



# **Dental Health and Care in Care Homes**

June 2022



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# Contents

Introduction	4
Methodology	6
Key findings	7
Recommendations	10
Maintaining dental health	12
Personal choice	15
When dental issues occur	18
Staff training and dental health policies	20
What works well, and what could be improved	23
Appendix 1: Survey respondents	27
Appendix 2: Survey questions	30



# Introduction

## Background

Maintaining dental health is essential to the wellbeing of care home residents. Poor dental health can cause pain and discomfort. This can lead to difficulty eating, in some cases heart issues such as heart disease, and pneumonia. Teeth loss and appearance changes caused by poor dental health can affect residents' self-esteem. Appearance changes can also make it more difficult for people with dementia to recognise themselves, which can cause distress.

The COVID-19 pandemic highlighted many issues regarding care home residents' access to dental health services. From the first lockdown in March 2020 onwards, many local residents told us how difficult it is to access NHS dental care.

Issues with dental health care did not begin during the pandemic: a [2019 report](#) by the Care Quality Commission (CQC) found that the oral health of care home residents deteriorated rapidly after they moved into their care home.

We wanted to find out more about how care home residents in Westminster and Kensington & Chelsea access dental health services. As part of our Dignity Champions' Enter & View programme, we engaged with care home residents, their friends and family, and staff from across care homes in our boroughs. We conducted a wide-ranging survey to find out how well local dental health services are working for care home residents.

We asked respondents questions about residents' access to, and use of, dental health services, how

well care homes manage dental health issues, whether staff are properly trained, and if there is a dental health policy in place. We also asked respondents what is working well, what could be improved, and what additional support would be useful.

## About Healthwatch Central West London

Healthwatch Central West London (Healthwatch CWL) is an independent organisation for people who use health and social care services. We deliver the statutory Healthwatch projects in Kensington & Chelsea and Westminster. Through our research and local engagement, we make sure that local people's views are always at the centre of decision making about health and social care.

We make this happen by:

- Listening to what people like about services and what could be improved
- Monitoring how changes in the health care system affect local people
- Helping to improve the quality of services by letting those commissioning, running, and making decisions about services know what people want from care

This report presents the findings from our survey with care home residents, their family and friends, and care home staff conducted between October 2020 and February 2022.

We would like to thank the residents, relatives and friends, and staff who responded to the survey. We would also like to thank the care home staff who worked to share the survey, and the Bi-Borough Care Home Working Group for their interest in, and support for this work.

## Methodology

Our engagement work was carried out through a series of surveys of care home residents, their friends and family, and care home staff.

We use open, free answer survey questions to find out about the lived experience of local people. We do this so that we can better understand common themes in people's experiences or identify exceptions that might otherwise be missed. Our survey questions were based on standards set out by [Dignity In Care](#) and Independent Age's [Care Home Quality Indicators](#). Our survey questions differed depending on whether the respondent was a care home resident, a friend or family member of a resident, or a member of care home staff.

Before developing our survey questions, we met with members of Central London Community Healthcare NHS Trust's (CLCH) Community Dentistry Team to hear about their experience of working with care home residents.

Our survey was available both digitally and physically. As we were unable to visit care homes in person due to COVID-19 access restrictions, we were reliant on care home staff to distribute paper copies of our surveys to residents, or to help residents access the survey online if they needed support. We contacted 21 care homes and 10 agreed to participate in this research.

To maintain our commitment to accessibility, and to make sure that everyone who wanted to contribute was able to do so, we offered to speak to any

potential respondent directly, either via the phone, internet or as part of a larger Zoom meeting. In the event, this option was not taken up by any respondent.

Across our surveys, looking at 'what' people tell us (the content), helps us see the breadth of their experiences.

Noticing 'how' they talk about their experiences (emotive language for example), helps us better understand what this has been like for them and often uncovers hidden nuances that might not otherwise have been apparent.

This type of research can help us understand more about why people make the choices they make, how they prefer to get support, and where there might be gaps. It can also enable us to identify groups of people with shared characteristics, for example age or ethnicity, who are finding it more difficult to get support.

This can help organisations that commission or provide services, such as the NHS or local councils, to better plan, design, and run services that are good quality and meet the needs of local people.

A full outline of the survey questions and a breakdown of the respondents, can be found in Appendices 1 and 2.

## Key findings

A number of recurring issues and themes emerged from the responses we received. These include:

- Many residents were happy with the care they received from care home staff. They told us that staff work hard to enable residents to maintain good oral health.
- Many residents do not have access to the support and services they need. This is particularly the case for residents with dementia, or those receiving end of life care.
- Dental health and care was not always covered in staff inductions and other training. Permanent staff were often unaware what specific training agency staff had received. This contributed to a low awareness of dental health policies across care homes.

