Smiling matters: Oral health in care homes - progress report

This report reviews progress since we published Smiling matters: oral health in care homes

Foreword

Like everyone, people living in care homes take pride in the state of their mouths, teeth or dentures. They help them to chat, smile, socialise, and enjoy their favourite foods.

Oral health not only enhances people's quality of life, but it is vital to making sure they can eat, drink, take medication and stay healthy. This preventive approach should mean that care home staff are making fewer reactive interventions and relieves pressure on primary and secondary healthcare.

The NICE guideline NG48, published in July 2016, recognised the importance of good oral care for people in care homes.

Our review for our first Smiling matters report in 2019 set out to discover how well care home and dental providers were implementing the guideline. We found that staff awareness of the guideline recommendations was low, and not everyone was supported to keep their teeth or dentures clean.

Joined-up practice between care homes and dentists was uncommon and people using services and their professional and family carers often found it difficult to access routine NHS dental care.

Between April and June 2022, we inspected 50 care homes, where we asked in-depth questions about oral health care to find out what has changed since our original set of special inspections that were completed in January 2019.

Although this intervening period was dominated by the pandemic, which saw adult social care services under massive pressure, there is much to celebrate.

Care homes are much more aware of the NICE oral health guideline. In 2019, 39% of managers were not at all aware of the guidance; this reduced more than fourfold to only 9% in 2022.

This increased awareness really can translate into better day-to-day support. People living in care homes and their families told us how staff members' commitment to good oral health support makes a difference. This is, in part, due to the increase in oral health staff training, which has doubled over the period.

As well as seeing an increase in the proportion of people having their oral health assessed when they move into a care home, we also saw improvements on how this is reviewed, to reflect people's changing needs. More than double the proportion of care plans we reviewed fully covered oral health needs, compared to 3 years before.

Care home providers told us how they were now regularly reviewing oral health and its links to weight loss, so that they can take measures to prevent people's health deteriorating.

Although almost all the comparative figures have improved between 2019 and 2022, there was variation and still room for improvement in all areas. Some people told us about a lack of support, which could put a greater onus on family and other carers, and also affect people's quality of life.

Despite our recommendation in 2019 that providers establish an 'oral health champion' to promote good practice and provide a link between care homes and dental professionals, only 28% homes visited said they had done this. While we accept that workforce issues, such as staff vacancies and turnover, will hamper this, the benefits experienced by care homes that have a champion in post demonstrate their value.

We are concerned that people living in care homes are missing out on vital care from dental practitioners – both at the right time and in the right place. The proportion of care home providers saying that people who use their services could 'never' access NHS dental care rose by more than 4 times – from just 6% in 2019 to 25% in 2022.

Care home providers also highlighted that not enough dentists were able or willing to visit care homes to treat people who may be less mobile.

There is no doubt that, in putting a focus on the importance of oral health, our Smiling matters report helped to galvanise improvement action – both within care homes and the wider health and care system.

But there is still a long way to go before people in care homes get consistent care, and equal access to NHS dentistry. Based on our recent findings, we share more learning for adult social care and dental providers in this report. And we make further recommendations for improvement that need to be owned by providers, but also system partners as well as ourselves.

That way, the good experiences that people in care homes have told us about when they receive great, co-ordinated oral health care from care home providers and dental professionals can be an expectation for everyone.

Mary Cridge
Director of Adult Social Care

Dr Mani Hussain
Director of Primary and Community Care

Summary

In June 2019, we published our report, Smiling matters, which explored how care home and dental providers were implementing the NICE guideline on oral health for adults in care homes (NG48).

The report found that, although there were some examples of good practice between care homes and dental practices, many people living in care homes were not being supported to maintain and improve their oral health. Smiling matters set out 6 recommendations for improvement.

This new report reviews what progress has been made.

Awareness of the importance of oral health

- In 2019, our Smiling matters report highlighted the significant issues that care homes and people using services faced, and that change needed to happen. As a result, we heard from stakeholders how Smiling matters drove and increased awareness.
- 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.
- Another clear theme that came across from our review was the impact of COVID-19, which seriously hindered progress in prioritising oral health.
- Despite this, we also heard how the pandemic created opportunities for providers to do things differently, such as through online training.

Priority of oral health in care homes

- We have seen a notable increase in the awareness of the NICE guidance within care homes. From the care home managers we spoke to in 2022, only 9% were not at all aware of the guidance. This compares with 39% in 2019.
- More than half of care home providers had a clear policy to promote and protect people's oral health in 2022 (53%), which had increased significantly from only a quarter (25%) in 2019.
- During our inspections for this progress report, as well as other engagement carried out for it, providers and other stakeholders were generally positive about the importance of good daily oral care, such as supporting people with toothbrushing and caring for dentures.
- In 2022, 83% of the care home providers inspected for this review said that people had an oral health assessment on admission – up from 73% in 2019.
- The NICE guideline emphasises the importance of reviewing and updating people's oral care needs in their care plans to meet their changing needs. We reviewed 130 care plans across the 50 care homes we visited. This showed that more than double the proportion of care plans fully covered oral health needs, compared to our review of care plans in 2019 (60% in 2022; 27% in 2019).
- However, the amount of detail in care plans varied greatly between care homes. Some plans were very basic and only included whether a person had teeth or dentures. When people's changing oral health needs are not recorded on a regular basis, this can have an impact on their quality of life, including their diet.
  "I've lost a lot of teeth so I can't chew hard things. I say that I don't want battered fish but still it comes."
  (Person living in a care home)
- In 2019, we recommended that care homes establish an 'oral health champion' within their portfolio of staff roles and responsibilities. Only 28% of the care homes we visited said they had a nominated oral health champion, with several care home providers mentioning that workforce issues were a barrier to doing this.

Professional training and guidance

- The percentage of care home providers saying that staff always (or mostly always) receive specific training in oral health has doubled from 30% in 2019 to 60% in 2022.
- Staff were able to tell us of the benefits of this training to the overall health and wellbeing of people living in care homes.
  "Oral healthcare is a good way to maintain their whole health. From our training I realised how oral health needs to be supported. I now review for bleeding, wounds, the colour of the tongue, if there's any loose teeth."
  (Member of care home staff)
- Our review for this progress report has shown that there is still a lack of up-to-date guidance for dental care professionals on how to manage the needs of people living in care homes, resulting in a lack of confidence in supporting their oral health.
- As a result of this lack of confidence, we heard that dentists would refer cases to an already stretched community dental service.

Dental care to meet people's needs

- Care home providers that were best able to care for the oral health needs of people using services had timely access to dental care.
- However, one of the strongest themes to emerge from our 2022 review was the extreme challenge care home providers were having in accessing dental care for people.
- In 2019, 6% of care home providers told us that the people who used their services could 'never' access NHS dental care. In 2022, this figure has sharply risen by more than 4 times, to 25%.

- In our discussions for this progress report, it was widely recognised that the solution to improving access to dental care for people in care homes did not simply mean commissioning more dentists or community dental services, but rather embracing the benefits of using the whole dental team.
- Care home providers highlighted a lack of dentists who were able or willing to visit care homes (to provide a domiciliary service).
- We continued to hear that the changes to the general dental services contract in 2006 make it difficult for dentists to provide dental care in care homes.
- However, we heard of numerous examples of commissioning being used to try and improve the oral health of people in care homes – through funding training, peer-to-peer support schemes, or increasing dental access.

