Dental Service, Sussex Community NHS Foundation Trust](#) and [Mouth Care Matters](#).

²⁷ See [Oral health for adults in care homes](#), NICE Guidelines, particularly 1.1.1

²⁸ See [Oral health for adults in care homes](#), NICE Guidelines, particularly 1.1.6

²⁹ See [Oral health for adults in care homes](#), NICE Guidelines, particularly 1.2

6. Dental visits to care homes:

For care home managers: Care homes should ensure they can offer residents a dental service that comes to the home, where appropriate.³⁰

For NHS England: Consider setting a requirement for all dentists to provide free dental visits to at least one care home.³¹

7. Resources:

For care home managers: Care homes should ensure there is capacity for escorting care home residents to dentists and make plans for transport arrangements.

For care home managers: Care homes should ensure availability of appropriate equipment to aid oral care e.g. mouth prop.

³⁰ See [Oral health for adults in care homes](#), NICE Guidelines, particularly 1.5.2

³¹ See [Oral health for adults in care homes](#), NICE Guidelines, particularly 1.5.1

Date: 20th June 2019

David Liley
Healthwatch

Comment on Healthwatch report for Council

Dear Healthwatch

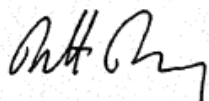
Brighton & Hove City Council welcomes this report from Healthwatch on the oral health of older people living in care homes in the city. People are living longer and many are retaining their own teeth, so it's important that their oral health is looked after to avoid pain and prevent exacerbating a number of diseases linked to oral health including pneumonia and diabetes; as well as to aid socialisation and communication. Maintaining good oral health is particularly important for people with dementia to ensure that they continue to be able to eat and drink a healthy diet.

The City Council is working with its commissioned services to raise awareness of the importance of looking after the oral health of care home residents. Sussex Community NHS Trust's Oral Health Promotion Team provides staff training on oral hygiene; reinforces the need for oral health assessments on admission, oral care plans and a daily record chart to meet CQC requirements. The resources used are evidence based and are from the Health Education England Mouth Care Matters programme. Every time the Oral Health Promotion Team provides training in a care home they leave an information pack, which includes relevant paper work and details of how to access domiciliary dental visits for their residents.

The Healthwatch report is an important reminder of the need to continue delivering this work with care homes and that there are still care homes in the city that need to develop their oral health policies and awareness of this aspect of personal care.

The report identifies recommendations in seven key areas: daily routine and checks; oral health assessment; staff training and residents' support; awareness of policy for care staff and residents; access to services and appointment records; community dental services and resources – all of these are in line with the council's approach to promoting oral health. In 2018/19, thirty-one care homes were visited by the Oral Health Promotion Team reaching 203 staff. The local authority will continue to offer this training and reach out to those care homes where a specific need for oral health training has been identified.

Regards



Rob Persey
Executive Director of HASC



Alistair Hill
Director of Public Health

Telephone: 01273 290000
www.brighton-hove.gov.uk



3. Introduction

A: Background

Maintaining good oral health is important. This is not only for eating, speaking and freedom from pain, but it is also linked to prevention of conditions such as diabetes and cardiovascular disease.³²

Healthwatch Brighton and Hove had received feedback from patients across the city about poor dental service provision. This included misleading information about pricing and unclear advice about treatment options from dental practices. Healthwatch England³³ has been responding to similar concerns about dental care services since 2013. To determine how best Healthwatch could make a difference, in 2018, we met with the Special Care Dental Service (Sussex Community NHS Foundation Trust), Commissioners of Health and Adult Social Care and Public Health England.

This brought to light that the Care Quality Commission (CQC) were about to conduct a thematic review³⁴ of oral care in care homes across the UK. Local providers therefore agreed that a review of the quality of oral care provision in care homes within Brighton and Hove would contribute to this work.

There are around 16,000 care homes in the UK.³⁵ This includes a variety of homes for older and younger adults, from Homes with a nursing provision, to those specialising in dementia, mental health and/or learning disabilities.

In 2018, the CQC describes oral health in this way:

Good oral health is a critical aspect of good overall health and wellbeing. This is true for all of us, but especially for people living in vulnerable circumstances or unable for whatever reason to manage their oral hygiene without assistance.

Although many residents of care homes are supported to maintain good oral health, there is evidence to show that some services struggle to provide the support people need. The consequences can be devastating.

³² [Promoting oral health in your professional practice](#), Public Health England, 2010 and [Mouth Care for Adults in a Hospital or Care Setting](#), Special Care Dental Service, Sussex Community NHS Foundation Trust.

³³ [Complaints about GP and dental practices, Healthwatch England](#)

³⁴ [Oral health in care homes, CQC Monthly Column, August 2018](#)

³⁵ [The state of health care and adult social care in England](#), Care Quality Commission, 2016/17 (read in the [King's report, Key challenges facing the adult social care sector in England, 2018](#))

The CQC were keen for all Healthwatch to contribute any local findings to their review, including the issues, challenges and examples of good practice. Healthwatch Brighton and Hove engaged with Public Health England, the CQC, including attending an expert advisory meeting on the CQC's review and with the local Specialist Dental Team for advice and guidance on our review.

B: Project Objective and Scope

Our objective for the project was to find out whether care home residents were receiving the oral care they needed based on NICE guidance.³⁶ This included looking at the following areas:

- **Quality of care:** How involved care staff were with care home residents' oral care; spotting problems with care home residents' oral health; cleaning and checking care home residents' teeth and/or dentures.
- **Training:** Understanding and use of oral assessment; type and regularity of training undertaken by care staff.
- **Access to services:** Frequency of dental visits; barriers to visiting the dentist.
- **Challenges and suggestions for improvements.**

It is important to recognise that there were some limitations to speaking to care home residents of care homes, some of whom may have had conditions that affected their ability to understand and/or answer some of the interview questions.³⁷ We therefore asked care staff to point us in the direction of care home residents who would be most able to respond to questions. Overall, the majority of care home residents we spoke to were able to provide detail to accompany their answers, which allows us to have confidence in their responses and the survey results.