**Finding One: Many residents were happy with the care they received from care home staff. They told us that staff work hard to enable residents to maintain good oral health.**

Respondents consistently told us that they felt that staff members treated dental health with care and consideration. Residents were both encouraged to manage their own oral care routine and supported where needed by staff. Staff were keen to ensure that residents maintained their autonomy where possible and that consent for administering oral care was sought.

**Finding Two: Many residents do not have access to the support and services they need. This is particularly the case for residents with dementia, or those receiving end of life care.**

Dental health services were not always available for those that needed them. We found that is particularly challenging for residents with dementia, or who were receiving end of life care, to access dental health services. In general, some care home staff told us it is difficult to access a dental practitioner.

Receiving dental care outside the care home can present a barrier to some residents accessing care. Some care home staff told us that an in-house dental service, a fast-track appointments system, or more visits to care homes from dental practitioners, could significantly improve residents' access to dental care. Others told us that having dental practices as part of the local Primary Care Network (PCN) would also be helpful.

**Finding Three: Dental health and care was not always covered in staff inductions and other training. Permanent staff were often unaware what specific training agency staff had received. This contributed to a low awareness of dental health policies across care homes.**

Many care home staff told us that dental health training was not carried out either as part of their induction or at a later date. Some staff told us that properly supporting residents and helping to look

after their dental health is difficult without further training and access information. Furthermore, many staff did not know whether their care home had a dental health policy.

The following chapters outline our recommendations and findings in full.

## Recommendations

### For care home providers

We found that dental health and care was not covered in the induction of all staff members and that there was little awareness what training agency staff received.

**Recommendation 1: All care home providers should carry out a review of staff training relating to dental health and care. Providers should have a system in place for monitoring the dental and oral health training of staff and agency workers.**

We found that the majority of care home staff were unaware of their care home's dental health policy, should it exist.

**Recommendation 2: All care home providers should carry out a review of the National Institute for Health and Care Excellence (NICE) guidelines and identify if and where they are not working within them. Additionally, care home providers should promote these guidelines and ensure that all care home staff and managers are aware of them and the dental health and care policies in place.**

We found that one relative/friend was not happy with the dental health and care at the home while other relatives/friends lacked clarity about residents' dental care.

**Recommendation 3: All care homes should ensure that there are clear processes in place for friends**

**and relatives to voice concerns about residents' needs. Care homes should also ensure that relatives and friends are informed about residents' dental care.**

We found that many of the liquids listed to aid oral hydration possibly contained a lot of sugar and/or fructose.

**Recommendation 4: Care home providers should review the refreshments and the wider diet offered to residents to assess their suitability regarding dental health. Providers should review the [guidelines issued by the Department for Health and Social Care](#).**

### For Central London Community Healthcare NHS Trust (CLCH) and Public Health teams in Westminster and Kensington & Chelsea

We found that care homes did not always have suitable access to dental practitioners. Dental care was particularly inaccessible for residents with dementia or those receiving end of life care.

**Recommendation 5: CLCH should ensure that residents are provided with dental care in a way that meets the needs of all residents. CLCH should increase the frequency of visits to care homes by dental practitioners. CLCH should also carry out a**

regular review of the dental health of care home residents.

We found that care home staff felt that a catalogue of dental health and care resources would be helpful, as well as the provision of dental care products to help provide care to residents with dementia or at end of life.

**Recommendation 6: CLCH and Public Health teams should work with care homes to ensure that all care homes have access to the resources they need.**

We found that care home staff felt that more training and support would be beneficial to staff and improve the dental health of residents.

**Recommendation 7: CLCH and Public Health teams should work with care homes to ensure that all care home staff receive the training they need to properly support the dental health of residents.**

## For North West London Clinical Commissioning Group (CCG)

We found that care homes do not receive enough assessment visits by dentists and dental hygeinists.

**Recommendation 8: The CCG should discuss how regular assessment visits to care homes by dentists and dental hygeinists can be provided. With the local Primary Care Networks (PCNs), the CCG should discuss the viability of dental practitioners becoming part of the PCN network.**



# Maintaining dental health

Maintaining dental health requires, among other things, good oral hygiene, mouth hydration with suitable liquids, avoidance of tooth discolourations, and regular visits to the dentist and oral hygienist. Overall, both staff and residents seemed happy that dental health of residents was maintained with all parties feeling that support from staff was offered where needed (although not universally). Regular visits to the dentist were not mentioned often, and if they were, they were mostly on a yearly basis (although one home mentioned every three months). Visits to the dental hygienist happened less often, and tended to be as requested by the residents or recommended by a dentist. All residents, bar one, were seen by NHS services.

