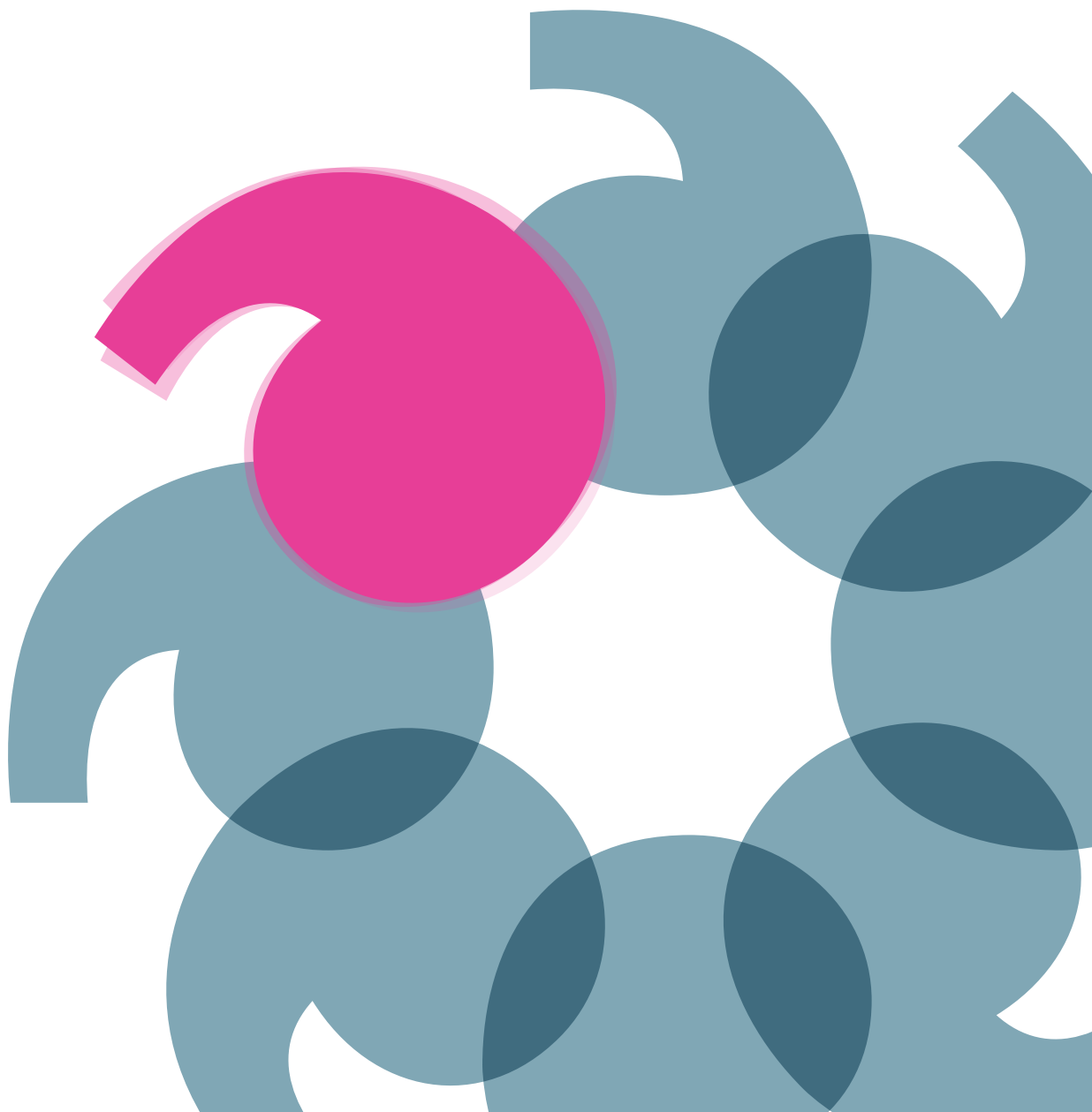


Oral health in Islington care homes

Enter and View visits



Contents

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

We gather local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

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Introduction

The World Health Organisation defines oral health as ‘a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing.’

We wanted to learn more about oral health in Islington’s nursing and care homes. We wanted to see how residents were supported with their oral health - what was working well, and whether there was any room for improvement. Over a three-week period in November 2019, we conducted Enter and View visits to six homes.