We also recognise that care staff would have an interest in presenting good provision of care. We appreciated their honesty where they felt frustrated that sometimes this was challenged by inconsistencies in training and/or systems.

All care homes that participated in the project did so voluntarily. On the visit day, care staff were asked to complete a survey and care home residents were asked if they would participate in an interview and this was agreed on an individual basis.

³⁶ See NICE guidelines for [Oral health for adults in care homes](#).

³⁷ 29% of residents had learning difficulties, dementia or a long-term mental health condition which may have affected cognitive ability. See demographic questions in 5B. Data Tables

C: Methodology

Part of the local Healthwatch remit is to conduct reviews of health and social care services in Brighton and Hove. Local Healthwatch usually take one aspect of the service, for example reviewing oral care in care homes. The Health and Social Care Act 2012, gives Healthwatch the legislative power to speak to care home residents and care staff known as the power to ‘enter and view’; our volunteers are trained to do this. Our objective is to find out the resident experience of the social care service and also to gain the care staff perspective. With these experiences we were able to make recommendations to care home providers. Healthwatch also consults with regulators Care Quality Commission (CQC), Brighton and Hove Clinical Commissioning Group (CCG), NHS England who commission dental care services and the Special Care Dental Service, Sussex Community NHS Foundation Trust which provides a service for vulnerable people and specialist training. By doing so, Healthwatch influences the way the service is provided.

To carry out this review, we visited 20 care homes between February and April 2019.³⁸ We spoke to 111 care home residents and 75 care staff, asking the same questions across all care homes (see data tables in section 5). Homes visited represented a variety of type (as shown in the table below). This included Homes with and without nursing; Homes for older and younger adults; and Homes that specialised in dementia, mental health and learning disabilities.

Table A: Care Home Representation	No. of care homes	No. of residents interviewed	No. of staff surveyed
Care Home for adults with learning disabilities (age 18 - 30)	1	2	2
Care Home for adults with learning disabilities (not age specific)	1	7	3
Care home for older adults with sensory impairment	1	9	4
Care Home for older people	2	5	5
Care home for adults with mental health conditions (not age specific)	3	13	7
Nursing home for adults with mental health conditions (not age specific)	1	4	3
Nursing home for older people	5	38	21
Nursing home for older people (including residents with dementia)	6	33	30
<i>Total number of care homes visited:</i>	20	111	75

The resident questionnaire and staff survey were shared with local providers in advance. The content of these included questions on the following areas:

- Cleaning and checking the mouth (including teeth and dentures);
- Product use;
- Oral health questions on arrival at the care home;
- Dental visits.

³⁸ No care home has been named in this report and all data collected has been kept anonymous.

In addition, the following areas were covered in the staff survey:

- Training;
- Policy;
- Challenges, best practice and suggestions for improvements.

We also asked volunteers to offer their own observations about the experience of each resident they interviewed.

Following each care home visit, volunteers submitted all the responses (both care staff and care home residents) to Healthwatch. The results were fed back to individual care homes visited, the CQC and Brighton and Hove CCG, NHS England and the Special Care Dental Service, Sussex Community NHS Foundation Trust. Healthwatch will also feedback to dentists themselves via the Local Dental Committee. In addition, Healthwatch will report to the Care Home Forum led by Health and Adult Social Care, Brighton and Hove City Council.

4. Key Findings

Healthwatch identified findings in four areas, from the surveys and interviews conducted with care home residents and care home staff. We have also included direct observations by Healthwatch volunteers who conducted the interviews.

In summary our key findings relate to:

A: The overall quality of care

- Responses received from care home residents and care staff provided a mixture picture of care received.

B: Staff training

- There are some inconsistencies in training and in the day to day delivery of oral health service that could be improved.

C: Access to services

- Access to dental care is often restricted to those who are mobile, as not all care homes could offer a dental service that comes to the home.

D: Challenges and suggestions for improvements

- In addition, a challenging factor to oral care provision is resistance from care home residents who refuse staff support and do not want to visit a dentist.

A: Quality of Care

Summary

NICE guidelines stipulate that care home staff should look after the health of care home residents, including oral health³⁹. This should include checking the mouth, including teeth and dentures regularly, assisting with cleaning as required and ensuring care home residents are using and maintaining suitable products. Even where care home residents are independent, care staff should be involved in supporting oral health. We could expect the level of involvement to be greater in nursing homes than other care homes. This is in the context that over two thirds of the care staff we spoke to (71%, 50)⁴⁰ and 68% of care home residents interviewed (75)⁴¹ were based in nursing homes.

Resident Experience

Staff involvement: The majority of care home residents told us that care staff had little involvement in assisting with their oral health.

- 73% of care home residents (78)⁴² said that care staff did not ever check their mouth (including teeth and dentures). This was regardless of whether they cleaned their own teeth/dentures or not.
- 65% of care home residents (67)⁴³ said that care staff did not ask them about their mouth. This included those who cleaned their own mouth and those that did not.
- 69% of care home residents (66)⁴⁴ said that care staff did not encourage them to book check-ups with their dentist.