Oral health in regulation and local commissioning

- It was unclear how much social care commissioners routinely included oral health as part of their assessment frameworks.
- Moving forward, there is a clear opportunity for services and local commissioning to be more integrated and sourced cohesively, rather than bound by existing contractual arrangements, in order to address the needs of their local population.
- We have added questions about oral health assessment, care planning and training to our routine care home inspections.
- However, we still have further work to do to make sure that oral health care is included as an important part of the findings we feed back to care home providers and the public.
- Incoming new powers in relation to local authorities and integrated care systems will give us the opportunity to ask systems directly how they are planning to address healthcare inequalities, such as the oral health needs of people living in care homes.

Main learning points for adult social care providers and staff

1. Assess people's oral health on admission to the care home.
    - Assessment templates already exist, or you adapt or develop your own to meet people's needs. The NICE guideline suggests the Australian Institute of Health and Welfare Oral Health Assessment Tool.
2. Make oral health part of your everyday routine.
    - Check that people have the right dental products and support them to brush twice daily or clean and maintain their dentures.
3. Nominate a staff member to be an oral health champion where possible and give them the appropriate training to cascade their knowledge.
4. If a person experiences unexpected, significant weight loss, review the health of their mouth as a possible cause.
5. Provide training for care staff in oral health.
    - Resources are available for free online, such as Public Health England's oral health toolkit.

Main learning points for dental providers

1. Prevention is essential for people in care homes.
    - Delivering better oral health is an evidence-based toolkit to support dental teams in improving their patient's oral and general health.
2. Reach out to care homes in your area to develop good relationships with managers, staff and people using services.

3. Embrace the benefits of using the whole dental team (skill mix) to improve the oral health of people living in care homes.
    - Any member of the dental team who is suitably equipped can train care home staff to make oral health part of their daily practice.
    - Promoting skill mix could support career progression, offer variety, and encourage people to become champions for oral health within their communities.
4. Be clear to people living in care homes and the staff who work there about treatment charges and exemptions.
5. Do not remove people living in care homes from patient lists because they haven't attended recently, acknowledging that it may be harder for them to travel or book appointments.

Introduction

About this review

In June 2019, three years on from the publication of the National Institute for Health and Care Excellence (NICE) guideline on oral health for adults in care homes (NG48), we published our report, Smiling matters, which explored how care home and dental providers were implementing the guideline.

The report found that oral health did not appear to be a priority in care homes, and that many people living in care homes were not being supported to maintain and improve their oral health. Although there were some examples of good, joined-up practice between care homes and dental practices, this was rare and the majority of people were not able to access dental care when needed.

The report concluded that in order to improve oral health and enhance the quality of life for people living in care home settings, change would need to come from all parts of the health and care system working together.

The report also set out 6 recommendations:

1. People who use services, their families and carers need to be made more aware of the importance of oral care
2. Care home services need to make awareness and implementation of the NICE guideline a priority
3. Care home staff need better training in oral care
4. The dental profession needs improved guidance on how to treat people in care homes
5. Dental provision and commissioning needs to improve to meet the needs of people in care homes
6. The NICE guideline needs to be used more in regulatory and commissioning assessments

In addition to these recommendations, we committed to review the progress made by key stakeholders and organisations to improve oral health in care homes. This report gives the key findings from that review.

How we carried out this review

For our first Smiling matters report, our dental inspectors attended 100 routine inspections of care homes between October 2018 and January 2019 to speak with managers and staff about their implementation of the NICE guideline. They also spoke to people who use services and their relatives to find out about their experiences of oral care. We refer to the findings from these inspections as '2019' findings in the rest of this report.

For this progress review, we inspected 50 care homes between April and June 2022, where we asked in-depth questions about oral health, in addition to our routine inspection activity. This work was carried out by our adult social care inspectors but, where possible, our oral health inspectors joined alongside. We refer to the findings from these inspections as '2022' findings in the rest of this report.

We inspected care homes from across England using our existing adult social care inspection schedule. This enabled us to gather information and feedback from a range of areas, ratings, sizes and service types. None of the care homes included in 2019 were included in 2022.

Like the first set of inspections, we mostly spoke with managers and senior members of staff about their awareness and implementation of the NICE guideline. We also talked with people who used the service and their relatives to understand how their oral health was being cared for. We have used their experiences and direct quotes anonymously to support our findings throughout this report.

We have also included in this report anonymised personal stories of oral care from people who have used services in the last year or their family members. These were gathered through interviews carried out for this review to provide in-depth accounts, to supplement the feedback we received on inspection.

As with the first Smiling matters, we also engaged with dental professionals, social care providers, professional groups and public bodies to find out what progress had been made since 2019, and where barriers continued to persist.

Progress against the Smiling matters recommendations

Our work in 2019 highlighted that too many people living in care homes were not being supported to maintain and improve their oral health. Staff awareness of the guideline's recommendations was low, and less than half of the care homes inspected provided staff training to specifically support people's daily mouth care. It was clear then that positive change in England could only realistically happen with different parts of the health and care system coming together to improve the quality of life of people in care homes.

The following sections discuss the progress that has been made towards the original 6 recommendations in Smiling matters, the barriers providers and stakeholders have had in achieving them, and the experiences of people receiving care.

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)

Progress on recommendation 2

Care home services need to make awareness and implementation of NICE guideline a priority

In 2019, we recommended that care home providers should:

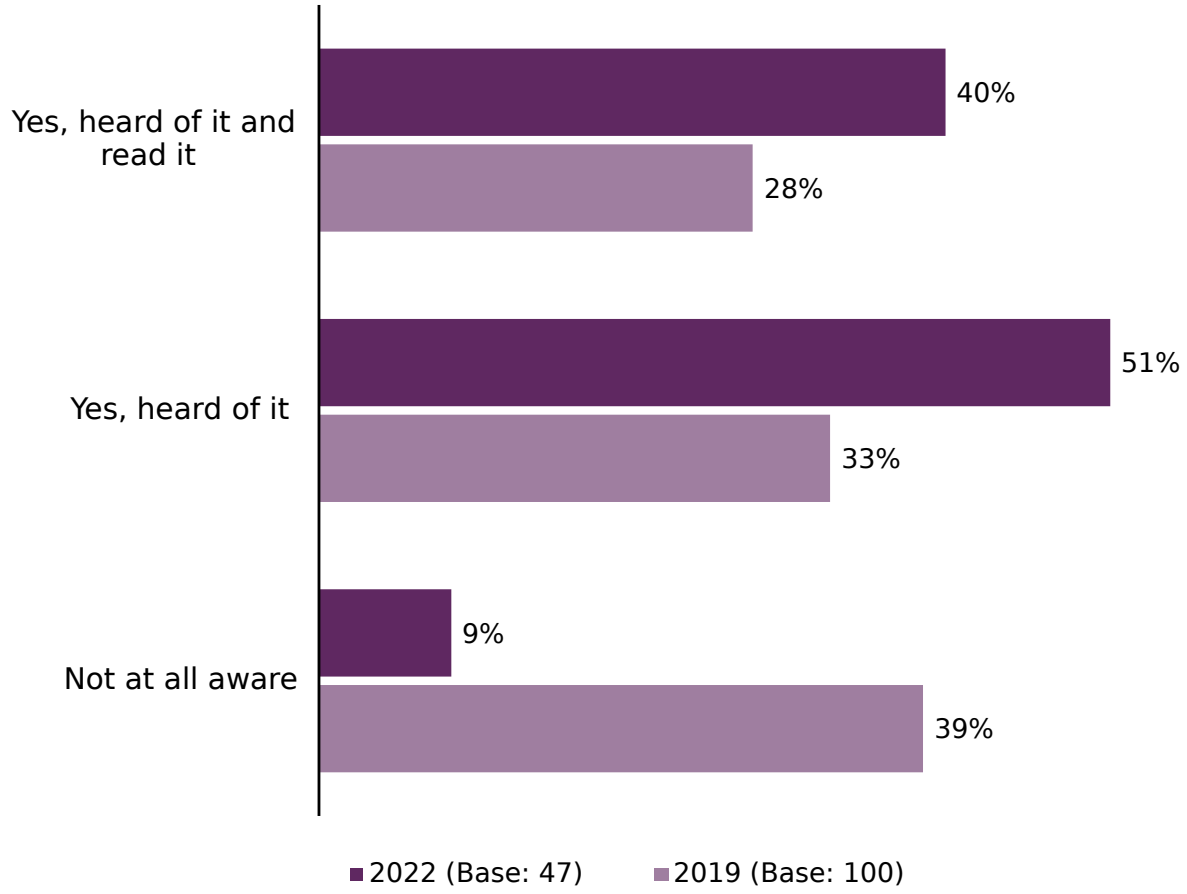
- make the NICE guideline the primary standard for planning, documenting, and delivering oral care
- make day-to-day dental hygiene of equal priority to other personal care tasks
- assess people's oral health and needs when they enter the home
- routinely check the state of people's oral health when they lose weight through a qualified dental professional, including an assessment of the fit of dentures
- establish an 'oral health champion'.

