

CONTENTS

	<u>Page No</u>
1. Thank you	2
2. Disclaimer	2
3. About us	2
4. Understanding the issue	3
5. What we did in brief	3
6. Key findings	3
7. What people told us	
-Residents	5
-Care staff	9
8. What should happen now	13
9. Your feedback	14

1. Thank you

Healthwatch Derbyshire would like to thank care home staff and residents/clients for their contributions to this report.

Healthwatch Derbyshire would also like to express thanks to our volunteers who offered support in collecting the data for this report.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all residents/clients and care staff in Derbyshire, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that residents/clients and staff have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to compliment, other sources of data that are available.

3. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Understanding the issue

The National Institute for Health and Care Excellence (NICE) estimates that more than 400,000 adults are living in care homes within the UK; this includes a variety of people, from those with dementia to younger adults with learning disabilities.

According to Department of Health (2011), maintaining good oral hygiene is crucial as it not only has an impact on an individual's ability to eat, speak and socialise, but can also help to prevent conditions such as mouth cancer and cardiovascular disease (NICE, 2016).

NICE (2016) acknowledge oral hygiene to be an issue for people living in care homes, offering a variety of reasons for this:

- A lack of good quality information about oral health and dental needs
- Poorly trained staff
- Reduced access to local dental services and advice
- Chronic medical conditions (including dementia) make it difficult to identify and attend to those needs
- Existing oral health problems.

The Care Quality Commission (CQC) who regulates health and social care services also understand oral hygiene to be an issue in care homes. As a result, they are planning to conduct a number of inspections across the UK to explore this issue in greater detail. They have asked all local Healthwatch to contribute any intelligence to present a local perspective of this topic; showing the good practice and issues.

5. What we did in brief

During October, we visited a number of care homes across Derbyshire which included homes for older people and those with learning disabilities, to speak with residents/clients and staff around the topic of oral hygiene in a care home setting.

We were briefed by the Care Quality Commission (CQC) on the key questions that would be helpful in contributing to their work, and from this, developed two questionnaires to capture this evidence; one for residents/clients and one for members of care staff.

When visiting homes, we asked care home managers which residents and staff would be the most suitable to engage with, dependent on roles and levels of capacity to ensure accurate results.

NB: All questions were optional so as a result, we did not receive answers from every participant on every question (1). No homes have been named within the report and all data was collected anonymously (2).

6. Key findings

- We had participation from 181 residents/clients and 120 care staff
- The majority of residents/clients last visited a dentist over two years ago, mainly due to local dental services not offering visits to the home

- The majority of residents/clients were supported by staff with their oral hygiene, whilst the other residents/clients not supported as they felt able to look after their teeth/dentures themselves or chose to either clean them once a day or not at all
- The majority of residents/clients who were supported by staff with their oral hygiene received support twice a day (morning and night), whilst the other residents/clients who were supported were provided with assistance once a day, though some residents/clients showed a desire to be supported more than once a day but felt that staffing levels impacted on this
- The majority of residents/clients felt that they had easy access to oral and dental hygiene products (toothbrushes, toothpaste, mouthwash, denture cleaning tabs etc.)
- The majority of care staff advised that they had not received any formal training on oral hygiene to support residents/clients, but several expressed a desire for this
- Some care staff reported that they had received oral hygiene training, but that this was years ago. One participant advised that another staff member within the home had volunteered as an oral hygiene champion and had attended specific training which they then passed onto other staff members within the home
- The majority of care home staff felt they had enough time to support residents with their oral hygiene, but highlighted that resistance from residents can be an issue
- Some care staff felt that they did not have enough time to support residents with their oral hygiene, with many commenting that this was dependent on staffing levels
- The majority of care staff felt that they did have access to a local dentist should a resident require it, but many felt that there were delays in the resident receiving the treatment, whilst others who did not feel they had access to a local dentist shared similar issues
- It was apparent from several participants that for short-term residents/clients, there are less barriers to accessing dental services as they are already registered in the community
- The majority of care staff had easy access to dental care products as family members provide these, and most homes had a bulk store for emergencies or for those without families

- The majority of participants explained a system for ensuring that residents/clients did not lose their dentures; keeping them in a name labelled pot within their bedrooms
- The majority of care staff explained a process for supporting residents/clients at end-of-life with their oral hygiene; key themes being ensuring the mouth is moist, clean and the resident/client is well hydrated.

7. What people told us

Residents/clients

In total, we had participation from 181 residents/clients aged between 21 to 104 years old. This included people living with dementia and those with learning disabilities.