Cleaning: The majority of care home residents (81%, 86)⁴⁵ said they cleaned their own mouth:

- Three care home residents were helped by their family.
- Six care home residents said their teeth/dentures were cleaned by care staff, 'less than once a day'.⁴⁶

The majority of care home residents (73%, 78)⁴⁷ were not helped with the care of their mouth:

- For five of the care home residents who were helped (20% of those helped)⁴⁸, this was less than once a day.

³⁹ [Oral Health for Adults in Care Homes, NICE guidelines](#)

⁴⁰ Q2 staff survey - see 5A. Data Tables

⁴¹ Q1 residents' interviews - see 5A. Data Tables

⁴² Q14 residents' interviews - see 5A. Data Tables

⁴³ Q20 residents' interviews - see 5A. Data Tables

⁴⁴ Q23 residents' interviews - see 5A. Data Tables

⁴⁵ Q3 residents' interviews - see 5A. Data Tables

⁴⁶ Q4 residents' interviews - see 5A. Data Tables

⁴⁷ Q6 residents' interviews - see 5A. Data Tables

⁴⁸ Q9 residents' interviews - see 5A. Data Tables

Problems: Eight care home residents also spoke about mouth-related problems that seemed to have been missed by the care staff:

- Care home residents said they wore dentures or a plate that was either ill-fitting, loose, or they were unable to wear it as it was mislaid.

I have some pain in my teeth and I think I should see someone.

Resident

Staff response

The majority of staff said they were involved in assisting care home residents with their oral health. However, there was not a consistent standard.

Cleaning and checking

- 82% of care staff (61)⁴⁹ said mouths (including teeth and dentures) were checked regularly (i.e. at least a few times a week).
- However, 13 care staff⁵⁰ responded that mouths were checked less regularly, never, or they didn't know when mouths were checked.
- 85% of care staff (62)⁵¹ responded that mouths were cleaned once or twice a day (either with assistance or independently).
- However, six care staff responded that mouths were cleaned less regularly than this, including three who said mouths were never cleaned.
- Five members of care staff did not know how often mouths were cleaned.⁵²

Dentures removed at night (where applicable)

- 85% of care staff (57)⁵³ said dentures were removed at night.
- Three members of staff said they were not removed due to reluctance on behalf of the resident.
- Seven care staff said they did not know if dentures were removed at night.

Encouraging suitable dental product use

- 32 care staff (45%)⁵⁴ said that their care home did not supply care home residents with products.
- 17 care staff (53%)⁵⁵ did not provide an answer when asked how they encouraged care home residents to use suitable products.
- Ten care staff provided some form of help, either by helping the resident to buy suitable products or doing the shopping themselves; following the care plan; following the prescription provided by the dentist, or by providing advice to the resident's family about suitable products.

⁴⁹ Q7 staff survey -see 5A. Data Tables

⁵⁰ Q7 staff survey -see 5A. Data Tables

⁵¹ Q9 staff survey -see 5A. Data Tables

⁵² Q9 staff survey -see 5A. Data Tables

⁵³ Q20 staff survey -see 5A. Data Tables

⁵⁴ Q14 staff survey -see 5A. Data Tables

⁵⁵ Q16 staff survey -see 5A. Data Tables

- Five of the care staff who gave a response (16%), relied on family or the resident themselves to buy suitable products, but did not offer advice.
- 24% of care staff (16) 'did not know' how often toothbrushes or heads get replaced.

Products are poor [but this is] the responsibility of the resident.

Care Staff (x2)

Existing good practice

When care staff were asked for examples of existing good practice, most responses indicated good intentions to provide a high quality of care.⁵⁶

- **Personalised care:** 33% of care staff (12)⁵⁷ gave examples of treating care home residents according to their specific needs.

Ensuring residents have the products they need.

*Looking for signs of poor oral health:
if the resident isn't eating;
checking for bleed[ing] or redness.*

*Listening to the resident;
referring problems to the nurse as soon as identified.*

*Building rapport with the resident:
Caring for them as you would for yourself;
Have someone else clean your teeth to experience the difficulties involved.*

Supporting more independent residents with their own oral hygiene.

⁵⁶ Q32 staff survey -see 5A. Data Tables

⁵⁷ Q32 staff survey -see 5A. Data Tables

- **Cleaning practice and routine:** Seven care staff (19%)⁵⁸ gave examples of ensuring consistency and taking care with how they cleaned the mouth (including teeth and dentures) of care home residents.

Cleaning twice a day.

Cleaning near the gums to reduce the accumulation of plaque.

Following instructions of special toothbrushes.

It is sometimes better to wash one side instead of not washing any [where the resident is uncomfortable with staff support].

- **Other examples of existing good practice provided by care staff:** These demonstrated that some care staff were aware of the signs of poor oral health; the need for regular dental check-ups and staff training. They also indicated that lack of time or availability of equipment could pose a challenge to providing the best care.

Spotting ill-fitting dentures, especially when a resident has lost weight.

Ensuring regular dental check-ups.

Good staff training.

More time to carry out oral care.

A dentist with experience of older patients.

Availability of appropriate equipment.

⁵⁸ Q32 staff survey -see 5A. Data Tables

Differences between providers

Comparisons were made between care homes on the level of care staff involvement in care home residents' oral health. This included whether care staff checked or cleaned (or assisted with cleaning) the mouth (including teeth and dentures), asked about care home residents' mouths, helped generally with oral health, asked care home residents questions on arrival or encouraged care home residents to visit a dentist.

Care homes without nursing:

- The majority of care home residents said care staff were not involved in their oral care.
- According to care staff, some homes provided more care with cleaning and checking the mouth, than other homes.

Care homes with nursing:

- Responses from both care home residents and care staff indicated the level of care was greater in some homes than others.

