

Dentistry and Oral Health in Care Homes – Enter and View Report

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1. Context and aims

1.1 Background

Healthwatch is the independent consumer champion created to gather and represent the views of the public on issues related to health and social care. We have a legal footing set out under the [Health and Social Care Act](#).

One of our statutory powers is to '[enter and view](#)' health and social care establishments and services, to seek the views and experiences of people using them, and to use this feedback to support decision-makers to develop and improve them.

1.2 Context

Healthwatch East Sussex has been in discussion with the NHS Sussex Integrated Care Board (ICB) about our local population's access to dentistry services since the ICB's formation, and more recently for people living in care homes and settings.

In 2024, NHS Sussex initiated a pilot project in West Sussex, based in the Crawley area. This is exploring the establishment of a system of visits to care homes by [dental therapists](#). The aim is to proactively assess the oral health and dental needs of residents 'on site' in care homes, rather than expecting residents to travel, with dental therapists carrying out regular visits. The project also aims to support implementation NICE guideline [NG48](#) on oral health for adults in care homes, and the findings of the CQC report [Smiling Matters](#) on the importance of good oral health for people in care homes.

[Dental therapists](#) are able to carry out some dentistry functions, such as examining mouth and teeth, undertaking routine restorations such as fillings, scaling and polishing, and providing dental education for staff and residents. In addition, it is hoped that the dental therapists will be able to use a small camera to link with a dentist remotely, for additional assistance in carrying out their assessments. Pathways for referral to dental practices for other forms of treatment will remain unaltered.

In parallel to the establishment of the ICB pilot, and to further our understanding of the experiences of oral health and dentistry regimes in care settings, Healthwatch East Sussex planned to visit a number of care homes to gather feedback from residents and staff on the current approaches to oral health, and views as to how this may be developed.

1.3 Our aims

Our aims were:

1. To collect people's views and experiences of oral care and dentistry in residential care homes including access to dentistry.
2. To identify whether a system of dental therapists carrying out visits to residents to assess oral health care needs would be acceptable to residents.

1.4 Acknowledgements

We would like to thank the care managers and senior staff and residents at the care homes we visited for their welcome and cooperation in carrying out these visits. This is much appreciated.

We would also like to thank the Healthwatch volunteers who participated in this project, collecting the evidence on which this report is based.

2. Methodology – What did we do and how?

This was a small project to compare experiences in two parts of East Sussex to assess whether there were any significant differences in the responses we received. Enter and view visits were carried out in two areas: Eastbourne and the Wealden area in the north of the county around Crowborough and Uckfield.

Nine care homes were visited, five in Eastbourne and four in the north of East Sussex. These are listed in the appendices. As this was a small scale enter and view project it was decided to visit larger care homes to maximise the number of residents who could be met with. Care homes that cater specifically for people living with dementia were excluded from the project to maximise the potential for residents to provide responses independently.

Survey and prompt sheets were devised to provide a focus to our meetings with staff and encourage uniformity in the information sought from residents. In the main, we met with the manager of the care home to obtain their feedback and thoughts on dentistry, and then progressed to engage with the residents. Our questions to both audiences are attached as appendices.

A planning meeting was held with Healthwatch staff and volunteers to run through the rationale, lines of enquiry and practicalities of the enter and view process, and care homes were each allocated two volunteers. One of the latter contacted the care home and arranged the site visits.

The enter and view visits were carried out over a three-week period in June 2024. In total twenty-seven residents were met with. Feedback was obtained from managers or a senior member of staff at all the nine care homes visited.

A debrief meeting with volunteers took place on 2 July 2024. Some of the key themes and conclusions of the visits were identified at this meeting.

Individual reports were completed for each care home visited. These are not public documents but were sent to each care home to share the conclusions of the visit to their establishment and to check for factual accuracy.

One of the issues identified at the conclusion of the visits was that the process for choosing care homes resulted in many care homes being run by corporate providers, such as Barchester Healthcare and BUPA. These care homes tend to cater for, and

advertise specifically for, those residents who are privately funded. This meant that the results may reflect this and may not provide a full picture of access to all forms of dentistry.