## Staff support to ensure good dental hygiene

Residents were asked if they were supported with their dental health, and to tell us more. 24 said yes, 2 said no and 1 said not sure. Relatives were asked if they considered that staff supported their loved one's dental health, 4 said yes, while 1 said no, and 1 said not sure.

The comments left from both residents and relatives and friends identified that some residents can manage their own dental health

- “I take care of my own teeth but staff do help

if I ask”  
and

- “She has always been meticulous about cleaning her teeth and has had no problems”

However, one resident did not feel supported with their dental health and two weren't sure if they were well supported. For those unable to clean their teeth, one relative/friend commented

- “[They] have not been cleaning her teeth”

Staff were asked how they knew if a resident was maintaining their dental health and care. This was an open question and we received 23 responses.

The comments reflected a range of approaches: staff work with the patient by asking and prompting to assuming responsibility for the residents' dental health. A number of responses covered the importance of documenting oral health and passing on concerns to the relevant staff member. Methods of assessing dental health were also outlined.

The comment below gives an illustration of the process

- “Working closely with all residents does give a good picture how the resident is supported and how to ensure that their oral hygiene is healthy. Moreover, to document and pass on any concerns that may occur to person in charge or to hygienist if possible”

One care home identified good practice for those residents who were able to benefit from such meetings.

- “I hold regular, monthly meetings with residents to discuss their dental health”

## Mouth hydration

We asked residents if they were given enough liquid refreshment to ensure their mouth was hydrated. 26 said yes, and 1 said not sure. Asked what refreshment was offered, most frequently mentioned was tea, water, squash, and juice. Other liquids identified were soup, Ensure Plus, custard, yoghurt and jelly.

Relatives were asked if they thought their resident was given enough refreshment. 5 said yes, while 1 said no. Refreshments identified were water, juice and tea.

Staff were asked if residents were given enough liquid refreshment, 24 said yes, 1 said not sure. Asked what refreshments were offered, staff responses identified tea/coffee water and juice most frequently. Also mentioned were milk, hot chocolate, squash, lemonade, home-made milk shakes and fresh fruit.

## Tooth discolouration

As well as being key to eating well, teeth can also be key to a person's well-being. Discoloured teeth can impact how an individual views themselves, and can cause a loss of self-esteem.

We asked if residents took medication that could discolour teeth, and how that was managed. 3 residents said yes, 20 said no, and 3 said not sure. No comments were left.

Relatives and friends asked about their loved one, 5 said no, and one said not sure. Staff were asked the same question of the residents. 11 said no, while 14 said not sure. We had 3 comments, identifying that tea and coffee could affect tooth colour, that regular brushing helped, and

- “All residents have the options. They are encouraged to drink water with their medications as it is the proper way. It is preferable to mix drinks with water to reduce discolouration”

## Seeing a dentist

We asked residents how often they had seen a dentist. 14 residents said they had seen a dentist, 10 said no, and 4 were not sure. 6 comments were left, 4 identifying that there had been no need to see a dentist, either due to no issues or because they had dentures, or having seen a dentist for a filling. One mentioned seeing a dentist for a filling, and another mentioned visiting regularly for their yearly checkup. Where the frequency was given, 3 reported a yearly checkup.

Relatives/friends were asked if their loved one had seen a dental practitioner, 1 said yes and 5 said no. Comments identified that their loved one had not yet needed to see a dentist, however, one relative/friend stated

- “Hasn't seen a dentist for several years through Alzheimer's and inertia”

Relatives and friends were also asked if they were made aware of, or were involved in their loved ones visit to the dentist. 1 said they were informed if their loved one needed to see a dentist, while 4 were not sure. 1 skipped the question. The process of being informed was described as

- “Nurse in charge told me and notified daughter”

For those residents who had seen a dentist we asked if the relative/friend had been asked to support them with the visit. 1 said yes, 1 said no and 2 said not sure. 2 skipped the question.

We asked managers how access to dental care for residents not able to visit a dental practitioner is managed, and of any difficulties that have been encountered. Replies indicated that either residents were able to get to the dentist, or a home visit was arranged, based on the community team’s assessment. One manager reported

- “That has not happened in my year here but anecdotally the staff tell me it is very difficult so they have to try and get the resident to the practice. Throughout COVID none of the residents could see the dentist.”

## Seeing a dental hygienist

Regarding visiting a dental hygienist, 5 said yes, 8 said no, and 13 said not sure. 1 skipped the question. 3 had seen the dental hygienist once or more than once. The comments left were from people who hadn’t seen a hygienist and gave reasons including having dentures, not needing to and inconvenience.