Question 1: Do you have dentures, your own teeth or both?

87 participants had dentures, 60 had their own teeth and 29 had a combination of both dentures and their own teeth. Five of the participants had no teeth or dentures.

Question 2: Do staff help you take care of your teeth and/or dentures?

97 participants answered 'yes', some offering further information:

“Carers clean them twice a day for me, though I am encouraged. If I did them myself, I know I would only clean them once a day.”

“They help me to clean them with a brush and toothpaste. Occasionally, I do them myself but I do prefer someone else cleaning them for me as I know it will be done properly.”

“I do try to clean them myself, but staff always check that I have cleaned them.”

“Staff help me, but sometimes I try to clean them myself and put Fixodent on them.”

“Staff help me each night to put my dentures into Steradent to soak.”

79 participants answered 'no', several offering further insight:

“I like the independence - always clean them twice a day, never a miss.”

“Prefer to do it myself but staff could help if I wanted.”

“I don’t clean them enough, I neglect them. I know I should do them, but I don’t, I am idle.”

“I look after them myself. I’m not really sure what to do with my dentures, so I just leave them in. Should I do that? I don’t know.”

“I don’t brush the teeth I have; when you get to my age, you don’t give a bugger!”

Question 3: If staff do help you take care of your teeth/dentures, how often a day do they help you?

45 participants answered ‘once a day’, some sharing additional feedback:

“Every night if possible.”

“They just brush them in the morning for me. Staff are too rushed to do it at night, but I would prefer if they brushed them at night as well.”

“Staff clean my dentures at night then put them in a pot to soak.”

“Done once a day, but would like it doing twice a day.”

61 participants answered ‘twice a day’, several offering additional insight:

“They clean my dentures twice a day - rinse before I put them in and clean them at night.”

“Put them in a pot at night with Steradent and they help me with toothpaste in the morning.”

“In the morning and before bed.”

“Morning and night - staff are very good when I need them to help. They make sure I clean my false teeth and remove them.”

75 participants who did not receive assistance or did not require assistance from staff to take care of their teeth/dentures, shared the following information:

“I use a mouthwash twice a day - I do it myself.”

“I clean them myself, morning and night.”

“I clean them a few times a week when I can be bothered.”

“Just in the morning, never occurs to do them at night.”

“I always brush them before I go to bed, but not always in the morning. It is more important to do it at night because that’s when they can go bad.”

“No help offered at all.”

Question 4: Do you have access to oral hygiene products? (Toothpaste, denture cleaning tablets, toothbrushes etc.)

168 participants answered ‘yes’, with many participants advising that their family members buy these products for them. Some of the participants who had capacity bought these products themselves when they visited their local shops.

4 participants answered ‘no’, with the few respondents sharing:

“I have no mouth wash.”

“No Steradent and toothbrush is about six months old.”

“No Steradent for dentures.”

“I have no Steradent so use a brush instead.”

Question 5: When did you last see a dentist for a check-up?

35 participants answered ‘within the last six months’, some sharing with us:

“My daughter took me to the dentist recently and I do go on a regular basis.”

“If I needed a dentist, my daughter would take me. We don’t have a dentist visit here you see.”

“I have been to the dentist recently and they are going to take my remaining teeth out and give me false ones.”

“Saw a dentist three months ago - really happy with them.”

21 participants answered ‘within the last twelve months’, one providing further insight:

“I believe it was around 12 months ago. They cleaned them properly and I think it’s important to keep them fresh.”

22 participants answered ‘between one to two years ago’, several adding further detail:

“My dentures split and needed repair about a year or so ago - they were fixed.”

“Haven’t been in about one or two years, but my dentures are comfortable.”

69 participants answered ‘over two years ago’, many sharing further information:

“I last visited a dentist eight years ago.”

“I had my dentures fitted in 1952, so they are slightly broken in places. They are a little bit sore, but I wouldn’t want to go back to a dentist.”

“I never go to the dentist.”

“Lost a crown and I struggle to get to the dentist. I asked for a home visit but they don’t do it.”

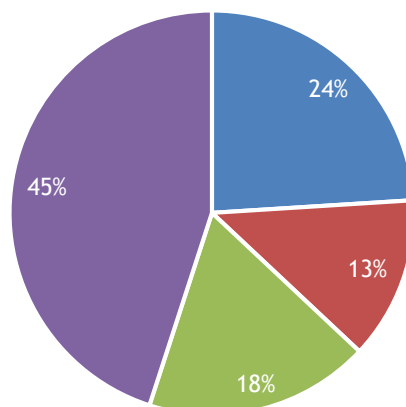
“Last saw a dentist about 30 years ago. I don’t get any pain at all, apart from minor toothache over the years.”

