

Progress on recommendation 1

People who use services, their families and carers need to be made more aware of the importance of oral care

In 2019, we recommended the use of national awareness campaigns and multi-agency groups to significantly raise the awareness of the importance of day-to-day dental hygiene and routine check-ups among care home staff, families and carers. These should aim to encourage people to care for their own teeth, as well as be supported by carers when needed.

Smiling matters highlighted the significant issues that care home providers and people using services faced, and that change needed to happen. As a result, we heard from stakeholders about how Smiling matters drove and increased awareness, and that it also started to unlock some of the barriers that had previously prevented progress.

"When Smiling Matters came out it was a force for good... I've seen a massive change in priority and how oral health should form a part of general care. This has opened up opportunities to do things differently. Personally, I've seen it in research where more people want to get involved with care homes, and that it's now an agenda worth considering."

(Dental professional and academic)

The launch of Smiling matters prompted a variety of meetings, articles and awareness campaigns that aimed to highlight the importance of oral health further. For example, the British Dental Association hosted a roundtable event with leaders from across health and social care to build on the momentum of our report.

However, oral health experts told us that the care home sector was still quite a hard space to engage with. With many competing awareness campaigns, it meant that oral health messaging could be quite easily lost.

"We need to recognise that in order to penetrate our oral health messaging we need to be better at linking in with non-dental teams where this agenda is also relevant."

(Representative of professional body)

Even with good engagement from care homes, the prioritisation of oral health could come down to the individual carers.

"People said that their experience was varied depending on the staff. They told us some staff were helpful and took the time to support them with oral care. But that other staff did not help them or remind them."

(Inspector)

Another clear theme that came across from our review was the impact of COVID-19, which seriously hindered progress in prioritising oral health. During the pandemic, care home providers and other stakeholders told us how they had to shift towards a focus on infection, prevention and control to try and protect the welfare of people using services.

"There's the before and after COVID-19. It hasn't necessarily changed the argument for it, the benefit of ensuring good oral health in care homes, but it's made it more difficult to increase the priority."

(Dental professional and academic)

"It has been difficult to get dental appointments or ask dentists to come to the service over the COVID-19 pandemic. This has been the same with all health professionals."
(Member of care home staff)

Despite this, we also heard how the pandemic created opportunities for providers to do things differently.

"We've had several examples within our region where people had taken their training online, and used webinars and forums. None of this would have been there before. It's brilliant to see some of the ways the workforce have risen to the challenge and created those flexibilities."
(Dental professional and academic)

Even with effective awareness campaigns and better penetration to the care home sector, there will always be people who will need extra support and guidance in managing their oral health. That is why, in Smiling matters, we called for care homes to embrace oral health and ensure that it receives the same priority as physical and mental health. This is discussed in the following sections of this progress report.

Experiences of care – when oral health is not prioritised, it affects quality of life

Sarah's mother in-law, Pam has had a number of dental issues while living in the care home. Sarah does not feel that oral health is prioritised by the staff. Other health issues get flagged but not oral health problems. This is worrying as it has a big impact on Pam's quality of life. For example, she has developed abscesses.

Sarah was first alerted to a problem when she visited and noticed that Pam was not wearing her dentures. She can tell, because her mouth changes shape and she speaks differently.

Pam said she had asked the care home staff for softer food options, which they provided. However, the staff did not ask why she wanted softer or pureed food, which was odd as Pam usually likes her food. Pam said it was because she had mouth pain due to ill-fitting dentures. She didn't want to be a bother so hadn't raised it with the staff herself.

Sarah raised this with the care home provider and asked that they told all the staff so that everyone was aware of how to monitor Pam's oral health.

She also looked to arrange a dental appointment. This proved very difficult and took around 5 weeks. Pam's mood was quite low due to the pain and not being able to eat her favourite foods. She was less social and lost some weight.

After the appointment, Pam's general health and mood improved, but Sarah still gets frustrated that they don't check Pam's teeth and it doesn't seem to be written on any plan. She also thinks it would be good if they could ask for dental assistance earlier rather than leaving the problem, or ignoring the signs, like asking for soft foods or not wearing her dentures.

(Interview with a member of the public. We have changed people's names)