Asked if their friend or relative had seen a dental hygienist since they’d moved in, 1 said yes 4 said no, and 1 said not sure. 3 comments were left of which one said a visit hadn’t been needed while 2 identified that they would take their loved one.

Managers were also asked if the residents saw a dental hygienist. 3 said yes to seeing a dental hygienist, 1 said no, and 3 said some do/some

don’t. The comments left identified that hygienist visits could be added on to dental visits, that hygienists visiting a care home was unheard of and that a visit to the hygienist was contingent on need

- “Depends when recommended. Residents do not actively engage with dental services unless there is no choice, and dental care needs addressing”

Staff were asked if residents saw a dental hygienist. 12 said yes, 5 said no and 7 said not sure. There were nine comments with the majority saying that visits to the hygienist were based on need. One home said that their residents saw a hygienist every six months.

## NHS or private care

We asked residents and managers if dental care was NHS or privately funded and if there was a particular reason for the choice. Of all the replies we identified only 1 patient who saw a private practitioner. Reasons given for choosing NHS care were all financial.

# Personal choice

Being able to have a choice about different aspects of daily life can help to retain some of the autonomy that living in a care home necessarily reduces. Having autonomy is an important part of being treated with dignity and respect, so we were keen to understand residents’ experience in this area. Overall, we found that residents had a choice of toothbrush and toothpaste and that staff only made this decision on behalf of residents in those instances where the resident was not able to.

In regards to choice of dental practitioner, the picture was less clear with a minority of residents stating that they saw the dentist of their choice, although information was not given about why this was. Managers presented a mixed picture, but only around half the staff were aware of whether this information was recorded.

## Personal dental hygiene equipment

We asked residents if they used the toothbrush/toothpaste/mouthwash of their choice. 26 said yes, while 1 said no. No comments were left. Asked the same question, 4 relatives/friends said yes, while 2 said ‘not sure’.

Staff responses to this question saw 21 saying

yes, and 4 saying not sure. 12 comments were left. 6 identifying that relatives and friends were involved in providing toothbrushes and toothpaste while other comments reflected that residents were offered a choice of products and could choose from what was offered. For those residents who were unable to choose, this was done by staff on their behalf, and mouthwash was given on the staff’s assessment.

## Dentist

We asked residents if they saw the dentist of their choice. Of those that responded, 8 residents said yes, 8 said no, 6, said not sure while 5 skipped the questions. The 6 comments left were split between those who hadn’t needed to see a dentist, one due to having dentures, while the others indicated that the dentist was in their local area/community.

Asked if their friend or relative saw a dentist of their choice, 2 said yes, 1 said not sure, while 3 skipped the question. Only one comment was left by someone who felt it was not applicable as their friend/relative had not yet seen a dentist.

We asked managers if residents saw their preferred dentist. The comments we received painted a varying picture. Some were already registered at a dentist and continue with that



surgery while those who were unable to leave the home, the community dentist was the only option. One manager commented

- “The residents are all enrolled at the same dental surgery which is NHS. They can ask to go to a different dentist if they wish and we will try to get them in to that practice.”

We asked managers if the home had a record of the preferred dentist of residents. 5 said yes and 2 said no. 3 didn't answer. Two comments identified the staff member responsible for keeping it up-to-date: an oral health champion and a key worker.

Staff were asked the same questions. 13 said yes, 3 said no, and 9 said not sure. The nurse in charge/ward nurse was identified as responsible and also the key worker, other comments mentioned the folder and in the care planning.

## Dental hygienist

Residents were asked if they had seen a dental hygienist. 5 said yes, 8 said no, and 13 weren't sure. Comments identified that visits had occurred once or more than once (3 comments), and 3 hadn't or hadn't needed to, one stated that inconvenience was the reason for not going.



# When dental issues occur

A quick response to any dental issues arising is paramount to well-being and halts the possible exacerbation of problems. We were interested to hear how residents felt this was managed and how the staff organised access to dental care.

Overall, all parties felt that staff responded well if they were informed of a dental problem, or if they had identified a problem in a resident unable to say. Staff identified many different ways of recognising a dental issue and outlined processes for communicating information to ensure action was taken to manage the situation.

## Staff response to dental issues

Residents were asked if they thought that staff were aware of their dental health. 20 said yes, 3 said no and 3 said not sure. We asked residents if they had problems with eating and drinking that were related to their mouth and dental care. 4 said yes, while 22 said no. For one resident, the issue was identified clearly

- “It hurts”

Relatives and friends were asked the same question, with 1 saying yes, and 5 saying no.