Awareness and implementation of the NICE guideline (NG48)

The NICE guideline includes recommendations for care home providers, staff and people who use services and their carers in order to maintain and improve the oral health of adults in care homes.

Following up on our work from 2019, we have seen a notable increase in the awareness of the NICE guideline – from 61% to 91% (see figure 1). From the care home managers we spoke to in 2022, only 9% were not at all aware of the guidance. This compares with 39% in 2019.

Figure 1: To what extent are you aware of the 2016 NICE guideline (NG48) in relation to oral health in care homes?



Source: CQC

Note: base numbers differ in 2022, as not all care homes answered the question

However, although awareness had increased, at times inspectors found that care home providers had no plans on implementing the recommendations.

As well as the pressures created by the pandemic and workforce issues, stakeholders told us the barriers to implementation included the complexity of the guidance and the lack of time for care home staff to carry out oral care.

"We need to recognise that NG48 needs to be more understandable in this environment of high staff turnover... In some areas the current guidelines are not that realistic, and perhaps there is a need to modify it to account for the realities that care home staff and managers face."
(Dental professional and academic)

Currently, work is in progress to explore this issue. One such project, known as TOPIC, is a feasibility study looking to understand how realistic and effective the NICE guideline is to implement in practice. This programme is currently being evaluated.

Care homes' policies

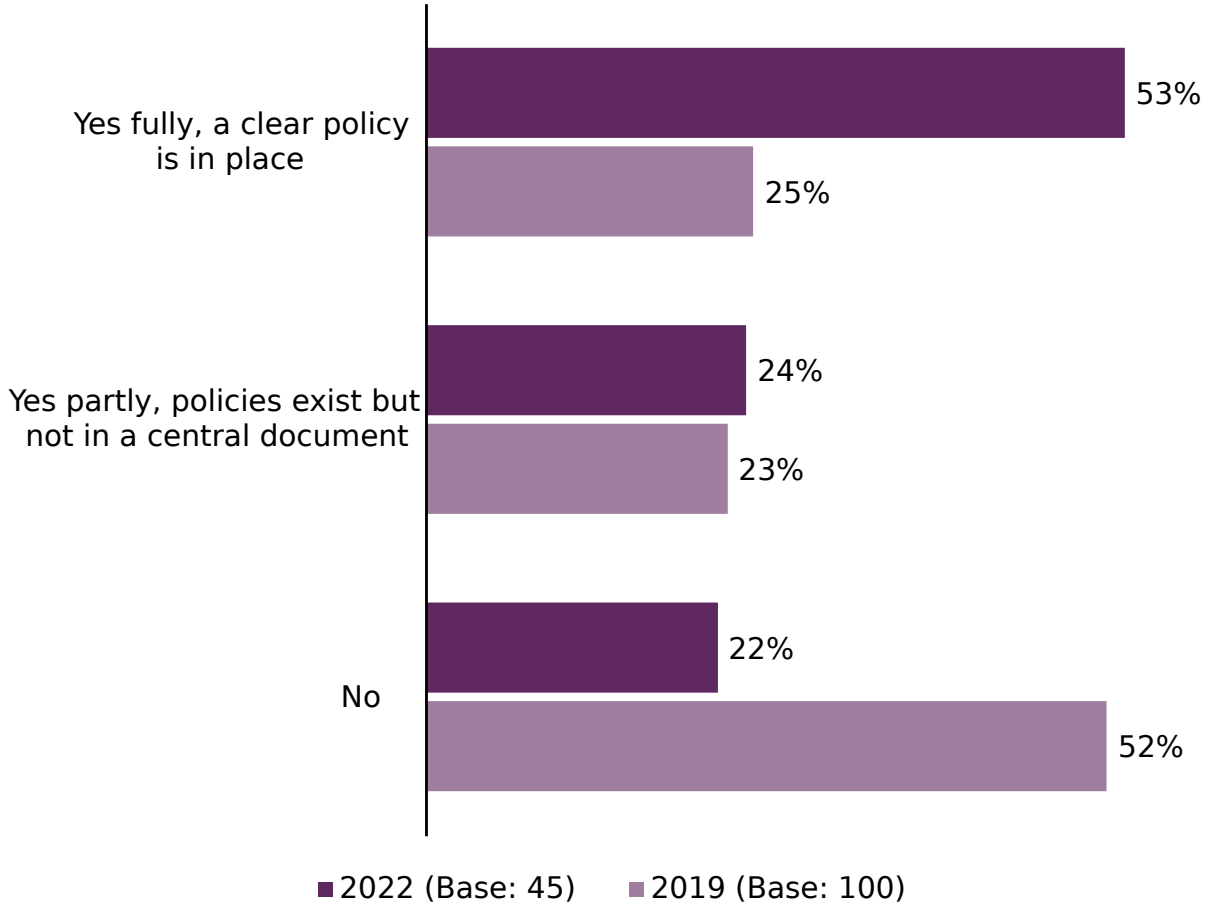
The NICE guideline (NG48) also recommends that providers ensure their care homes' policies set out plans and actions to promote and protect residents' oral health, to include information about:

- local dental services
- assessing people's oral health and daily mouth care
- what to do if a resident refuses oral care (in line with the Mental Capacity Act)
- supply of oral hygiene equipment.

Findings from our 2022 inspections show that more than half of care home providers had a clear policy in place in 2022 (53%), which had increased significantly from only a quarter (25%) in 2019 (figure 2). However, similar to 2019, even with clear policies in place we noted that care staff were not always made aware of them.

"A policy in relation to oral health had been introduced by the organisation in September 2018. This was stored on the care home's computer system and was not accessible to staff. The policy had not yet been implemented into practice."
(Inspector)

Figure 2: Do you have a policy that sets out plans and actions to promote and protect residents' oral health?



Source: CQC

When our inspectors reviewed the policies to see how they promoted and protected people's oral health, most included information on how to assess oral health, care planning and daily mouth care. Commonly missed sections, or those lacking detail, were about local dental services and what to do if a person refused oral care.