Recommendations:

- For Care Staff: All residents should be offered support with cleaning their mouth and where unable to do so themselves, care staff should offer to clean teeth and/or dentures. This offer should be made twice a day.
- Care staff should maintain records of daily oral checks for all residents, noting:
 - Potential signs of poor oral health (including ill-fitting dentures, not eating or drinking properly) and recording action taken.
 - The products being used by residents, and advice given by staff or dentists about suitable products. Recorded checks should also include ensuring residents are maintaining and renewing products.
 - Records should also show where care home residents refuse support. If refusal is a new thing for the resident or it becomes a regular occurrence, this should be reported to the Care home Manager.

B: Training

Summary

Oral health assessment: Inconsistent use and misunderstanding of assessment: NICE guidelines⁵⁹ recommend that all care homes should ‘assess the mouth care needs of all care home residents as soon as they start living in a care home, regardless of the length or purpose of their stay. [They should also] consider using the oral health assessment tool.’ This tool helps care staff to assess the quality of oral health for an individual, by observing the lips, teeth, dentures and considering a number of criteria including cleanliness and potential for dental pain.⁶⁰

Residents’ experience

- 34% of care home residents (36)⁶¹ said they were not asked any questions about their oral health when they moved into the care home.
- 43% of care home residents (15)⁶² who were asked questions, were unlikely to have received a full oral assessment.
- Therefore, it is likely that only 33% of care home residents (35) were asked questions about their oral health when they moved into the care home and it is likely only 19% (20) were given a full oral assessment.

They asked me if there was anything I needed help with.

[They] asked if I had dentures.

They asked me ‘in passing’.

Residents

Staff response

- Half of the care staff we spoke to (52%, 39)⁶³ said they carried out oral health assessments.
- 15 care staff (38%)⁶⁴ did not answer the question of how often these were carried out.
- Another 15 care staff (38%)⁶⁵ said this was carried out daily, suggesting they were confusing an assessment with a daily check.

[Oral health assessments are carried out] when we brush their teeth morning and night.

Care Staff

⁵⁹ [Oral Health for adults in care homes](#), NICE, 1.2

⁶⁰ [The Oral Health Assessment Tool](#), Australian Institute of Health and Welfare

⁶¹ Q18 residents interviews - see 5A. Data Tables

⁶² Analysis of the types of questions asked, indicated an oral assessment was likely to have only been given to just over half of these residents.

⁶³ Q5 staff survey -see 5A. Data Tables

⁶⁴ Q6 staff survey -see 5A. Data Tables

⁶⁵ Q6 staff survey -see 5A. Data Tables

General Training

NICE guidelines on oral health for adults in care homes⁶⁶, recommends that all staff in care homes ‘who provide daily personal care to residents [should have both an] understanding of [the importance of] oral health for residents’ and the implications of ‘untreated dental pain or mouth infection’. Care staff should be able to look for potential signs of poor oral health, as well as being able to deliver daily mouth care. NICE recommends that every care home should have a policy for oral health care for care home residents. All adults (over 18 years old) should receive a regular dental check-up a minimum of every two years. In a care home, there is an expectation this should be more frequent.

Staff response

Inconsistency in training received

- Over a third of care staff (37%, 28)⁶⁷ said they had not undergone any training for oral health.
- For those who had received training (63%, 47)⁶⁸, this varied in type, between e-learning and in-person training and between in-house training and training received in previous places of work.
- Only three care staff members had received training in their current place of work.
- 36% of care staff (15) who had received training, gave no details of what type of training they had received.

[I received] general dental care.

I was shown how to briefly care for individuals teeth by another carer.

[I] previously worked as a dental nurse.

[I learnt] how to clean and look after the elderly's teeth.

Knowledge gaps amongst care staff

Care staff responses were varied as to their knowledge of policy and procedures:

- 41% of care staff (29)⁶⁹ were unsure as to whether the care home had an oral health policy.
- Seven care staff (10%)⁷⁰ said there was no policy.
- 35% of care staff (26)⁷¹ either did not respond or said they did not know when asked what the policy was for dealing with a resident in need of urgent dental care.
- 60% of care staff (27)⁷² who worked in homes where a dentist visited the home, were unaware that the service existed.

⁶⁶ [Oral health for adults in care homes](#), NICE 1.4

⁶⁷ Q4 staff survey - see 5A. Data Tables

⁶⁸ Q4 staff survey - see 5A. Data Tables

⁶⁹ Q22 staff survey - see 5A. Data Tables

⁷⁰ Q22 staff survey - see 5A. Data Tables

⁷¹ Q28 staff survey - see 5A. Data Tables

⁷² Q27 staff survey - see 5A. Data Tables

Differences between providers

Five of the 20 care homes we visited had received training from the Special Care Dental Service, Sussex Community NHS Foundation Trust in the last 18 months. Healthwatch compared responses from the care staff at these five properties against responses received from all 75 care staff.⁷³

We found that care staff who had received training were more likely to:

- Carry out oral health assessments (62% in comparison to 52% of all care staff);
- Respond that residents' mouths (including teeth and dentures) were checked at least a few times a week (90% in comparison to 82% of all care staff);
- Respond that residents' mouths were cleaned once or twice a day, either with assistance or independently (90% in comparison to 85% of all care staff);
- Be aware that the care home had a policy (72% in comparison to 49% of all care staff).

Recommendations:

- **For care staff:** All care home residents should receive an oral health assessment in line with NICE recommendations as soon as they move into the care home.
 - This should be recorded and reviewed quarterly or if changes are noticed.
 - The assessment (and care plan) should record who the residents' next of kin is and details of past wishes or presence of any advocates.
- **For care home managers:** All care staff should receive a minimum standard of oral health training, which should include:
 - Best practice around cleaning and supporting residents with oral hygiene;
 - How to spot signs of potential poor oral health;
 - Awareness of the Oral Health Assessment tool;
 - Awareness of the Oral Health Policy of the care home they work in.