“Not been to a dentist since I have been here.”

“My teeth are a bit loose but the issue is getting to a dentist - it would be better if a dentist came here.”

Question 6: When were your dentures last cleaned and checked?

Responses to when residents/clients' said their dentures were last cleaned and checked



■ In the last 6 months ■ In the last 12 months ■ 1 to 2 years ago ■ Over 2 years ago

45% of participants said that their dentures were last checked/cleaned over two years ago which is followed by 24% who had them checked in the last six months; the remaining 18% had theirs checked/cleaned one to two years ago and 13% had them checked within the last twelve months.

Care Staff

In total, we had participation from 120 care staff.

Question 1: Tell me how you assist residents to maintain good oral hygiene



From the feedback gathered, the word cloud above shows the most used words in the responses provided. Many of the participants state that they either support residents physically or with prompts of encouragement in the morning and at night with brushing their teeth or placing dentures in a pot with Steradent. Some of the participants included the brushing of dentures, however, the majority just put them in a pot with Steradent. One of the participants advised that for a resident who has learning disabilities and dementia, they have displayed easy-read teeth cleaning guidance in their en-suite and staff refer to this, using it as a prompt mechanism.

Question 2: Have you received any training on oral health for older people and/or individuals with learning disabilities?

15 participants answered 'yes', some offering additional comments:

"... a few years ago."

"When working for a local council, I had annual training from NHS dentists."

"Did do some training, but many years ago."

One participant advised that within their home, a staff member had volunteered to be an oral health champion and attended specific training which meant they were able to train other staff within the home, ***"We have an oral health champion who has had training which they have passed onto other staff within the home."***

104 participants answered 'no', some sharing feedback:

"No formal training, I have just learnt from watching others and advice from my seniors."

"In the 20 years of working in care, I have never received any training on oral care."

Of the participants who answered 'no' and provided further feedback, six of these shared that they would benefit from training, commenting ***"that would be useful"*** and ***"staff could do with training, especially in regard to supporting residents who have dementia"***.

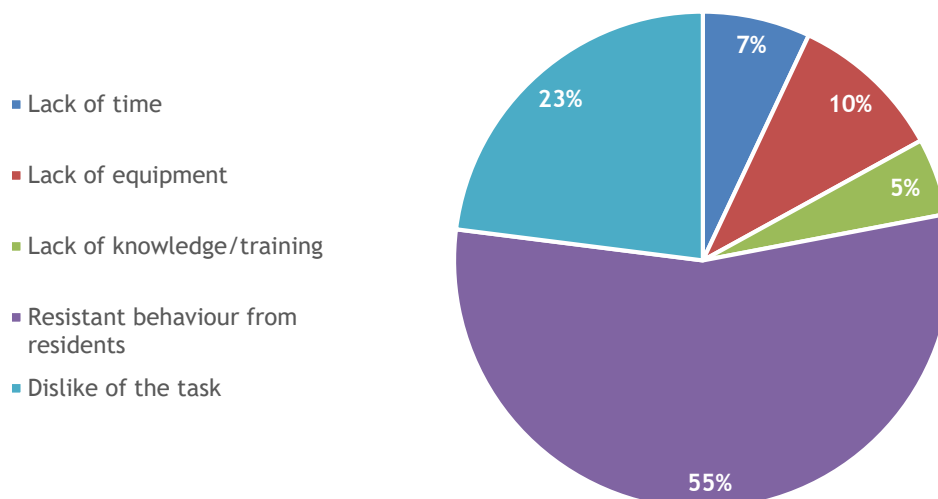
Question 3: Are you given enough time to assist residents to brush their teeth twice a day?

94 participants answered 'yes'. Of the participants who provided further feedback, ten participants advised that this forms as part of a residents' personal care routine both in the morning and at night. The majority of these participants explained that a significant challenge is residents' willingness to brush their teeth or allow a member of staff to support them.

18 participants answered 'no'. Of the participants who provided further comments, six commented that this was dependent on staffing levels within the home, with one adding, ***"Not on every occasion due to lack of staff against the number of residents."***

Question 4: What are some of the difficulties you face in assisting residents with their oral hygiene?

Responses to some of the difficulties care staff face in assisting residents with their oral hygiene (multiple choice)



55% of participants felt that ‘resistant behaviour from residents’ was a significant difficulty they faced when assisting residents with their oral hygiene. This is followed by 23% who said ‘dislike of task’, 10% ‘lack of equipment’, 7% ‘lack of time’ and 5% ‘lack of knowledge/training’.