"Mouth care policy gives clear simple instructions about how to support residents... There are separate sections about care of dentures, dry mouth, lip care and oral infections. The policy reminds staff to listen if people have concerns about their mouth or mouth care and to document these or any changes. There is no information about what staff should do if a person refuses oral health care."
(Inspector)

Daily oral care

The NICE guideline recommends that care homes ask people living in services how they usually manage their daily oral care (for example, toothbrushing and caring for dentures), and provide any support needed.

During our inspections for this progress report, as well as other engagement carried out for it, providers and other stakeholders were generally positive about the importance of good daily oral care. When we found issues during our care home visits, many providers made changes immediately.

"The manager told us she conducts a daily 'walk around' which includes looking at a selection of people's oral care and checking toothbrushes and dental products for use. She said that any concerns she finds she discusses with the care workers who have provided care that morning."
(Inspector)

"There was one issue identified during the inspection...two rooms were without toothbrushes. This was raised with the registered manager who responded immediately by purchasing new toothbrushes so that this wouldn't happen again. They also then raised this the following week at the staff meeting to remind staff of the importance of oral hygiene. The manager also contacted the local dental service to visit the home to check people's oral hygiene."
(Inspector)

People living in care homes and their relatives we spoke with during our inspections reported a mixed picture of day-to-day oral care. Many talked about a high level of support, but some relatives said they had to provide oral care themselves.

"The staff help me clean my dentures. The staff take my dentures and clean them overnight. I always have them back before breakfast."
(Person living in a care home)

"I've just had two teeth taken out. A carer took me to the dentist to have this done. There is a community dentist who visits the home. I clean my own teeth and the carers hold a bowl for me."
(Person living in a care home)

"Mum's teeth are looking better since being in the home, as I don't think she was cleaning them prior to that and hadn't attended a dentist for about 20 years."
(Relative of a person living in a care home)

"I take care of my relative's teeth. The carers don't seem to clean them all the time. It is a bit hit and miss. My relative has dental appointments. I take [them]."
(Relative of a person living in a care home)

Oral health assessments on admission

The NICE guideline recommends that care staff "assess the mouth care needs of all residents as soon as they start living in a care home, regardless of the length or purpose of their stay".

In 2022, 83% of the care homes inspected for this review said that people had an oral health assessment on admission – up from 73% in 2019.

We often saw homes using the Australian Institute of Health and Welfare Oral Health Assessment Tool, which is suggested in the NICE guideline, or an adapted version of it. One home was using a version of the Australian tool with text and pictures to support people to inform their own assessment. There were also several examples of care home providers using their own templates, local hospital trust forms or, if they used electronic software, inbuilt tools that were part of the system.

Where homes did not carry out oral health assessments or completed them poorly, we heard that it was because of a lack of suitably trained staff or that they would rather do it at a later date.

"The registered manager confirmed people's oral healthcare is not assessed prior to or on admission but it is completed at a later stage... This is because staff needed time to get to know people newly admitted to the service."
(Inspector)

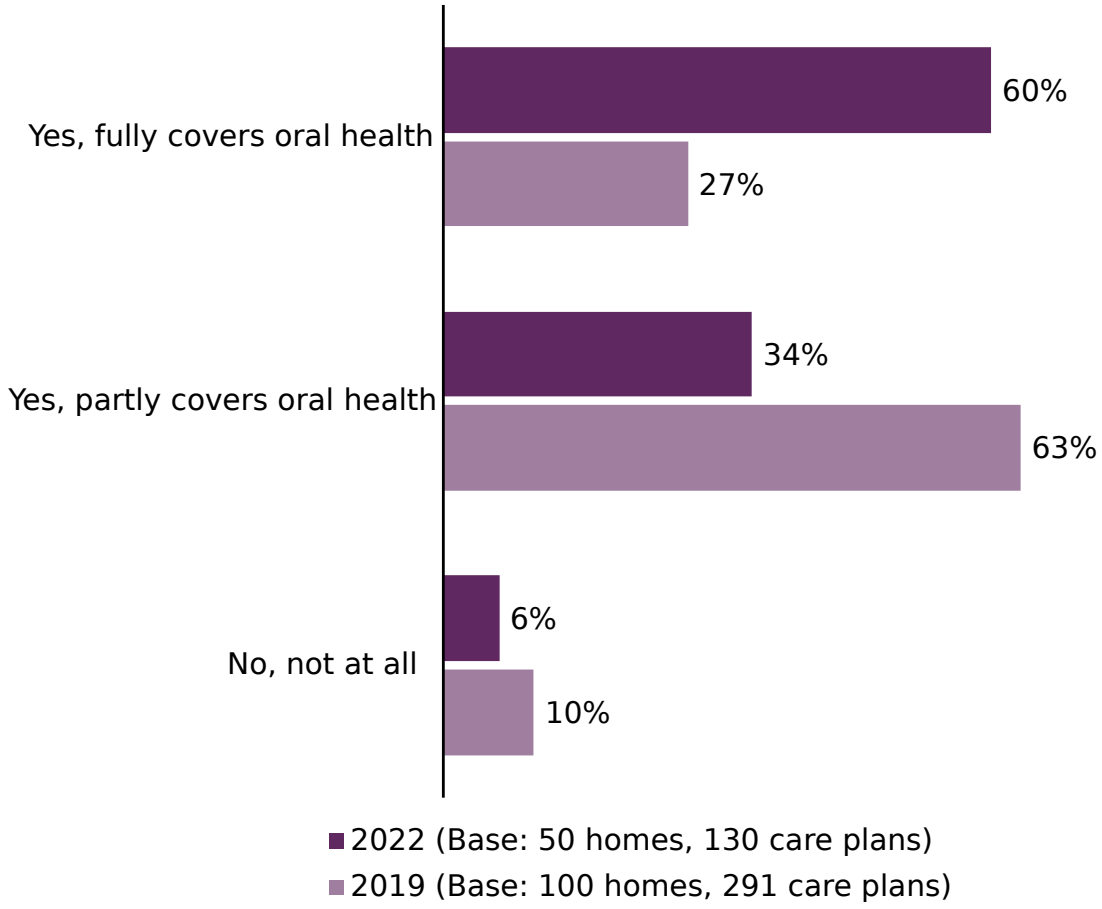
"The assessments of oral health are not very well executed. They appear to be a basic tick list which is sometimes completed. But the staff have not had the training or skills to understand about this assessment and have not provided actions where they cannot find information or there is a problem."
(Inspector)

Care planning and recording

The NICE guideline emphasises the importance of reviewing and updating people's oral care needs in their care plans to meet their changing needs. Of the care homes we visited, 79% said they included an oral health section in all, or mostly all, of their care plans. This is up from 70% in 2019. Only 4% of care home providers said they never include an oral health section in their care plans.

We also reviewed 130 care plans across the 50 care homes that we visited. This showed that more than double the proportion of care plans fully covered oral health needs, compared to our review of care plans in 2019 (60% in 2022; 27% in 2019 – see figure 3).

Figure 3: Inspector reviews of care plans: How well do care plans cover oral health needs of residents?



As in 2019, the amount of detail in care plans varied greatly between care homes and, in some cases, even between different people living in the same home. Some plans were very basic and only included whether a person had teeth or dentures. When people's changing oral health needs weren't recorded on a regular basis, this could have an impact on their quality of life, including their diet.

"I've lost a lot of teeth so I can't chew hard things. I say that I don't want battered fish but still it comes."
(Person living in a care home)

As we highlighted in Smiling matters in 2019, there is a strong link between poor oral health and weight loss, which can lead to a deterioration in health. We recommended that care home providers arrange for people's oral health to be checked by a dental professional when they lose weight when this cannot be explained through ill-health or other conditions.