⁷³ Healthwatch acknowledge that care staff can move between care homes and it is important that training received is cascaded down to others in the Home.

Recommendations (cont.):

- For care home managers: Depending on responsibility and role, additional staff training should include:
 - When and how to carry out the Oral Health Assessment;
 - Dealing with resistance (from residents);
 - How to assist residents with dementia.
 - How to assist residents in accessing routine and urgent dental care (where appropriate).
- For care home managers: All staff training and support for care home residents should be recorded and reviewed annually. On moving to a new care home, staff should be assessed and provided with relevant and up-to-date training where necessary.
- For care home managers: All care staff should be aware of the care home's oral health policy and procedures, including:
 - Policy on maintaining dentures and oral hygiene;
 - Details of the care home's main dental provider;
 - Process for finding residents a new dentist;
 - Process for booking appointments and whether the care home receives dental visits;
 - Procedure for dealing with a resident in need of urgent dental care.
 - Where there is no policy, one should be developed.
- For Brighton and Hove County Council Commissioners: To consider using contract requirements to encourage care homes to engage with specialist oral health training for care home staff. This is provided by the Special Care Dental Service (Sussex Community NHS Foundation Trust) and Mouth Care Matters.
- For Sussex NHS Commissioners: To recognise the added value of specialist oral health training provided to care homes (commissioned by the NHS). To consider further supporting this training and ways in which it might be extended; To do so in partnership with Brighton and Hove City Council Commissioners.

C: Access to services

Summary

NICE states that care homes have an obligation to ensure all care home residents have a dentist as soon as they move in to the home.⁷⁴ NICE also recommends that ‘the longest interval between oral health reviews [with a dentist for all] patients aged 18 years and older should be 24 months’.⁷⁵ We might expect this to be more frequent for residents of care homes.

Residents’ Experience

Frequency of Dental visits:

- 53% of care home residents (46)⁷⁶ said it was easy to arrange to see a dentist and 34% (34)⁷⁷ had seen a dentist in the last six months.
- 16 care home residents (16%)⁷⁸ had not seen a dentist for over a year.
- 12 care home residents described their last trip as longer than two years ago, including nine, 20, and ‘many years ago’.⁷⁹

Barriers to dental visits:

- Five care home residents (12%)⁸⁰ mentioned the cost of dental care as being a barrier to visiting the dentist. Of the care home residents interviewed, 50% (50)⁸¹ paid for dental treatment.
- Three care home residents mentioned mobility as being an issue with accessing the dentist, with one resident paying for his daughter’s dentist to visit the care home.⁸²
- 53% (16) of volunteer comments⁸³, mentioned mobility being a factor in accessing dental care. A number of care home residents were in wheelchairs, two care home residents had lost both legs, three care home residents had either severe arthritis or badly swollen legs and two care home residents were bed ridden.

You can see a doctor, a physiotherapist, a chiropodist in the home, so why isn’t it possible to see a dentist for a check-up?

My dentist has a ground floor treatment room so there is no problem with my wheel chair.

⁷⁴ [Oral Health for adults in care homes](#), NICE guidelines, 1.2

⁷⁵ See NICE guidelines on [Dental checks: intervals between oral health reviews](#)

⁷⁶ Q21a residents’ interviews -see 5A. Data Tables

⁷⁷ Q25 residents’ interviews -see 5A. Data Tables

⁷⁸ Q25 residents’ interviews -see 5A. Data Tables.

⁷⁹ Q25 residents’ interviews -see 5A. Data Tables

⁸⁰ When residents were asked if there was anything else they wanted to say about the dental care of their teeth.

⁸¹ Q28 residents’ interviews -see 5A. Data Tables

⁸² When residents were asked why it was difficult to arrange to see the dentist.

⁸³ In addition to residents themselves, our volunteers made notes of anything else mentioned during their interview with the resident.

- 54% of care home residents (51)⁸⁴ were not with the same dentist they were with, prior to moving into the home. Therefore, unless the care home ensured they found the resident a new dentist, this could prevent some care home residents accessing a dentist.

Staff response

Barriers to dental visits

- 31% of care staff (13)⁸⁵ said that dental appointments were not arranged by the home, but either came from the dentist as a reminder or were organised by family or the resident themselves.
- 55% of the homes we visited (11)⁸⁶ did not have a dentist that would visit the home. This is in the context of the majority of care home residents (91%, 94)⁸⁷ having a disability (physical, sensory, dementia or long-standing illness) that would make visiting a dentist difficult or impossible.
- 22% of care staff (14)⁸⁸ said it was difficult to arrange an appointment with the dentist.
- Care staff gave non-compliance of care home residents and mobility as the biggest other factors in difficulties arranging appointments.
- Where care staff found appointments easy to make, five responses referred to the care home having a relationship with a local dentist.

*Non-compliance (four care staff):
Our residents are very reluctant to see a dentist.*

[Residents] don't want to be taken and they don't want to clean.

*Mobility (six care staff):
Not all dentists have private facilities accessible for wheelchairs or anyone with physical disabilities.*

*Other barriers to access (six care staff):
[It's] difficult to collect evidence of benefits for treatment*

Lack of available dentists.