Enter and View is the statutory power granted to every local Healthwatch which allows authorised representatives to visit publicly-funded health and social care services. We observe how services are being delivered, and gather feedback from service users, from their relatives and carers, and from staff. All authorised representatives receive appropriate training, as well as an enhanced DBS (Disclosure and Barring Service) check.

Our visits were announced, meaning that the homes knew about them in advance and were prepared. During these visits we spoke to 46 residents. We also spoke to 31 staff and 24 relatives. We attended relatives’ meetings at two of the homes.

Homes visited:

- ▶ Lennox House Care Home
- ▶ Bridgeside Lodge Care Centre
- ▶ Muriel Street Care Home
- ▶ Cheverton Lodge Care Home
- ▶ Highbury New Park Care Home
- ▶ St Anne’s Nursing Care Home

All the homes were very welcoming to our authorised representatives.

Background

The Care Quality Commission (CQC) presented to a 2019 London Healthwatch network meeting on the importance of good oral health care in care homes. This importance was emphasised too by its inclusion in the NHS Long Term Plan (Section 1.15).

As part of our work on dementia during 2019/2020, and in response to the Long Term Plan, we felt it would be useful to look at this at a local level. The importance of oral health was further highlighted by the CQC report in June 2019: 'Smiling Matters: Oral Health in Care Homes' based on visits to 100 homes around the country, which found that:

- ▶ Residents' oral health was often not assessed on admission, and there were poor records of mouth care
- ▶ There were variable levels of daily dental support, and staff training
- ▶ There were concerns about residents' access to routine and emergency dental care

We took the CQC report into account when framing our questions for the visits in Islington. We also considered NICE Guidance (5 July 2016) and the Keep Smiling report from the Relatives & Residents Association (2018). There is an emphasis in all of the guidance on the importance of good mouth care as well as care for teeth and dentures.

As part of our planning, we met with the Oral Health Promotion Team from Whittington Health, funded by Islington Council. The team provides training and guidance to care homes on good oral health. A high fluoride toothpaste is provided for each resident, as well as tips on denture care, tooth care, and different types of toothbrushes.

Who we spoke to

Sex of residents interviewed

Female	Male	No answer	Total
34	10	2	46

Age of residents

0-15	16-24	25-44	45-64	65-79	80+	No answer	Total
0	1	0	3	15	22	5	46

Ethnicity of residents

Asian/ Asian British	1
Black/ Black British	6
White British	24
White Irish	4

White Other	3
Mixed	1
No answer	7
Total	46

Sex of staff members interviewed

Female	Male	No answer	Total
25	6	0	31

Age of staff members

0-15	16-24	25-44	45-64	65-79	80+	No answer	Total
0	3	9	16	2	0	1	31

Ethnicity of staff members

Asian/ Asian British	4
Black/ Black British	12
White British	1
White Irish	1

White Other	6
Mixed	5
Other	2
Total	31

Six staff members identified as having a disability. Disability data was not collected from residents.

Findings

Feedback from residents

We spoke to 46 residents from the six homes during our visits. A large number of residents had dementia or other needs that meant it was sometimes hard for them to participate in conversations about their oral health. In some cases we spoke to a relative, friend or staff member along with the resident to gain a better picture. We spoke to residents who had been living in their home for anything from a couple of days to over seven years. The range of responses during our conversations with residents was therefore variable.

Of those we spoke to 24 told us they have their own teeth and 20 told us they have dentures (some of these residents had a combination of both).

Sometimes the observation made by the authorised representative did not match the response given by the resident, for example, where a resident said they had all their own teeth, but none were visible.

► **Eating and drinking:**

Most residents did not report having problems with eating or drinking due to their mouth health, but seven residents did mention that they either have a revised diet (soft food, purees) or make adjustments to their diet because of issues with teeth or swallowing. One resident said they found their dentures uncomfortable when eating. One resident told us that she didn't like to smile much, because she was embarrassed about her teeth.