"We recently changed the oral health tool, which includes a monthly review. We look at the impact of oral health on things like swallowing and weight loss."
(Care home manager)

The vast majority of residents and their relatives said that they had not seen their oral healthcare plan, or couldn't remember seeing it.

"[Resident] confirmed they had not seen their plan and stated, "I would like to see something in black and white. That way I would know if staff have the right information."
(Person living in a care home)

We did see examples of homes that had quite detailed oral health plans which included:

- what level of support the person needed
- their preferred time to receive oral care
- what products they preferred to use
- details of their dental practice and any outcomes of visits.

"[The plan] includes that the person used to wear dentures but had now chosen not to use these and how the staff could support them to care for their gums. It also talked about how this has affected their diet. [I was] fully assured by this plan."
(Inspector)

In both the original Smiling matters and this progress report, poor awareness of eligibility for free or subsidised NHS dental care was a barrier to good oral health. We found that this information was omitted in more than 4 out of 5 care records in our 2019 review (83%). This figure had reduced in 2022, but it is still omitted in a majority (61%) of cases.

One of the barriers to recording this information was that it was hard to find out the details, either because it was not known by the person or family, or that it was difficult to confirm from the person's funding authority.

"Homes often don't have financial information on their residents. When they'd even ask us to ask the council, the council would reply that they couldn't because they were archived records."
(Dental professional)

"It's very difficult to get the information about benefits and whether residents have to pay as we don't always have access to the financial history."
(Care home manager)

We also saw how electronic care management systems could help support good oral care. As well as providing a way of storing detailed and personalised plans, we also saw examples where software was used to prompt staff to support people to clean their teeth and then enter this into their daily care records.

"We have special icons in our care management software to remind the carers to clean the teeth. It reminds the carers if the resident has dentures and to apply the denture adhesive."
(Care home manager)

There was some concern, however, that these electronic systems could lead to a 'tick-box exercise' rather than true person-centred care planning that focuses on the needs of the individual.

"The electronic system was good, but there's a danger it can be 'tick-boxy' and not person-centred. We found plans that talked about maintaining teeth when the person had none (they had dentures)."
(Inspector)

Oral health champions

In 2019, we recommended that care home providers establish an 'oral health champion' within their portfolio of staff roles and responsibilities in their care home settings. This champion would:

- work to promote the implementation of the NICE guideline
- act as a conduit between the home and dental professionals
- ensure people have the right products in the right condition to assist with day-to-day care
- work with people and their families and carers to ensure that care is planned in line with their preferences and, for those who lack capacity, any decisions are made in their best interests.

During our review in 2022, only 28% of care homes we visited said they had a nominated oral health champion in the service, though several said they were in the process of sourcing one or committed to nominating an individual following the inspection.

Homes that had an oral health champion in place were seeing benefits in terms of improving processes, focusing training and enabling the cascading of good practice.

"The deputy manager is the oral health care champion and ensures that all residents have a clean toothbrush and toothpaste in their bathroom. They were also planning to audit residents' care plans to ensure all staff were recording what and when care and support was provided."
(Inspector)

Care homes were responsive to the findings from our inspections and the concept of oral health champions as good practice.

"The manager was open to learning and wanted to provide the best care for their residents. They took our advice about NICE guidance and looked into putting an oral health champion in place."
(Inspector)

However, several homes mentioned that workforce issues were a barrier to nominating a champion.

"Our challenge is having enough permanent staff. The few that we have, some only work three days, or minimal hours. So, to make them a champion is a lot more burden."
(Care home manager)

Progress on recommendation 3

Care home staff need better training in oral care

Our work from Smiling matters in 2019 highlighted that CQC and social care commissioners (both clinical commissioning groups and local authorities) did not routinely check if care home staff received training in oral care through their regulatory and monitoring processes. Due to this, homes rarely prioritised it as 'mandatory'.

As a result, we recommended that local social care commissioners introduced the need for oral health training as part of their assessment frameworks, so that all care home staff are routinely trained in the basics of daily mouth care, and that oral health should form a mandatory part of the Care Certificate.

Providing training

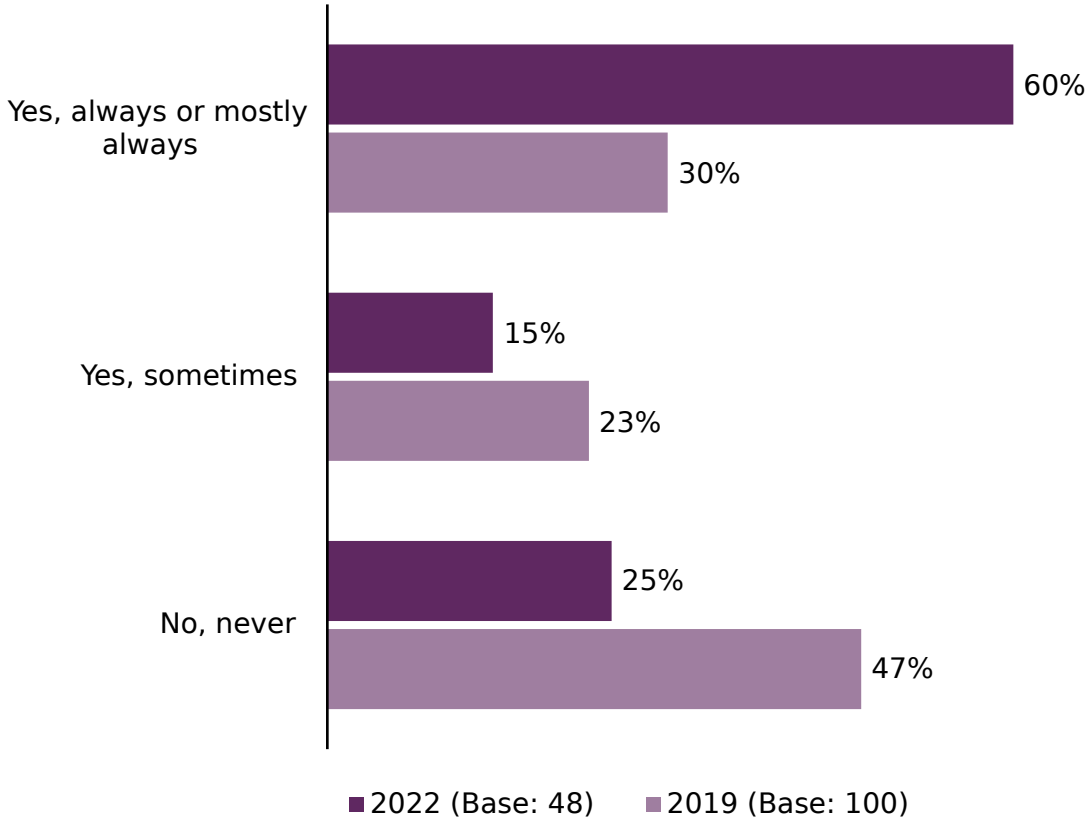
While the NICE guideline does not state that oral health training is a requirement, it does recommend that providers ensure care staff who provide personal care know how to deliver mouth care, report any concerns, and respond to a person's changing circumstances.

In 2019, we found that oral health training was not seen as a priority, with nearly a half (47%) of care home providers reviewed not providing specific training in oral health.

During our more recent review, the percentage of care home providers reviewed saying that staff always (or mostly always) receive specific training in oral health has doubled from 30% in 2019 to 60% in 2022 (figure 4). Staff were able to tell us of the benefits of this training to the overall health and wellbeing of people living in care homes.

