

# Smiling matters

## Oral health care in care homes

### SUMMARY OF OUR REVIEW



Our findings show that too many people living in care homes are not being supported to maintain and improve their oral health. Three years on from the publication of the NICE guideline (NG48), oral health in care homes is still not a priority and people are not always able to access the dental care they need.

### **Seventeen per cent of care homes said they never assessed people's oral health on admission**

The guideline recommends that "care staff carrying out admissions or assessments 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." We visited 100 care homes for this review. Although 73% of care homes said people had some form of oral health assessment, they varied in detail and less than half of all care homes (44%) used a recognised assessment tool.

### **The amount of detail in care plans varied greatly between homes**

We saw some excellent examples of person-centred care planning, which was driven by a thorough assessment of a person's preferences and needs.

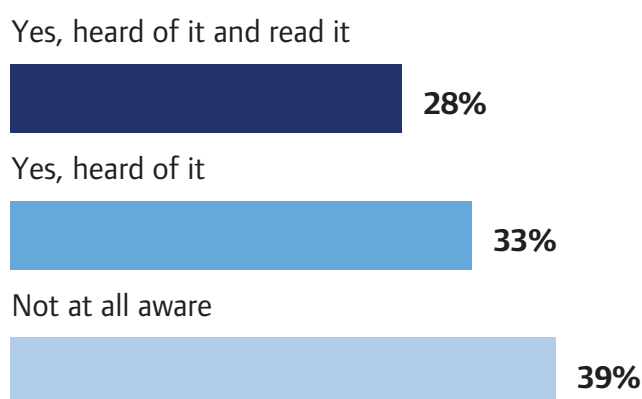
However, when we reviewed 291 care plans across the 100 care homes that we visited, we saw that:

- 27% of care plans fully covered oral health
- 63% of care plans partly covered oral health
- 10% of care plans did not cover oral health at all.

## Awareness of the NICE guideline in care homes was low

Of the care home managers we spoke with 39% were not at all aware of the guideline and only 28% had heard of it and read it. Of those who had heard of it and read it, only 39% felt they had fully implemented the recommendations.

### TO WHAT EXTENT ARE YOU AWARE OF THE NICE GUIDELINE IN RELATION TO ORAL HEALTH IN CARE HOMES?



Source: CQC

## Experiences of care – oral care is an important part of a person’s overall care support and planning

Ann had different experiences of oral care at the three care homes she lived in.

She was admitted for emergency respite care to the first home. She had four lower teeth of her own plus upper and lower dentures. Ann’s daughter noticed that both her toothbrush and denture brush were dry and that her toothpaste had not been opened, so she helped her clean her teeth and dentures.

Ann moved into long-term residential care, where she had a good supply of dental products which staff bought using money from her petty cash account. Care staff encouraged and supported her to clean her teeth and dentures and complimented her for her “sparkly teeth and lovely smile”. Ann beamed with pride when this was said and it was reassuring for her daughter to see her looking so cheerful.

When Ann’s Alzheimer’s became advanced, she moved to a specialist dementia care home. She enjoyed having her hair brushed and her teeth gently cleaned by cheerful and patient care staff. The home posted on their Facebook page (with permission) photos of Ann at events like the Halloween Disco. It was very reassuring for her extended family to see her enjoying herself and smiling.

Note: We have changed people’s names.

## Not everyone was supported to keep their teeth or dentures clean

The NICE guideline recommends that care homes provide people with daily support to meet their mouth care needs and preferences. Most homes encouraged twice-daily brushing and would share any associated health risks or even have notes on display to remind people to brush.

“I don’t need any help, but the staff ask me if I am alright and have my toothbrush.”

(Person living in a home)

Some people living in a home told inspectors they had to remind staff to clean their teeth and our inspectors identified homes that did not appear to support people.

“My mum’s breath used to smell and it was because no-one helped her to clean her teeth. Since coming to a new home, I have noticed the change not only in her breath but in her whole self-esteem.”

(Relative of a person living in a home)

Care home managers told us that people with dentures usually had these cleaned once or twice a day – either in water or a denture cleaning product. However, the lack of a documented oral health routine in some homes meant that staff sometimes did not check this was taking place.