*Where access is made easier (one care staff):
The home has an arrangement with Morley Street who provide a dental service for the housebound.*

⁸⁴ Q30 residents' interviews -see 5A. Data Tables

⁸⁵ Q26 staff surveys -see 5A. Data Tables

⁸⁶ See demographic questions in 5B. Data Tables

⁸⁷ Q35 residents' interviews -see 5A. Data Tables

⁸⁸ Q29 staff surveys -see 5A. Data Tables

Recommendations:

Access to services and appointment records:

- For care staff: All residents should be found an accessible dentist as soon as they move into a care home.
- Care staff should maintain a record of all dental visits made, ensuring these are undertaken as often as is recommended by the dentist. This should include:
 - Recording procedures carried out and recall intervals;
 - Dental advice offered that should be actioned upon.

Dental visits to care homes:

- For care home managers: Care homes should ensure they can offer residents a dental service that visits the home, where appropriate.
- For NHS England: Consider setting a requirement for all dentists to provide free dental visits to at least one care home.

D: Challenges and suggestions for improvements

Summary

According to care staff, the biggest challenge to providing oral care to care home residents, can be the residents themselves. This was either through resistance or inability to respond to the care. Some of the care home residents provided responses that reflected some of these challenges. Our volunteers also made observations during the interviews with care home residents which we have included here.

Residents' experience

- 33% of care home residents (36)⁸⁹ did not think it was necessary for care staff to check their mouth (including teeth and dentures) and 59% (63)⁹⁰ did not think it necessary for care staff to clean their mouth.
- Five volunteers noted that care home residents were resistant to care staff helping them, particularly when they wore dentures.⁹¹ This is in the context of 53% of care home residents (57)⁹² who wore either dentures or part dentures.
- Volunteers also noted⁹³ that care home residents were either 'scared' of going to the dentist or didn't appreciate 'nagging' by care staff about oral health.

Residents don't see the point in seeing a dentist if they have dentures.

Volunteer

Staff response

Resistance from care home residents

- 78% (45)⁹⁴ of challenges experienced by care staff in providing oral care, was due to resistance by care home residents.
- 47% of responses were about care home residents refusing help or being uncooperative, with six responses about aggressive behaviour and/or verbal abuse towards care staff.⁹⁵
- Five care staff mentioned care home residents who were 'stressed, confused' and unable to understand the care being provided. Two care staff mentioned dementia residents 'don't like hands in [their] mouth'.

Residents have difficulty [...]keeping their mouth open.

Residents may bite down on the toothbrush.

⁸⁹ Q14 residents' interviews -see 5A. Data Tables

⁹⁰ Q16 residents' interviews -see 5A. Data Tables

⁹¹ In addition to residents themselves, our volunteers made notes of anything else mentioned during their interview with the resident.

⁹² Q2 residents' interviews -see 5A. Data Tables

⁹³ Included in the observational from Healthwatch volunteers.

⁹⁴ Q31 staff surveys -see 5A. Data Tables

⁹⁵ Q31 staff surveys -see 5A. Data Tables

- Five responses included the inability of some care home residents to cooperate with care staff who were providing oral health care. For example, some residents found it difficult to keep their mouths open long enough for staff to clean their mouth (including teeth and dentures).
- Seven care staff spoke about independent care home residents who refused any help from care staff, which made it difficult to check whether they were cleaning their teeth properly or removing dentures at night. Other care home residents preferred relatives to clean their mouth, but this relied on frequent visits.

Residents don't clean their teeth properly and this can cause a lot of oral thrush.

Other challenges:

Dentures don't fit properly.

Residents lose dentures.

Paperwork.

Providing escorts [to dental appointments] puts pressure on staffing ratios.

Suggestions for improvements

- 33% (12)⁹⁶ of suggestions were about better access to dentists, greater provision of dental visits to the home, and more NHS and/or cheaper provision.
- Four care staff responses were about training, either having more or better, or 'more specific'.⁹⁷

Access to a hygienist to support independent residents who sometimes 'do not clean their teeth properly'.

A plan in place to change toothbrushes regularly.

Build relationships with residents to overcome resistance.

Provision of a mouth "frame" [prop] to support residents to keep their mouths open.

⁹⁶ Q33 staff survey - see 5A. Data Tables

⁹⁷ Q33 staff survey - see 5A. Data Tables

Recommendations:

Policy

- For care home managers: All residents and their support networks (family and friends) to be made aware of the policy and procedures for the care home, to include:
 - The obligation of care staff to assist with checking and cleaning the mouth, including teeth and dentures;
 - The responsibility of residents' support network to encourage residents with accessing care staff support;
 - Policy details such as maintaining dentures and oral hygiene and whether the care home receives dental visits.
- For care home managers: Records should be maintained of who has been shown the policy and reviewed annually.

Training

- Recommendation for care staff to support residents: All residents with dentures to be shown how to look after them (where applicable), to be advised on the importance of taking care of dentures and seeing the dentist regularly.
- For care home managers: where applicable, staff training to include dealing with resistance (from residents).
- For care home managers: All care staff training and support for care home residents should be recorded and reviewed annually. On moving to a new care home, staff should be assessed and provided with relevant and up-to-date training where necessary.

Resources

- For care home managers: Care homes should ensure there is capacity for escorting residents to dentists and make plans for transport arrangements.
- For care home managers: Care homes should ensure availability of appropriate equipment to aid oral care, for example, mouth props.

5. Data Tables

A: Survey Questions Asked:

Questions directed to the resident

Q1: Type of home

	N	%
Nursing home for older people	38	34%
Nursing home for older people (including residents with dementia)	33	30%
Care Home for older people	5	4%
Care home for older adults with sensory impairment	9	8%
Care Home for adults with learning disabilities (age 18 - 30)	2	2%
Care Home for adults with learning disabilities (not age specific)	7	6%
Care home for adults with mental health conditions (not age specific)	13	12%
Nursing home for adults with mental health conditions (not age specific)	4	4%
<i>Total Answered</i>	111	100%

Q2: Do you have your own teeth, dentures or both?