"Oral healthcare is very interesting and it's a good way to maintain their whole health. From our training I realised how oral health needs to be supported. I now review for bleeding, wounds, the colour of the tongue, if there's any loose teeth."
(Member of care home staff)

Figure 4: Do staff receive specific training in oral health care?



Some care home providers and staff told us how they were lacking in certain areas of oral health care, including training, but there was a commitment to try and make it a part of the everyday.

"The registered manager understood and recognised the importance of oral healthcare, and the provider was actually in the process of looking at how to incorporate this further into the service, including additional assessments and mandatory training." (Inspector)

As with establishing an oral health champion, stakeholders and providers told us that a barrier to offering specific training was the difficulty in retaining staff. We highlighted that staff shortages were a particular problem in adult social care in our most recent State of Care report.

"Generally, there is a high churn rate with care home staff, so they train [staff members] and then people leave, and the skillset is then lost, so you're almost starting from scratch."
(Dental professional)

"I think the training being delivered is very good; turnover of staff has impacted on number of staff that have had this."
(Inspector)

We heard that training was provided by dental professionals, external companies, Clinical Commissioning Groups (CCGs) and the care home providers themselves, both online and in-person. We also heard that the COVID pandemic drove forward more online training opportunities.

"Covid has hindered progress, but also created opportunities and helped people overcome them. Several [care homes] have taken training online...[it] would be brilliant to reflect some of the ways the boots on the ground workforce have risen to the challenge, like recorded webinars that can be watched later at a time that suits them. It's created those flexibilities."
(Dental professional and academic)

Some homes said that this switch to online training presented some issues though, as face-to-face training can enable a more practical and hands-on approach to learning, especially when caring for people with higher levels of support needs.

"What we do know is from a website. [Our] main difficulty is finding someone who can teach in person [as] virtual teaching isn't effective. We want to be shown how to care for those with dementia, those who can't spit out liquids etc."
(Care home manager)

"The care plans and assessments seen were very detailed and care staff received specific oral health eLearning training. People we spoke with said they were supported with oral health. Although I think staff still struggled to support people living with dementia even though plans did detail the support required and how to encourage."
(Inspector)

Oral health toolkit for adults in care homes

Public Health England have developed with several other organisations an oral health toolkit.

The toolkit is made up of five sections:

- links to oral health information for care home **residents and their families, friends and carers**
- training slides, a manual with further information, recorded webinars and a catalogue of online videos to support oral health training for **care home staff**
- documents for **care home managers**, including care home policy templates, a quality assurance checklist and a baseline assessment
- links to oral health-related publications for **care home staff**
- links to oral health publications of interest to **commissioners and public health specialists**.

Incentivising oral health training

One of our recommendations in 2019 was that oral health needed to form a mandatory part of the Care Certificate, as well as be included routinely in local commissioners' assessment frameworks in order to encourage homes to prioritise it more.

Although we have seen an increase in the delivery of oral health training, the figures above show that it is still not seen by all providers as an essential part of training for all care home staff.

This should improve now that Skills for Care, with reference to Smiling matters, have included oral health in the Core and mandatory training requirements for adult social care staff, with some suggested learning outcomes.

From our engagement for this review, oral health doesn't appear to be used routinely in local commissioning.

Progress on recommendation 4

The dental profession needs improved guidance on how to treat people in care homes

Guidance for dental care professionals

In our Smiling matters report in 2019, we made recommendations about dental providers making their charges clearer and improvements to guidance for dental professionals on how to treat people in care homes.

Our review for this progress report has shown that there is still a lack of up-to-date guidance for dental care professionals on how to manage the needs of people living in care homes, resulting in a lack of confidence in supporting their oral health.

"Dentists sometimes struggle with the change in treatment planning style... as people age, it can be quite hard to choose between different levels of intervention."
(Representative of professional body)

As a result of this lack of confidence, we heard that dentists would refer cases to an already stretched community dental service.

"We often receive referrals from general dental practitioners who are understandably scared about how to treat this group."
(Representative of professional body)

"[Dental care should] depend on your local arrangement. For a fairly fit and well care home patient, a close relationship with a general dental practitioner seems to work well... as there is no way community dental services would be able to see the whole aging population."
(Representative of professional body)

Although some evidence-based guidance exists on how to care for older dental patients, it was clear from our engagement that the dental profession needs more up-to-date and current guidance that applies to everyone living in care homes.

In terms of addressing the gap in confidence, we've heard about initiatives and schemes that have tried to improve the connection between dentists and people living in care home settings – see Dental access – challenges and solutions.

Progress on recommendation 5

Dental care provision and commissioning needs to improve to meet the needs of people in care homes

As well as aiming to maintain and improve the oral health of people in care homes, the NICE guideline aims to ensure that they receive timely access to dental treatment. In our 2019 Smiling matters report we found that where people's needs were being met, care homes gave examples of dentists providing routine check-ups, ongoing treatment, and emergency care – both in and outside the care home.

However, in that report, even before the pandemic, we found that people living in care homes and their carers often found it difficult to access routine NHS dental care. We therefore made recommendations around reviewing how domiciliary care is provided to the care home sector, and exploring how local health networks can develop services, capacity and information to meet the needs of those living in care homes to address health inequalities.

Access to dental care

From our inspections in 2022, it was clear the care homes that were best able to care for the oral health needs of their residents were the ones that had timely access to dental care.

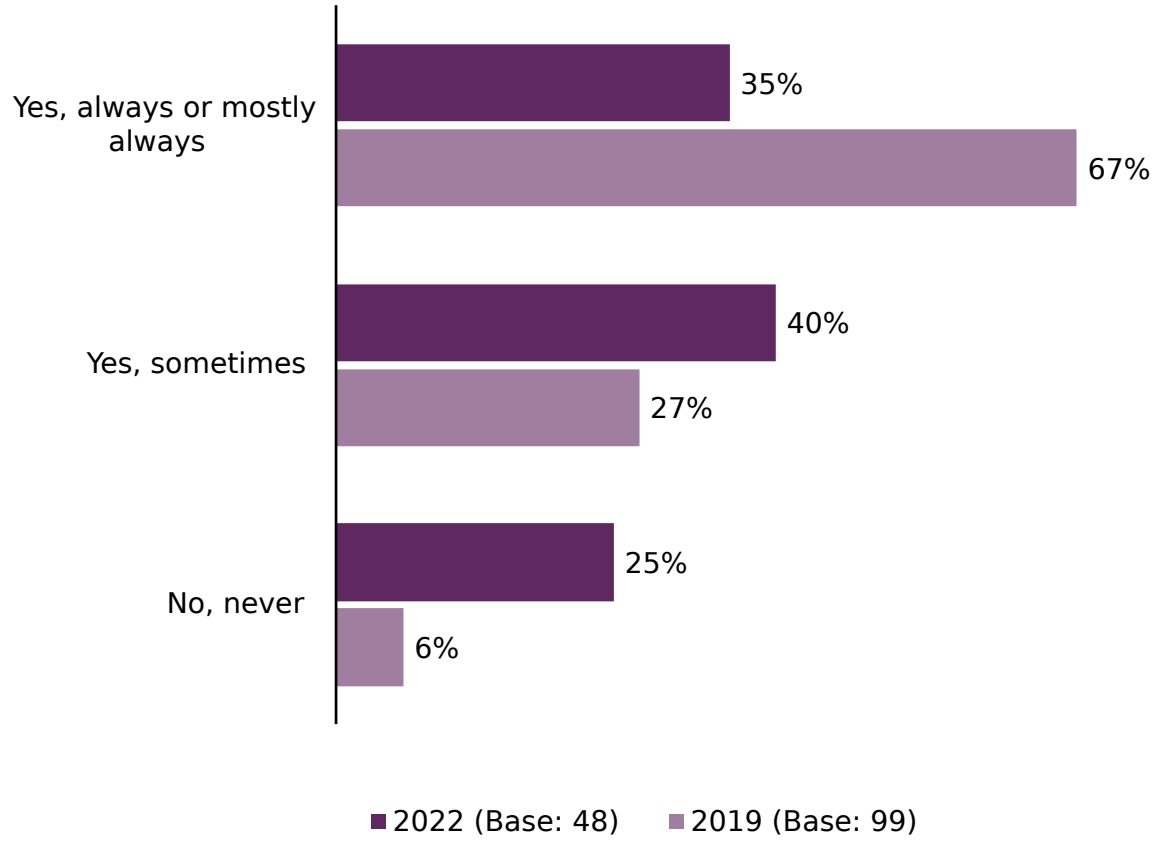
"There aren't really any current challenges to providing mouth care. We encourage all the staff to support people to brush their teeth twice a day. We make sure they have six monthly appointments with the dentist. We are quick to identify if [people] are in pain and follow this up with the dentist."
(Care home manager)