We asked residents to tell us how staff respond if they tell them they have a toothache or other problems with their teeth or mouth. 23 answered and 4 skipped the question. Of the 23 who responded there were varying replies with some identifying that they didn't have issues, either

because they never did, they hadn't been in the care home long enough, or because

- “I have dentures”

Others identified a line of communication within the staff team resulting in a dental appointment.

We asked relatives and friends to tell us how staff responded if they told them their friend or relative had dental issues that needed to be looked at. The three comments that were left all identified that the issue hadn't arise yet, but one said

- “N/a but sure they will be very helpful”

Staff were asked what they did if a resident has, or complains of a toothache or other dental issue. Comments left illustrated the differences in the role of the respondents. Care staff comments indicated that they were responsible for noticing and/or checking issues, reporting to whoever was in charge and documenting it. Senior staff identified how they could progress an issue

- “Offering pain relief medication, contacting the dental practice for appointment, informing GP for further assessment”

Staff were also asked how they how they identified if one of the residents was experiencing dental issues, and if so, how they responded. 25 comments were left and the replies gave a wide-ranging overview of how dental issues could be identified including chronic bad breath, bleeding gums after brushing teeth, dentures loose, declining food, restlessness and

- “Observing chewing, pain, discomfort, avoiding hard food, refusing meals, difficult chewing, long

time eating food, loss of appetite, bad mood, isolation.”

We asked managers how they ensured that a resident experiencing dental issues is identified by staff and responded to. Managers' responses reflected what was identified by their staff.

## Communicating dental issues within the team

We asked staff to tell us how they communicate during handover between shifts, and how any, or suspected dental issues are raised and followed up. The comments identified that good communication was vital and that this could be done either verbally - by the nurse who informed staff or at the handover meeting, or by writing notes in the nurse 'communication' book or in the residents' notes, or by all of the above

- “Staff communicate verbally, nurses log book, via email. All referrals are mostly done via email and follow up over the phone or via email again”

## Staff training and dental health policies

To manage the dental health of residents, training is a key element to ensure the best standard of care is provided. We were keen to know if oral care and dental health was part of the induction policy of the care home, and how agency workers' knowledge was assessed. We found that this was not covered in the induction of staff in over half of the responses. Only half of the staff had been given dental health training and while most homes did not use agency workers, there seemed to be little oversight as to what dental health training they might have had.

We asked if managing residents' dental health was covered during their induction process. 6 said yes, as part of the induction. 1 said no. The 'no' was explained in the first comment below.

- "Service is currently dormant since January 2019. We do not provide the level of personal care needed to be registered at present"

One manager's comment identified that in-house training was due to commence in March 2022, while another outlined what the induction training covered

- "Keeping the mouth clean, how to clean the mouth, what is generally normal and what should be reported."

We asked staff if managing dental health was included in their induction process. 11 said yes, 8 said no and 5 said not sure. Some staff told us

that the training could be part of the overall care of residents, while others identified oral hygiene, reporting issues and looking after dentures as elements covered. One mentioned choice and consent

- "Offering choices to express their wishes for oral care routine and promoting where necessary. Consent should be sought in advance for any intervention"

Managers were asked if agency workers are trained in managing residents' oral health and identifying dental issues. Many of the homes didn't use agency staff. 2 said yes, 2 said no and 2 said not sure. Comments left indicated that some homes did not use agency staff, while others reported that agency staff were only trained if the agency provided it, or that literature on dental was provided to the individual. One manager said

- "Do not have a training list for the agency staff"

We asked staff if they had had any training in managing residents' dental health and identifying dental issues. 7 said yes, 13 said no and 5 said not sure. Those who had had training reported that it covered documenting changes and reporting issues, referral to GP and dentist, choice and consent. One identified the type of training given

- "E learning: oral hygiene needs"

We asked relatives and friends if they thought staff were well trained in the area of dental health and identifying dental issues. 1 said yes, 4 said not sure and 1 skipped the question. One comment was left

- "Yes, they were able to tell a filling was missing"

### Dental health policy

The National Institute for Health and Care Excellence (NICE) [Guideline 48](#) states

- "Ensure care home policies set out plans and actions to promote and protect residents' oral health and sets out detailed areas to ensure good health care is managed."

We found that awareness of whether the home had a dental health policy among staff was low, although many of the areas identified in NG48 were covered by staff responses to our questions.

We asked managers and staff if the care home had a dental health policy, and if so, what areas it covered. The managers' response was 2 said yes, 4 said no and 1 was not sure. For one care home having a dental health policy was not relevant to their provision.