	N	%
Own teeth	51	47%
Dentures	33	31%
Both own teeth and dentures	24	22%
<i>Total answered</i>	108	100%

Q3: Do you (or a family member) clean your teeth/dentures?

	N	%
Yes - clean my own teeth	86	81%
Yes - family member cleans my teeth	3	3%
No	17	16%
<i>Total Answered</i>	106	100%

Q4: If yes to Q3 - how often?

	N	%
Twice a day	32	39%
Once a day	36	44%
Once a week	0	0%
Other	14	17%
<i>Total Answered</i>	82	100%

Q6: Do staff help you take care of your teeth/dentures?

	N	%
Yes - regularly	25	24%
Yes - occasionally	3	3%
No - I don't need help	66	62%
No	12	11%
<i>Total Answered</i>	106	100%

Q9: If Yes to Q6 - How often?

	N	%
Twice a day	8	32%
Once a day	7	28%
Once a week	0	0%
Other	10	40%
<i>Total Answered</i>	25	100%

Q11: Do you have easy access to toothpaste, brushes, denture cleaning equipment?

	N	%
Yes	98	92%
No	5	5%
Don't know	4	3%
<i>Total Answered</i>	107	100%

Q12: Who provides these materials?

	N	%
Care home	21	18%
Family member	41	35%
Friend	8	7%
Resident buys themselves	40	34%
Other	8	6%
<i>Total Answered</i>	118	100%

Q14: When were your teeth/dentures last checked by staff at the home?

	N	%
Not applicable because staff do not take care of my teeth	36	33%
Today	13	12%
Yesterday	2	2%
2-5 days ago	1	1%
1 week ago	0	0%
Other	8	8%
Never	34	32%
Don't know	11	10%
Has happened but can't remember when	3	2%
<i>Total answered</i>	108	100%

Q16: When were your teeth/dentures last cleaned by staff at the home?

	N	%
Not applicable because staff don't clean my teeth.	63	59%
Today	11	10%
Yesterday	3	3%
2-5 days ago	1	1%
1 week ago	1	1%
Other	2	2%
Never	17	16%
Has happened but can't remember when	2	2%
Don't know	7	6%
<i>Total answered</i>	107	100%

Q18: Did staff ask questions about your oral health when you moved into the care home?

	N	%
Yes	35	33%
No	36	34%
Don't know/Don't remember	34	33%
<i>Total Answered</i>	105	100%

Q20: Do staff ever ask you how your teeth are?

	N	%
Yes	23	22%
No	67	65%
Can't remember	13	13%
<i>Total Answered</i>	103	100%

Q21a: How easy/difficult is it to arrange to see a dentist?

	N	%
Very Easy	24	28%
Easy	22	25%
Neither Easy nor Difficult	36	41%
Difficult	4	5%
Very Difficult	1	1%
<i>Total answered</i>	87	100%

Q23: Are you encouraged to have regular dentist check-ups by staff?

	N	%
Yes	19	20%
No	66	69%
Don't know	11	11%
<i>Total Answered</i>	96	100%

Q25: When did you last see a dentist for a check-up or treatment?

	N	%
Within last month	10	10%
Within last 3 months	9	9%
Within last 6 months	15	15%
Within last year	18	17%
Has happened but can't remember when	23	22%
Other	18	17%
Don't know	10	10%
<i>Total Answered</i>	103	100%

Q27: How did you get to your last dentist appointment?		
	N	%
Not applicable	17	17%
The Home arranges transport for me to travel to appointments	11	11%
Staff take me to dental appointments	11	11%
My family takes me	13	13%
The dentist visits here	14	14%
Other	35	34%
<i>Total Answered</i>	101	100%

Q28 Did you have to pay for dental treatment?		
	N	%
Not applicable	15	15%
Yes	50	50%
No	23	23%
Don't know	13	12%
<i>Total Answered</i>	101	100%

Q30 summarised: Are you still registered with the dentist you were with prior to moving into the home?

	N	%
Yes	29	31%
No	47	50%
Don't know	10	11%
Other	8	8%
<i>Total Answered</i>	94	100%

Questions directed to the staff

Q2: Type of Home	N	%
Nursing home for older people	21	30%
Nursing home for older people (including residents with dementia)	26	37%
Care Home for older people	5	6%
Care home for older adults with sensory impairment	4	6%
Care Home for adults with learning disabilities (age 18 - 30)	2	3%
Care Home for adults with learning disabilities (not age specific)	3	4%
Care home for adults with mental health conditions (not age specific)	7	10%
Nursing home for adults with mental health conditions (not age specific)	3	4%
<i>Total Answered</i>	71	100%

Q4: Have you had any formal mouth care training?

	Yes	No	Total
N	47	28	75
%	63%	37%	100%

Q4a: Please specify the training you have received	N	%
Training prior to this home	6	19%
In-house training	3	9%
e-learning	2	6%
Training by external body	3	9%
Other training	16	50%
I don't remember	2	7%
<i>Total answered this question</i>	32	100%

Q5: Do you carry out oral health assessments for residents?