However, one of the strongest themes to emerge from our 2022 review was the extreme challenge care home providers were having in accessing dental care for people using services.

"A resident complained of toothache and when we contacted the dental surgery we were told to contact 111. I spent 2 hours on the phone arranging a consultation at a designated dental facility. We arranged a staff escort to get the resident to the appointment and a special taxi because he uses a wheelchair. Although he arrived on time, the dental staff said he was late and the dentist refused to see him. We have now been referred to another dental facility but we are still awaiting an actual appointment."
(Care home manager)

In 2019, 6% of care homes told us that the people who used their services could 'never' access NHS dental care. In 2022, this figure has sharply risen by more than 4 times, to 25%. The number of care homes always or mostly always able to access routine dental care fell sharply, from 67% to 35% (figure 5).

Figure 5: Can residents access NHS dental care routinely?



As we highlighted in our most recent State of Care report, COVID-19 had a severe impact on NHS dental services and there was a significant reduction in the number of treatments delivered for everyone across the country. Issues with accessing NHS oral care experienced by the general population could be exacerbated for people living in care homes, due to reduced independence and mobility and a lack of dentists who are able or willing to visit care homes.

We often heard that dentists would only see patients in an emergency, and then when routine appointments were available there was a significant waiting list. As well as contributing to poorer dental health of people in care homes and their potential distress, this could also serve to undermine the positive oral health support given by care home staff.

"There have been issues accessing dental support during the COVID-19 pandemic. A lot of the time people have to be in pain before the dentist will see them. Often routine dentist appointments are being cancelled, as there have been no reports of immediate concerns. This makes it so much harder to identify problems and proactively take action."
(Member of care home staff)

We also heard of examples of people living in care home being removed from practice lists because they have not visited for a long time, despite not being able to visit face-to-face during the pandemic, or because they had conditions that may have made them less mobile.

Access to private dental care, on the other hand, has improved overall since our 2019 review. Though the proportion of care home providers who reported they could 'always or mostly always' access private care decreased slightly, the proportion who reported they could access private care 'sometimes' doubled (from 25% in 2019 to 50% in 2022). The proportion who said they could 'never' access private care fell from 28% in 2019 to 8% in 2022.

Although private care provided a solution for some people, not everyone could afford to pay, or they felt the impact of the greater cost.

"I had bad toothache a few months ago and the service recommended a private dentist near us. I got an appointment, and I was happy with the work done but I was charged an enormous amount of money."
(Person living in a home)

As a potential alternative to attending a dental practice face-to-face, care home staff and stakeholders told us they would benefit from having a greater ability to speak to dentists or other dental care professionals in certain situations, to help offer support and advice when necessary.

"We record the medical history and the appointments on our monitoring software. Sometimes the dentist will give a phone number and then we can phone them straightaway if there is an issue."
(Member of care home staff)

"I am mindful that progressing day-to-day care needs to be backed up by a pathway that enables the [adult social care] sector to go to people when they need advice."
(Dental professional and academic)

Experiences of care – dental problems have a real impact, but the right support can make a difference

Darren's grandfather is 89 years old and has lived in a care home for a couple of years. Staff help him wash and dress in the mornings. He is able to feed himself and has mental capacity.

Darren is the main carer for his grandfather's care, so is the main contact for the home.

The care home doesn't have a visiting dentist so Darren has to take his grandfather to appointments, using the same dentist he has seen for years.

Darren's grandfather complained to care home staff that he had pain in his mouth, which was causing him pain and difficulty eating. The staff changed his meals to soft foods and asked Darren to arrange a dentist appointment.

The dentist explained that it was a nerve issue and that he would need to be referred to a hospital. The dentist gave him antibiotics in the meantime in case of infection.

Darren's grandfather got a hospital appointment after a few weeks. However, the hospital cancelled the appointment which left him in pain. Darren called the hospital to complain, and was sent a new appointment. This was cancelled again at short notice.

Darren contacted the dentist who was very helpful and spoke to the hospital and suggested that he complain to the ombudsman, as it was unacceptable to cancel when his grandfather was in pain and unable to eat solid foods.

Darren's grandfather eventually got the treatment he required and has had no further issues with his nerve.

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

Dental access – challenges and solutions

Another theme raised during our 2022 review was the increasing lack of dental workforce, both in terms of numbers of staff, but also those that were suitably qualified to meet the growing needs of people living in care homes.

"The number of community dental staff is decreasing in England, and it seems like the workforce that is specifically designed to care for the most vulnerable is actually decreasing, when the needs of this group is actually increasing."
(Representative of professional body)

We highlighted NHS workforce shortages in our State of Care report in October 2022, with the number of dentists performing NHS activity per 100,000 population falling from 44.1 in 2014/15 to 42.9 for 2021/22. We noted how this varied by region, with the number of dentists per 100,000 population highest in London (49.8) and lowest in the Midlands (42.0).

In our discussions for this progress report, it was widely recognised that the solution to improving access to dental care for people living in care homes did not simply mean commissioning more dentists or community dental services, but rather in 'skill mix', which involves embracing the benefits of using the whole dental team.

For example, training care home staff to make oral health part of daily practice does not necessarily have to be done by a dentist, and could be picked up by any member of the dental team who is suitably equipped.

"We ask a lot of people who've had fairly limited training and are stretched in terms of personal care needs and the number of people they're supporting. They need backup and we, the dental system, need to create that backup as part of the care pathway. There is a huge scope for skill mix to be used here."
(Dental professional and academic)

"Embracing skill mix properly allows for more capacity in the system, rather than diverting the most expensive resource (the dentist) to do it alone."
(Dental professional)

Making the most of the skill mix of the whole dental team to serve a whole community, including people in care homes, is also highlighted in Health Education England's Advancing Dental Care Review Report:

"It is imperative that a future dental workforce be trained with an optimal skill mix to meet the health needs of the general population and the specific treatment needs of the older and disadvantaged cohorts... This must include a comprehensive oral health improvement programme delivered by the appropriate members of the dental and wider healthcare team, including the delivery of dental care to populations outside traditional workplaces."

Beyond the benefits of providing timely dental care to people living in care homes, we heard how promoting skill mix could support career progression for all members of the dental team, offer variety to a working week, and encourage people to become champions for oral health within their communities.