“Some staff take my dentures and put them in a pot. However, they will keep just running them under the tap. I have said they are too big for me now but I can’t do anything about it.”

(Person living in a home)

## Nearly half of the care homes we visited said that staff do not receive any specific training to support people’s daily mouth care

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

Nearly half (47%) of the care homes we visited said that staff do not receive any specific training in these areas. Stakeholders told us that the lack of any learning requirement in the Care Certificate, developed jointly by Skills for Care, Health Education England and Skills for Health, meant that other areas of care staff training were prioritised.

### DO STAFF RECEIVE SPECIFIC TRAINING IN ORAL HEALTH CARE?

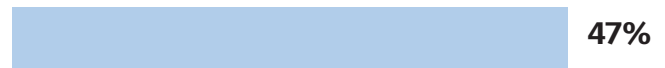
Yes – always or mostly always



Yes – sometimes



No – never



Source: CQC

## We found examples of good, joined-up practice between care homes and dental practices

As well as aiming to maintain and improve the oral health of people in care homes, the NICE guideline also aims to ensure that they receive timely access to dental treatment.

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.

"All the people have a good relationship with the [dental] staff. They are lucky as it's a one stop for specialised mental health, dental, speech and language therapy and podiatry all in one clinic."

**(Member of staff)**

## However, people's dental care was not always recorded in their care plans and records

We found that some care homes did not routinely ask for the details of a person's dental practice for their care plan, as they would for a GP.

"People are not routinely registered with a dentist, so the dental practice is contacted only when a someone has a problem or is in pain. Two people told me they used to see the dentist every six months before being admitted to the home but now don't see a dentist at all."

**(Inspector)**

Once people are living in a care home, we would expect all dental check-ups or treatment to be recorded in their care record, usually within its 'professional visits' section. There were some care homes where a member of staff told us they recorded such visits, but we could not find any evidence of this taking place.

Issues with recording can mean that care home staff are unable to fully understand people's care needs. For example, a lack of information about someone's poor oral health may prevent staff from monitoring their eating and drinking, which could lead to tissue viability issues, such as pressure ulcers, resulting from malnutrition.

## People were not always able to access routine NHS dental care

Two-thirds (67%) of the care homes that we visited said that the people who used their services could always, or mostly always, access NHS dental care. However, during our engagement for this review, people told us there was a lack of dentists who were able or willing to visit care homes. They said this may be because dentists were concerned about infection control and the lack of necessary equipment, as well as the lack of financial re-imburement to dental practices following the implementation of the General Dental Services contract in 2006.

“There are no dentists who provide domiciliary visits to people who cannot get out. Staff feel like this is a serious problem as many of the people living in the care home could do with this service.”

**(Member of staff)**

Other challenges that people living in care homes faced included local dentists not accepting new NHS patients and long waiting times of up to three months to get an appointment. This is despite there being a high number of surgeries near to the homes we visited – each home had an average (median) of 22 dental practices situated within a three-mile radius.

Ten per cent of the homes we visited told us they had no way of accessing emergency treatment for people living there. This may result in them calling a GP or NHS 111, or even taking people to A&E because it was the only option. It is important for people to know how and where to access dental care to make sure NHS resources are used most effectively.

“No dentist would come to the home. During the site visit one person broke a tooth. The home tried to contact over 10 dental services – in the end the person was taken to A&E on the GP’s advice.”

**(Inspector)**

## Other barriers to people receiving oral care included accessibility, limited understanding of complex needs and finance

Some people were not able to visit a dental practice due to the physical practicalities of transport, or the accessibility of the dental surgery premises. These issues could be increased if people had cognitive difficulties.

“Access to NHS care is difficult to organise due to dentists refusing to come in to the home and the subsequent problems of transporting a person with significant cognitive impairment to a dental surgery and the distress this would cause.”

**(Member of staff)**

Treating people living with complex conditions was perceived as too difficult for some dentists as they might lack an understanding of people’s needs.

“There is a limited understanding by the dental practice of people’s needs and how quickly things can change, such as appointments being missed because the person has changed their mind – we cannot force them to go! Unfortunately, the dental practice will threaten to strike people off due to this, and it can be frustrating when it can’t be helped.”