	Yes	No	Total answered
N	39	36	75
%	52%	48%	100%

Q6: If yes, When do you carry these out?	N	%
Admission plus periodically	3	8%
Admission only	2	5%
Periodically (no mention of on admission)	4	10%
At least daily during normal care	15	38%
Not answered	15	38%
<i>Total answered Yes to Q5</i>	39	100%

Q7 and Q9: How often are resident's teeth/dentures checked or cleaned				
	Checked		Cleaned	
	N	%	N	%
Twice a day	44	60%	47	64%
Once a day	15	20%	14	19%
A few times a week (less than daily)	1	1%	1	1%
Less often	2	3%	1	1%
Never	5	7%	3	4%
Other	1	1%	2	4%
Don't know	6	8%	5	7%
<i>Total answered</i>	74	100%	73	100%

Q14: Does the home supply dental products for residents?				
	Yes	No	I don't know	Total answered
N	37	32	2	71
%	52%	45%	3%	100%

Q16: If home doesn't supply products, how are residents encouraged to use suitable products?		
	N	%
No staff involvement (advice or suggestions)	5	16%
Staff involvement (advice and/or suggestions)	10	31%
Didn't answer the question	17	53%
Home does not supply products - total responses:	32	100%

Q19: How often do toothbrushes or heads get replaced?		
	N	%
Total responses received:	68	
Don't know:	16	24%

Q20: Are dentures removed at night time?				
	Yes	No	Don't know	Total answered
N	57	3	7	67
%	85%	5%	10%	100%

Q21: How do you keep track of individual resident's dentures?		
	N	%
Container in room / bathroom	23	43%
Container but no mention of room	9	17%
Name on dentures	1	2%
Other responses	16	30%
Not applicable	4	8%
<i>Total answered</i>	53	100%

Q22: Does the home have a policy for dental check-ups for residents?				
	Yes	No	Not sure	Total answered
N	35	7	29	71
%	49%	10%	41%	100%

Q23: If yes (to Q22), how often does the policy state check-ups should be?		
	N	%
Every six months	18	51%
Every 12 months	7	20%
Other	10	29%
<i>Total answered</i>	35	100%

Q25: Do you arrange for regular dental check-ups for residents?			
	Yes	No	Total answered
N	42	25	67
%	63%	37%	100%

Q26: How do you make arrangements for regular dental check ups for residents? Do you arrange for regular dental check-ups for residents?		
	N	%
Home arranges	20	46%
Nurse or senior staff arrange	10	23%
Dentist arranges	5	12%
Resident/family member arranges	5	12%
Other	3	7%
<i>Total answered</i>	43	100%

Q27: How do residents get to their dental appointments? Summarised <i>(please note: care staff may have provided multiple answers)</i>		
<i>No of staff who responded to this question: 45</i>		
	N	%
Own transport	8	17%
Public transport	18	38%
Home / Staff transport	12	25%
Staff arrange transport - mode not specified	8	17%
Friends / Family take patient	12	25%
Dentists come to Home	18	38%
<i>Total valid answers</i>	48	

Q28: What arrangements are made for a resident who has a particular dental problem that cannot wait for a routine appointment?		
	N	%
Urgent or emergency appointment made	33	61%
Appointment for Dentist made	7	13%
Nursing staff deal with it	9	17%
Don't know	5	9%
<i>Total answered</i>	54	100%
Answered the question	54	72%
Not answered	21	28%
<i>Total respondents</i>	75	100%

Q29: Overall, how would you rate how easy/difficult it is for residents to see a dentist?		
	N	%
Very Easy	6	9%
Easy	17	26%
Neither Easy nor Difficult	28	43%
Difficult	10	16%
Very Difficult	4	6%
<i>Total answered</i>	65	100%

Q31: Please describe some of the challenges/difficulties you have experienced when caring for residents' oral care.
(please note care staff may have provided multiple answers)

	N	%
Resident resistance	45	78%
Denture-related problems	5	9%
Administrative and capacity challenges	4	7%
Arranging domiciliary care	1	2%
No challenges	3	5%
<i>Total valid answers</i>	58	

Q32: Please describe some of the good practice you have experienced when caring for residents' oral care in this home.
(please note staff members may have provided multiple answers)

	No of staff: 32	N	% of responses	% of staff
Cleaning practice and routine		7	19%	22%
Training		2	6%	6%
Appropriate denture care		5	14%	16%
Regular dental check-ups		5	14%	16%
Available and appropriate equipment		4	11%	13%
Personalised care		12	33%	38%
Other		1	3%	3%
<i>Total valid answers</i>		36		

Q33: Please describe any suggestions for improvements.
(please note staff members may have provided multiple answers)

	No of staff: 17	N	% of responses	% of staff
Access to dentists		12	33%	71%
Available and appropriate equipment		1	3%	6%
More or better training		4	11%	24%
Better procedures/more capacity		2	6%	12%
Personalised care		1	3%	6%
<i>Total valid answers</i>		20		

B: Demographic questions

The following questions were asked of the care home residents only:

Age Group	N	%
18 - 30 years old	2	2%
31 - 65 years old	15	14%
65 - 79 years old	19	18%
80 years or older	70	66%
<i>Total Answered</i>	106	100%

Gender	N	%
Female	62	57%
Male	46	43%
<i>Total Answered</i>	108	100%

Sexuality	N	%
Heterosexual	88	93%
Gay	1	1%
Lesbian	0	0%
Bisexual	1	1%
Other	5	5%
<i>Total Answered</i>	95	100%

Ethnic origin	N	%
White British	91	86%
White Irish	6	6%
White -other	4	4%
Any other Asian group	2	2%
Any other ethnic group	2	2%
<i>Total Answered</i>	105	100%

Disability (tick all that apply)	N	%
None	15	15%
Physical Impairment	59	58%
Sensory Impairment	17	17%
Learning disability	8	8%
Dementia	11	11%
Mental health Condition (not Dementia)	10	10%
Long-standing illness	7	7%
<i>Total Answered</i>	102	