The staff response to the same question was 8 said yes, 3 said no, and 13 said not sure. Asked what the policy covered staff mentioned the need for regular checks up and daily oral hygiene, that oral care was associated with providing personal care.



## What works well, and what could be improved

Hearing what works well and what might be improved is a good opportunity to share good practice and ideas for improvement. We found that overall, respondents felt that dental health and care was done well and that daily dental health regimes, staff alert to issues, and good communication between staff to manage issues arising were outlined. However, there were some issues regarding access to a dental practitioner, including difficulties of getting to the dental surgery, especially for those at end of life.

The pandemic has also impacted appointment availability, both for visits to the dentist and for dentists visiting the home. Staff also reported the difficulties of managing the dental health and care of residents who are unwilling or unable to give consent to having their teeth brushed. Many of the suggestions for support which could be put in place centered around access to appointments and assessment visits to the care home or the provision of in-house dentists, information and dedicated products and training.

### What works well

We asked residents to tell us what is good about their dental health and dental care. 24 comments were made, the majority of which focused on their daily routine of brushing and

keeping the mouth fresh, including dentures, and staff support to ensure hygiene was good. One comment identified the staff involvement in dental visits

- “They always ensure they book my appointment on time. They call me for my routine checkup every year”

We asked relatives to tell us what staff do well and were told that oral hygiene products were provided when needed, or on request, one said

- “Make sure teeth are cleaned. Believe they would arrange a dentist if needed.”

Staff were asked what they thought worked well. The comments left identified the daily brushing/ good dental hygiene with support and prompting where necessary, that all staff were responsible for oral and dental care with constant checking, good communication and documentation. The importance and need for consent, regular appointments - different homes mentioned yearly, six monthly and three monthly. For those unable to leave the care home

- “The dentist comes to make a checkup occasionally and brush the teeth of residents, unless they refuse”

Managers’ comments echoed those of staff, mentioning oral assessments, daily monitoring charts for those unable to manage their own care needs, good documentation and reporting,

training, support planning and dental visits

- “Staff have a good awareness of oral health and ward managers routinely ask for dental appointments to be made”

## What could be improved

We asked residents to tell us how things might be improved in regard to their dental health and dental care. The comments mentioned more accessibility to dentists/regular checks, some were happy with their dental care, either because their dental hygiene was good, or because they had dentures. One resident suggested

- “Proper dental hygiene. Hygienist appointment”

We asked staff to tell us about any difficulties they experienced when supporting residents with their dental health and dental care. They told us that gaining consent to do oral care and lack of cooperation from the resident can be an issue. Challenging behaviour was highlighted, as well as biting the toothbrush, swallowing toothpaste, and inability to rinse the mouth and general resistance to dental care. Inability to communicate dental problems and therefore staff ability to recognise them, or issues behaviour can be problematic. Finding it difficult to get the dentist to visit the care home, and sometimes getting the resident to the dentist who may be overwhelmed by the thought of leaving the home and travelling to the clinic. Staff also told us that

- “COVID-19 has definitely had an impact on the dentist visit or the dentist’s visit to the home”

Managers were asked to tell us how things might be improved in regard to residents’ dental health and dental care. Support for oral

care for those who were very unwell/ end of life was mentioned, as well as a routine visit/check by the dental team. One manager called for

- “A dental care pack (set up pack) for residents to be able to access even though this maybe one off it can help promote dental care. The service’s client group are residents who have been diagnosed with a severe and enduring mental health condition”

Similarly, another manager called for

- “The provision of products for people living with dementia who may be challenging when being supported”

Another manager commented

- “The in-house training booked for March will increase staff confidence and competence to maintain optimal oral care that is person-centered as the trainer knows the residents well”

## What support could be put in place

We asked what support could be in place to make it easier to manage the residents’ dental health and dental care. Staff suggestions are detailed below

- Regular routine checkups by dentists and oral hygienists to the home, or for the home to have their own dental care provision,
- The provision of dental hygiene kits,
- More fast track appointments with the dentist
- More clinics accommodating residents
- Sharing information with family members as well as dental health professionals
- Having the contact details dental health professionals and families
- Having dedicated dentist assigned to home

as with the GP

- List of names of dental institutions where staff can refer a patient who has urgent dental problems
- Practice guides in the office

Managers suggested

- Dental hygienist reviews
- Dental hygienist visits
- Support with training for care assistants.
- Access to a dentist for those who can’t leave the home
- Easier access for complex dental cases or those with chronic pain in end-of-life scenarios

We asked all respondents if there was anything else they would like to tell us. No residents made any other comment. One relative wrote

- “[Resident] has always been very careful to look after her teeth and they have given no problems. She used to see a dentist regularly for a checkup - but has not been seen for at least 3 years to my knowledge.”