Question 5: Do you have access to a local dentist, should a resident require it?

91 participants felt that they did have access to a local dentist, should a resident require it. Some participants provided further information regarding this, with many advising that they do have access but there is often a long delay in the resident receiving the treatment. One participant commented, ***“They have to be referred to community dentist which can take a while for the referral to go through.”*** Another participant shared ***“Dentists are available, but registering a resident is lengthy and not all dentists have the facilities to support people who require a hoist.”***

One of the participants however reported that they have a good relationship with their local dentist who carries out yearly screenings within the home to all of their residents.

Ten participants felt that they did not have access to a local dentist, should a resident require it. One of the participants shared the theme of delays in residents receiving treatment, which is also mentioned earlier. They said ***“Unlike opticians and audiology who offer their services to you, we have to search for dentists. I made a referral for resident who lost their dentures. They have been put on***

a three week waiting list and I am worried that they will become malnourished.”

Question 6: Do you have easy access to dental care products for residents?

107 participants answered ‘yes’, with the majority advising that families of residents/clients provide them with dental care products such as toothpaste, mouthwash, Steradent etc. Most of the participants advised that the home has a bulk store of products for emergencies and for those who do not have family members. Some of the participants advised that certain residents/clients have a link worker who is responsible for buying these products on their behalf.

Six participants answered ‘no’, with several participants advising that the residents sometimes run out of dental care products and they have to remind the person’s family or wait for replacement products to arrive.

Question 7: How do you ensure that residents wear their own dentures and don’t lose them?



From the feedback gathered, the word cloud above shows the most used words in the responses provided. The majority participants focused on ensuring that the dentures are kept in a labelled pot with their name on overnight or when the resident/client is not wearing them. Some participants advised that certain residents had their name etched onto their dentures, but that this was the family of the resident/client’s responsibility. Some participants also explained that if they see a resident carrying their dentures or putting them down onto a table, they always prompt the resident to put them in the pot located within their bedrooms to avoid losing them.

Question 8: What additional oral hygiene measures do you put in place for a resident at end-of-life?



From the feedback gathered, the word cloud above shows the most used words in the responses provided. The majority of participants focused on ensuring that the resident/client's mouth was moist and clean. Many of the participants explained that they would use pineapple or lemon juice to aid in hydration, along with following any prescribed toothpaste or medication. Some of the participants advised that they follow a designated end-of-life form that informs staff of a residents' wishes, but also advice from medical professionals.

Additional information:

- One participant explained that they had undertaken a piece of work around oral health in residents/clients with dementia and found that they often want to brush their teeth at unconventional times, such as 2am. As a result, the staff within the home have been made aware of this and are encouraged to prompt and support residents/clients with this, regardless of the time.
- One participant explained that a significant barrier they feel for residents/clients not attending the dentist is fear. This was also supported by a client who has learning disabilities who shared that at appointments, the dentist will often talk in jargon which they don't understand and this makes them nervous.
- It was apparent from several participants that for short-term residents/clients, there are less barriers to accessing dental services as they are already registered in the community.
- One participant found that compared with homes that do not have en-suite facilities, the residents/clients with dementia who have en-suite facilities are more likely to look after their oral health due to having that personal space rather than a communal bathroom, and the fact that they get into a routine. Another participant however found that regardless of en-suite facilities, residents/clients with dementia struggle with routine and these facilities did not help.

8. What should happen now?

From our findings, we have identified several recommendations and actions going forward:

- The Care Quality Commission (CQC) to acknowledge our findings from a Derbyshire perspective and incorporate them into any planned work
- Healthwatch Derbyshire will work with health and social care commissioners to ensure that where possible, improvements can be made in the following areas:
 - Specific oral hygiene training for care staff to support people living with dementia and those with learning disabilities

- Reduced delays in accessing treatment from local dental providers for residents/clients within care homes, including those with dementia and/or learning disabilities
- Awareness raising around the importance of good oral hygiene with residents/clients of care homes, including those with dementia and/or learning disabilities.

Healthwatch Derbyshire will incorporate oral hygiene as a topic in our Enter & View visits to care homes in order to monitor future improvements and issues.

9. Your feedback

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

REPORT: ORAL HYGIENE IN CARE HOMES ACROSS DERBYHIRE

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

.....
.....
.....

3) Since reading this report:

a) We have already made the following changes:

.....
.....
.....

b) We will be making the following changes:

.....
.....
.....

Your name:

Organisation:

Email:

Tel No:

Please email to: karen@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0R