► **Teeth and mouth cleaning:**

Residents were generally happy with the way they were supported by the home to maintain their oral health. When we asked residents how often they clean their teeth, seven residents told us they brush once a day, 21 residents told us that they brush their teeth twice or more a day, with five of these telling us that they use the high fluoride toothpaste offered (since some residents were not able to fully participate in the interview we don't know how many used this toothpaste overall). Only two residents told us that they don't really do much in the way of cleaning their teeth, and one said they clean 'as and when needed'. Eight residents (of the 20 who told us they have dentures) spoke to us about cleaning their dentures daily. Two residents told us they also use mouthwash.

Residents who were supported by staff to clean their mouth mentioned that staff assist with prompting, getting and preparing equipment and cleaning the mouth. Six residents told us that they have support from staff to maintain their oral health. Residents who are nil-by-mouth (for example, if being tube-fed) have their mouths cleaned about four times a day, if not more.

On the whole, we noted that residents' comments focused on keeping their teeth clean, over gum care and general oral health.

► **Being seen by a dentist:**

We asked residents 'How often do you get to see a dentist?' 14 Residents told us they had seen a dentist in the past year, with five residents commenting they have to go to see the dentist, and three saying the dentist sees them in the home.

11 residents said they had 'not seen a dentist for ages'. However, a number of these residents said they didn't want to see a dentist, 'I wouldn't want to see a dentist for toothache.'

Eight people said they didn't need or want to, because they don't have any problems: 'I don't need to. Five years ago last saw someone. This is because I have dentures and they're comfortable.'

Seven residents told us that if they needed to see a dentist, they could just ask staff, who would arrange it for them.

Two residents we spoke to had missed dental appointments due to difficulties with transport (for appointments arranged outside the home). We are following up on these cases.

Overall, residents seemed to feel that if they didn't have a toothache, they didn't need to see the dentist. NHS guidance recommends routine annual checks to assess the wider health of the mouth and catch early signs of tooth decay or mouth cancer. Residents may not be aware of this.

Feedback from relatives

We interviewed 10 relatives over the six homes during our visits. We also attended relatives meetings at two of the homes and spoke to seven relatives individually at Muriel Street and seven, mainly as part of a group, at Lennox House. At these meetings, more general feedback around mouth and teeth care of residents was recorded.

When we asked about oral health generally, a number of the relatives made similar comments about not having specifically thought about the issue:

'There's so much to think about, and this just doesn't occur to you - but I realise it should!'

'I don't really know about my relative's teeth care.'

▶ Teeth and mouth cleaning:

Relatives spoke about supporting their loved one to clean their mouths, or knowing that staff did this. Generally, relatives reported their loved ones not having problems eating or drinking due to oral health.

In one home a relative raised the issue that sometimes her mother's dentures are not cleaned properly or put in at all, 'Staff don't seem to know her well enough to know how best to help her'.

'I don't know how she can be helped' - Mum has issues with eating and drinking due to her dentures being worn away.'

Some relatives said teeth cleaning was a task they, as relatives, often undertook:

'Care is good, staff are lovely and engage well with patients, but they don't have time to do everything.'

► **Being seen by a dentist:**

One relative told us that her mother had lost two upper teeth. That relative was not sure what to do about it:

'I don't know how to get her to see a dentist.'

Most relatives were unsure whether residents were assessed when they arrived at the home, or when their loved one had last seen a dentist. Most relatives were also not sure of what to do if they felt their loved one needed to be seen by a dentist, but spoke about having confidence that staff at the home would arrange an appointment if it was needed. Others felt that logistical problems, with transport for example, were off-putting factors.

For some relatives, access to a dentist was an issue that they had not really considered.

'It never occurred to me. Does she need a check-up? I never thought about it!'

Feedback from staff

We spoke to 31 staff across the six homes we visited. We spoke to five managers and deputy managers, 16 care assistants, three nurses and six other members of staff.

► **Teeth and mouth cleaning:**

Staff spoke to us about how they support residents to brush their teeth and/or clean their dentures. Almost all the staff we spoke to had been trained by the oral health promotion team and therefore all the homes had similar attitudes and procedures in place when it came to oral healthcare. At some homes, where the needs of residents are slightly more complex, staff spoke about the freedom they have to access resources and equipment that make it easier to support residents to maintain good oral health.