Responses from managers and staff again identified the need for dental practitioners to visit the home or for a dental clinic to be situated in the home.

While a manager outlined the post-pandemic issue which is pertinent to most health and care services

- “The residents had no access to the dentist over COVID as the care home was permanently in a state of lockdown, we are now trying to play catch up which is not ideal as dental appointments are hard to come by”

# Appendix 1: Survey respondents

We received 68 responses from the 10 care homes that contributed to the survey. The survey responses were from:

- 27 residents
- 6 relatives
- 25 members of staff, of which 2 were agency staff
- 7 managers

Of the 4 relatives/friends who stated their relationship, 2 were either a son or daughter, 1 was a friend and 1 was a private carer. The agency staff who responded worked 3 days and 2/3 days per week. The staff respondents covered a variety of roles: care assistants; senior care assistants; registered nurse; activities coordinator; deputy manager; staff nurse; support worker; recovery support worker.

Responses by care home in Westminster and Kensington & Chelsea:

Provider	Type of Care Home	Participating Care Homes
Gold Care Homes	Over 65	• Alan Morkill House
The Westminster Society for People with Learning Disabilities	Adults with learning disabilities of all ages	• Harrow Road
Sanctuary Care Ltd	Over 65	• Athlone House Nursing Home • Princess Louise Nursing Home • Garside House Nursing Home • Butterworth Centre
Royal Hospital Chelsea	Over 65	• Margaret Thatcher Infirmary
Bupa	Over 65	• Kensington Care Home

Provider (cont.)	Type of Care Home (cont)	Participating Care Home (cont.)
Yarrow Housing	Adults with learning disabilities	• Elmfield Way
Turning Point	Adults with alcohol and drug dependency 18-65	• Hazel House

Number of respondents from each participating home:

Venue	Resident	Relative or Friend	Staff Member
Alan Morkill House	1	1	1
Harrow Road	3	0	0
Athlone House Nursing Home	7	1	4
Princess Louise Nursing Home	0	0	4
Garside House Nursing Home	3	0	2
Butterworth Centre	0	0	2
Margaret Thatcher Infirmary	4	0	5
Kensington Care Home	9	4	5
Turning Point	0	0	6
Elmfield Way	0	0	1

Number of residents from each participating home:

Venue	No. of residents	No. of residents with dementia/lacking capacity
Alan Morkill House	49	45
Harrow Road	0	0
Athlone House Nursing Home	0	0
Princess Louise Nursing Home	35	25
Garside House Nursing Home	0	0
Butterworth Centre	32 of 42	0
Margaret Thatcher Infirmary	26-50	8
Kensington Care Home	0	0
Turning Point	7	0
Elmfield Way	4	4

Respondents' length of time at the care home:

Time	Resident	Relative/ friend	Staff Member	Manager	Agency staff
Less than a year	7	6	5	0	1
Between 1-3 years	9	0	10	4	1
More than 3 years	10	1	8	3	0

## Appendix 2: Survey

### questions

#### Residents survey

1. Approximately how long have you been living here?
2. Do staff support you to maintain your dental health? Please tell us more about how your dental health is managed....
3. Do you use the toothbrush/toothpaste/mouthwash of your choice? If no, please tell us why not...
4. Have you seen a dentist since you moved here? Please tell us why you have or haven't seen a dentist...
5. Is this your preferred dentist? Please tell us why this is the case...
6. Is your dentist a private dentist or NHS funded? Please tell us if there is any particular reason for your choice....
7. How often have you seen a dentist? Please tell us why you have or haven't seen a dentist...
8. Have you seen a dental hygienist since you moved here? Please tell us why you have or haven't seen a dental hygienist...
9. Do you have problems with eating and drinking that are related to your mouth and dental care? If yes, please tell us what are the problems...
10. How do staff respond if you tell them you have a toothache or other problem with your teeth? Please give examples....
11. Are you given enough liquid refreshment during the day? Please tell us what is provided...
12. Do you take medication that affects the colour of your teeth? If yes, please tell us what measures are taken to reduce the discolouration...
13. Do you think staff are aware of your dental health? Please give examples to illustrate your answer....
14. Please tell us what is good about your dental health and dental care... Please give examples to illustrate your answer...
15. Please tell us how things might be improved in regard to your dental health and dental care... Please give examples to illustrate your answer...
16. Is there anything else you would like to share with us?