**(Member of staff)**

Another barrier to receiving NHS dental care was a worry or confusion among people and their families about the costs. This could partly be explained through the lack of awareness by senior care home staff, with only 64% saying that they were aware if people were eligible for free NHS dental care. This was exacerbated by problems in recording. Only 17% of care homes we visited said that they included information about a person’s eligibility for free NHS dental care.

Our analysis indicated that there may be excess budget in the dental system that could be targeted towards vulnerable patient groups, including those living in care homes.

# CONCLUSIONS AND RECOMMENDATIONS FOR ACTION

Positive change across England can only happen by different parts of the health and care system coming together to improve oral health care to enhance the quality of life of people in care homes.

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

**We recommend that a multi-agency group, including care providers,** is convened to significantly raise awareness among people living in care homes and their families and carers of the importance of day-to-day dental hygiene and routine check-ups. This should focus on encouraging people to look after their own teeth and challenge care providers to support them with this as part of their care package.

## 2. Care home services need to make awareness and implementation of the NICE guideline ‘Oral health for adults in care homes’ a priority

**We recommend that care home providers should:**

- Make the NICE guideline (NG48) 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 their ongoing day-to-day dental hygiene needs when they enter the home, showing whether people are exempt from NHS charges.
- Routinely check the state of people’s oral health when they lose weight if it is not explained through ill-health or other ongoing conditions. This should be carried out by a qualified dental professional and should include an assessment of the fit of dentures.

- Establish an ‘oral health champion’ within their portfolio of staff roles and responsibilities.

## 3. Care home staff need better training in oral care

**We recommend that local social care commissioners (both clinical commissioning groups and local authorities)** introduce the need for oral health training as part of their assessment frameworks.

**We recommend that Skills for Care, Health Education England, and Skills for Health** introduce a mandatory oral health component in the next iteration of the Care Certificate qualification to include the impact of poor oral health on general health and associated diseases.

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

**We recommend that all dental providers** make sure they are clear about their NHS and private charges and make every effort to assist care homes in making applications for exemption from charges.

**We recommend that Health Education England** updates and re-issues guidance for the training of dental professionals on how to provide care within care homes, particularly in relation to people with complex conditions and cognitive impairment, the frequency of routine examinations for those living in care homes, and the most appropriate setting and dental care professional to deliver routine and urgent treatment.

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

**We recommend that NHS England and local commissioners:**

- Work with the care home sector to avoid lengthy waiting times for appointments and treatment and provide emergency appointment times.
- Work with GP practices and other primary care contractors to signpost people to local dental provision.
- Provide adequate capacity to provide routine and emergency treatment to people in care homes.

**We recommend that NHS England works with other bodies, such as Public Health England and Healthwatch** to develop accessible information for the public and care home staff to signpost them to routine and emergency NHS dental care in their area.

**We recommend that NHS England** reviews how domiciliary dental care is provided to the care home sector – targeting it to those who would benefit it the most.

**We recommend that NHS England** considers a more local and responsive approach to dental commissioning, given the inclusion of oral health in care homes within the NHS Long Term Plan.

**We recommend that commissioners** should recognise the opportunities for a more diversified workforce – for example, make available hygienists, therapists and dental nurses to provide services for people living in care homes.

**We recommend that NHS England** explores how the developing primary care networks and local dental networks can work with NHS dental services to develop services that meet the needs of vulnerable groups and address health inequalities for those living in care homes.

## 6. NICE guideline NG48 needs to be used more in regulatory and commissioning assessments

**We recommend that local social care contractual monitoring and quality frameworks** include awareness and implementation of NG48 as part of their assessment of the overall quality of care.

**We recommend that CQC** reviews and clarifies how oral health care should be part of their monitoring and inspection of care homes.

**We recommend that the Regulation of Dental Services Programme Board**, chaired by CQC, continues to work collaboratively towards a shared view of quality in relation to the awareness of the NICE guideline, oral health training, and commissioning of services.



### Find out more

Read the full version of this report at [www.cqc.org.uk/OralCare](http://www.cqc.org.uk/OralCare)

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