Almost all the staff we spoke to were aware of the high fluoride toothpaste provided by the oral health team, and talked about recording residents oral care needs, and oral care received daily, in their care plans. At two homes the care plan could be updated on a tablet or phone, which staff found particularly efficient as records are instantly updated for all staff to see.

'We prepare the toothbrush and give it to residents who can brush their own teeth. If not, I do the brushing and if the resident cannot swish, we put mouthwash on a swab and clean the mouth (if their family provide mouthwash).'

Residents are encouraged to brush their teeth at least twice daily and to soak/ clean dentures daily, though staff noted that they have to be guided by the resident, and cleaning may not always be possible if the resident does not want to have their teeth cleaned, or requires additional support: 'Sometimes carers need to double up to support residents.'

Residents who are nil-by-mouth are offered suction at least three to four times daily. At least one of the homes had appointed a staff champion for oral health care.

► **Being seen by a dentist:**

Staff spoke to us about residents' access to a dentist. Although residents were able to see a dentist when they had a problem, there was less evidence that preventative services (dental check ups) were being accessed.

'The dentist comes if there is a problem and the resident is referred. The dentist doesn't make a regular visit to the home. In an emergency we phone.', 'Residents are taken to the dentist if it's needed.'

► **Challenges and Improvements:**

We asked staff whether there was any way they would like to improve oral care, or any issues that make it harder to manage oral care for their residents. Most of the staff we spoke to told us that the main challenge they faced was around residents who refused to be supported to brush their teeth, usually because of capacity (dementia). Some staff members mentioned that they would like more training around how to help such residents, although they also recognised that it is the resident's right to refuse to clean their teeth; across all of the homes, staff said their strategy in this situation would be to leave it and try again later.

Other staff members mentioned that some training or more information for residents themselves about the importance of oral hygiene could be helpful.

'Everyone should know the importance of oral care. I would like more training to manage oral care of residents who refuse. Oral care should be in the forefront of any care plan.'

At all of the homes, the training and support from the community oral health team was seen as important and helpful.

Summary and Conclusions

From the findings above, we concluded that residents in the homes visited are generally well-supported with care of their teeth and dentures. Staff were well trained in oral health issues and good practice was in evidence across all of the homes.

However, we also felt that both residents and relatives could be better informed about wider mouth care and oral health issues generally. Where appropriate, access to preventative dental services should be encouraged. Dental check ups can play a key role in keeping the mouth healthy, and identifying problems early when they are easier to treat.

Recommendations

Our recommendations are based on the findings of the Enter and View interviews with residents, relatives and staff. Our overall recommendation echoes that of the CQC Smiling Matters Report: 'People who use services, their families and carers need to be made more aware of the importance of oral care.'

*

We recommend that all homes in Islington ensure that they have an oral health champion or champions within their staff team to lead on this work.

Recommendations for the care homes in relation to residents and relatives

1

Relatives have so much to think about when a loved one moves to a care home and might not have considered oral health. Homes should give relatives information about making a dental appointment for their loved one.

2

Sometimes residents overlook the fact that our whole mouth needs looking after. Staff should keep emphasising the importance of care of the whole mouth as residents generally seem to feel that only teeth and dentures matter.

3

Homes try to ensure that residents are given access to regular dental checks to which they are entitled, but more should be done to ensure that these are as accessible as possible to frailer people, by putting an alert in the care plan for example.

Recommendations for training and support

1

People trust the advice of the oral health promoter, and the training is well received. Training already covers strategies for assisting non-compliant residents. However, when we spoke to staff at the homes non-compliance was consistently identified as the main challenge faced, and an area where even more support would be welcome. Perhaps training could include more content on supporting people with more severe dementia who may not want their teeth to be cleaned. Combined with more widespread use of oral health champions within staff teams, this should increase each home's capacity to support staff with this issue on an ongoing basis.

2

The oral health team already produces a newsletter for the homes. It would be good to see more awareness raising with relatives – perhaps by attending relatives meetings, and/or by producing a fact sheet to be given to residents and relatives on admission.

Acknowledgements

Special thanks to our Enter and View volunteers

They visited the care homes along with Healthwatch staff. They conducted interviews with residents, relatives and care staff and recorded their findings. This report was then produced by the Healthwatch staff team.

Please get in touch to find out more about volunteering for Healthwatch Islington.

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