#### Relatives and friends survey

1. How long has your friend or relative been a resident of the home about which you are telling us about?
2. Do you consider that staff support your friend or relative to maintain their dental health and care? Please tell us more about how their dental health is managed...
3. Has your friend or relative seen a dentist since they moved in? Please tell us why they have or haven't see a dentist?
4. Is this their preferred dentist? Please tell us why this is the case...
5. Is your friend or relatives' dentist NHS or privately funded? Please tell us if there is any particular reason for their choice....
6. Are you informed if your friend or relative needs to see a dentist? If so, please tell us how...
7. If your friend or relative has access to a dentist, have you or anyone else close to them been asked to support them with visits to the dentist? If yes, please tell us how...
8. Has your friend or relative seen a dental hygienist since they moved in? Please tell us why they have or haven't seen a dental hygienist...
9. Does your friend or relative use the toothbrush / toothpaste / mouthwash of their choice? If no, please tell us why not...
10. Does your relative or friend have problems with eating and drinking that may be related to their mouth and dental care? If yes, please tell us what are the problems....
11. Is your friend or relative given enough liquid refreshment during the day? Please tell us what is provided...
12. Does your friend or relative take medication that affects the colour of their teeth? If yes, please tell us what measures are taken to reduce discolouration...
13. How do staff respond if you tell them your friend or relative has dental issues that need to be looked at? Please give example to illustrate your answer...
14. Do you think staff are well trained in the area of dental health and identifying dental issues? Please give examples to illustrate your answer...
15. Please tell us what you think the staff do well regarding dental health and dental care for your friend or relative? Please give examples to illustrate your answer...
16. Is there anything else you would like to share with us?

#### Staff survey

1. How long have you been working here?
2. If you are agency staff, how often do you work at this venue?
3. Does the care home have a dental health policy? If yes, please tell us the key features of the policy....
4. Was managing residents' dental health covered during your induction process? If yes, please tell us what was covered....
5. Have you had any training in managing residents' dental health and identifying dental issues? If



- yes, please give details....
6. Does the care home have a record of the residents' dental health and preferred dentist? If yes, please tell us who is responsible for keeping it up-to-date...
  7. Do the residents see a dental hygienist? If yes, please tell us how often....
  8. Please tell us how you ensure that you know if a resident is maintaining their dental health....
  9. Do residents use the toothbrush, toothpaste and mouthwash of their choice? If yes, please tell us how their preferred option is identified...
  10. Are residents given enough liquid refreshment to ensure their mouth is kept hydrated? Please give details of what refreshments are offered....
  11. Do any of your residents take medication that affects the colour of their teeth? If yes, please tell us what measures are taken to reduce discolouration.....
  12. How do you identify if one of the residents is experiencing dental issues, and how do you respond?
  13. Please tell us what you do if a resident has, or complains of a toothache or other dental issue...
  14. Please tell us how staff communicate during handover between shifts and how any, or suspected dental issues are raised and followed up...
  15. Please tell us what you think is done well regarding the residents' dental health and dental care....
  16. Please tell us about any difficulties you experience when supporting residents with their dental health and dental care...
  17. Please tell us about what support could be in place to make it easier to manage your residents' dental health and dental care....
  18. Is there anything else you would like to tell us?

## Managers survey

1. How long have you been working here?
2. How many residents do you have in total?
3. How many residents do you have with dementia/lacking capacity?
4. Does the care home have a Dental Health Policy? If yes, please tell us the key features of the policy....
5. Does the care home have a record of the dental health and preferred dentist of residents? If yes, please tell us who is responsible for keeping it up to date...
6. Do your residents see a dentist of their choice? Please tell us why this is so...
7. Do your residents see a dental hygienist? Please tell us why this is so....
8. Do your residents use dentists which are NHS, or privately funded? Please tell us how many of your residents use an NHS dentist, and how many use a private dentist....
9. Please tell us if there is any particular reason for their choice...
10. Please tell us how you manage residents' access to a dental practitioner....
11. Please tell us how access to dental care for residents' notable to visit a dental practitioner is managed, and what, if any, difficulties have been encountered...
12. How do you ensure that a resident experiencing dental issues is identified by staff and responded

- to...
13. Are care home staff trained in managing residents' dental health and identifying dental issues? Please tell us what the training covers..
  14. Are agency workers trained in managing residents' dental health and identifying dental issues? Please tell us how you know, and how you fill in any identified gaps....
  15. Please tell us what you think is done well regarding your residents' dental health and dental care....
  16. Please tell us how things might be improved in regard to residents' dental health and dental care....
  17. Please tell us what support could be in place to make it easier to manage your residents' dental health and dental care.....
  18. Is there anything else you would like to tell us?

# Contact Us

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