"[Skill mix] also supports career pathways for dental nurses and other dental care professionals. Outreach provides opportunities and allows people to connect with their communities etc... Over time we'd expect all of their skillset to grow."
(Dental professional)

In our 2019 Smiling matters report, our engagement activities told us that one of the main challenges to people in a care home being able to access NHS dental care was a lack of dentists who were able or willing to visit care homes (to provide a domiciliary service). Our external advisory group, which included representatives from the dental and care home sectors, said one of the key reasons for this was the lack of financial re-imbursement to dental practices following the changes to the General Dental Services contract in 2006.

This is born out in the number of contracts that include domiciliary care. According to figures provided to us by NHS Business Services Authority, only 5% of contracts for NHS dental activity in England included domiciliary care in 2021/2022.

A lack of domiciliary services was also highlighted by care home providers in our 2022 inspections.

"We had a resident who is bed bound and also living with dementia. We could see from our oral hygiene measures that the lady's teeth required attention. Despite numerous attempts to engage a dentist (even consulting the GP to try and arrange this) we could not find a dentist who would visit... We were eventually referred to a local NHS facility but were subsequently told that there was a 12-month waiting list. The resident passed away before receiving any treatment."
(Care home manager)

Throughout our engagement for this progress report, we continued to hear that the changes to the general dental services contract in 2006 made it difficult for dentists to provide dental care in care homes.

"[One of the] main issues lies in commissioning. There is no longer an incentive for general dental practitioners to provide care to homes [beyond their good will]. [One solution] is using flexible commissioning – where we could say, 'we will support you to get an upskilled practitioner and will allocate you so many care homes to take care of. That way the practice then has then the ability and capacity to support these homes. In the end, it's down to funding."
(Dental professional and academic)

However, despite the COVID-19 pandemic hampering their development, we heard of numerous examples of commissioning being used to try and improve the oral health in care homes of people – through funding training, peer-to-peer support schemes, or increasing dental access.

Some of these projects acquired funding through external means, and others through a 'flexible commissioning' model – where a percentage of the practices' units of dental activity contract value is used to target local needs or meet local commissioning challenges.

One pilot project in the East of England:

- linked dental practices across integrated care system areas to care homes to develop training and upskill the workforce both within the practice and care homes
- also linked the pilot dental teams to special care services, which helped to improve communication between the dental providers, special care services and domiciliary services. The special care services also gave lectures to help develop the skills of the dental teams, who used these sessions to talk to each other peer to peer.

"The advantage of the pilot is that they had a dentist and dental care professionals supporting the care homes. There were monthly training sessions for the clinical delivery teams. It wasn't just a delivery of care model, it was about bringing the system along to primary care networks, local authorities, and the wider health and quality teams within the NHS."
(Dental professional)

Another regional pilot project involved integrating the oral health component from the Enhanced health in care homes framework. The project comprised of:

- dental professionals supporting care home staff through training, development of care plans, oral health policies and assessments, with the potential for dentists to give remote advice for particular people, using digital technology
- protected time with dentists to see those people in need and carry out face-to-face treatment.

"One key learning for us was that it is actually ineffective to get the dentist to 'knock on the doors' of care homes. Instead, it's key to have the dentists and the dental commissioners integrated at the level of the place-based partnerships, so that you can get the audience with the right people, and the engaged care homes who want to do something different."
(Commissioner)

"The practices themselves really enjoyed it, it's no secret that we want to do things to make the job more diverse."
(Commissioner)

A programme initially developed by dental public health in a local authority in the North East of England, and then implemented in another 3 local authorities, sought to identify the main gaps in practice relating to the NICE oral health guideline.

One of the authorities sent out a baseline questionnaire to 20 care homes and received 19 back. Some of the actions taken to address gaps in oral health practice included:

- an oral health risk assessment tool taken from Caring for Smiles: Guide for care homes was used to record details of the oral health needs of people living in the care homes and how to support them and their preferences
- a leaflet co-produced with people in care homes and their families included information on dental charges and how to apply for charge exemptions
- oral health promotion teams provided care home staff with information on dental services available for urgent and out-of-hours care.

Collaboration with the local authority was seen as crucial to the programme. In the past, oral health promotion teams had struggled to engage with care home managers, but the leadership of the local authority ensured good participation and high attendance at oral health training for care staff. This was reinforced by training attendance being monitored as part of the annual contractual assessment framework key performance indicator.

Progress on recommendation 6

Oral health needs to be included more in regulation and local commissioning

In 2019, we recommended that social care commissioners include oral health in care homes in their assessment frameworks, and we review how we include it in our regulation.

From our engagement for this progress report, it was unclear as to the extent that social care commissioners routinely included oral health as part of their assessment frameworks.

Moving forward, there is a clear opportunity for services and local commissioning to be more integrated and sourced cohesively, rather than be bound by existing contractual arrangements, in order to address the needs of their local population.

In terms of our response to the recommendations, we added two questions to be asked routinely on care home inspections (each of which contained further detailed prompts):

- Do staff receive training in oral health?
- How do you ensure oral health is assessed, considered and delivered as a part of a person's care plan?

Although these questions have been added to our inspection methodology, we still have further work to do to make sure that oral health care is included as an important part of the findings we feed back to care home providers and the public. This is partly explained by the COVID-19 pandemic moving our priorities more towards risk and infection prevention and control, but we can now re-focus our priorities on promoting good oral health as part of our assessment of person-centred care.

As we move to our new regulatory model with a single assessment framework, we remain committed to include oral health in our routine adult social care inspection activity, and endeavour to make sure it remains a part of our evidence criteria under our effective and responsive key questions.

At present, the precise nature of the evidence requirements is still being decided, but more information on them can be found on our website.

With our incoming new powers to allow us to hold integrated care systems to account and assess how local authorities are delivering against duties under Part 1 of the Care Act, we have the opportunity to ask systems directly how they are planning to address healthcare inequalities, such as the oral health needs of people living in care homes.

Conclusion and further recommendations and actions

Smiling matters appears to have had an impact on the care homes' awareness and handling of oral health care. However, more still needs to be done to make sure that people living in care homes are supported to maintain and improve their oral health.

1. We recommend that the Office for Health Improvement and Disparities include care home providers in future adult oral health surveys. We also recommend that they consider commissioning a specific survey to understand the level of oral health care for people living in care homes and whether more resource needs to be targeted to this area.
2. We recommend that care home providers raise awareness of what people should expect when they enter a care home and their families, such as:
    - getting an oral health assessment on admission to a care home
    - how much treatment should cost, and who is exempt and entitled to free treatment on the NHS.
3. As recommended in Smiling matters in 2019, we suggest that a mandatory oral health component is introduced in the next iteration of the Care Certificate.

4. We suggest that updated guidance is developed to support:
    - dental professionals to treat people in care homes – particularly on-site domiciliary care
    - care home staff to support people living in care homes who are resistant to oral health care and support.
5. To improve collaboration in planning for the health and wellbeing of people in their area, we suggest that commissioners:
    - promote cross-sector integration between care home and dental professionals
    - use funding to improve oral health in care homes – through local initiatives like peer-to-peer support schemes or increasing dental access and training.
6. We suggest that the government continues to consider making people's summary care records available to dental teams to improve the safe delivery of care.
7. We suggest that the government considers automatic exemption from NHS dental charges when people move into a care home.
8. We recommend that CQC:
    - continues to improve how oral health care is included as an important part of the findings we feed back to care home providers and the public, including when we move to our new regulatory model with a single assessment framework
    - reviews how we can use our incoming new powers to assess integrated care systems and local authorities to ask systems how they are planning to address the oral health needs of people living in care homes, as part of the assurance that health inequalities are being addressed.