In the main, where someone is paying their care home fees privately, they appear more likely to be able to pay for a private dentist. This means that their access to dentistry may be different to someone who is reliant on NHS dental care and support.

Therefore, a further four care homes were contacted by Healthwatch and the staff survey completed by their managers to help us understand more about the experiences in these settings. These were for care homes that may cater for people who are funded by the local authority or NHS funding. These care homes are also listed in the appendices.

3. Key findings and themes

3.1 Theme One: Access to dentistry for residents

The key conclusion of the enter and view project was the identification of different levels of access to dentistry amongst care home residents. There was a distinct difference between those who could afford private dental care and those residents who needed to access NHS dental services.

Most residents who had seen a dentist in the last year had done so privately.

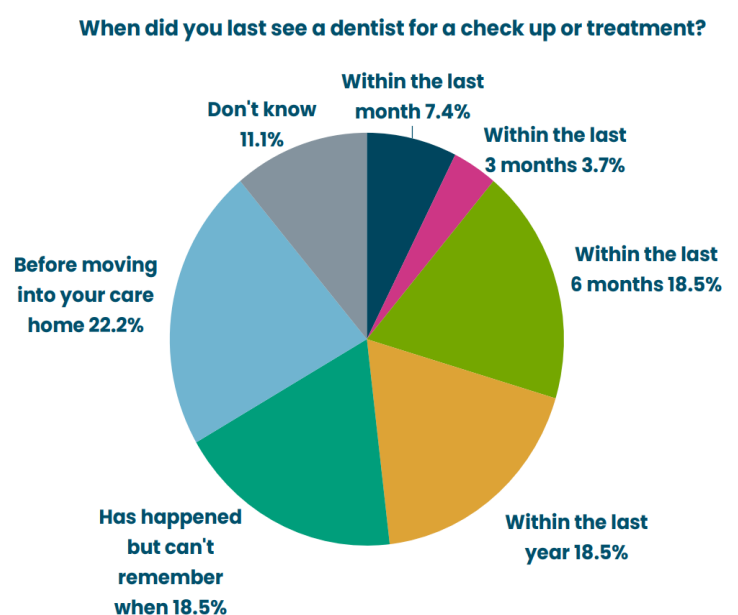
Only one resident out of thirteen who said they had seen a dentist in the last twelve months saw an NHS dentist. All others, except four residents who were uncertain who they saw, had paid privately to see a dentist.

Those residents who said they had seen a dentist in the last twelve months were nearly always paying privately for this service and had done so prior to moving into their current care setting.

Therefore, there appears to be a strong correlation between seeing a dentist privately prior to moving into the care home and continuing to receive dental care whilst at the care home.

Comments from residents included the following:

- *It is very easy to see a dentist if private.*
- *If you are willing to pay, there is no problem in getting an appointment.*
- *It is very difficult to see a dentist. I used to have a regular check-up but have not seen a dentist for around a year and unsure if I am still on their books as I'm not in the same area.*



- *My daughter persuaded me to see a private dentist. I hadn't seen a dentist for a while before this. I would prefer an NHS dentist but haven't seen one for a long time.*
- *Seeing a private dentist is very expensive.*
- *I would prefer to see an NHS dentist, but this isn't possible.*

The feedback from care home managers confirmed the above information. The responses from managers and other senior staff for the questions about dental check-ups included the following:

- *No residents have regular check-ups. Four residents have access to private dentists.*
- *Most residents have their own private dentists. No residents have NHS dentists.*
- *It appears to be impossible to get an NHS regular check-up, only emergencies.*
- *Residents use private dentists and either they organise this themselves or their families do this.*
- *Very difficult to get NHS dentist appointments and waiting an awful long time.*
- *Very difficult for NHS but private dentist is easy.*
- *We try by using email to refer for NHS treatment. Only one client has private dental care. The dental surgery will not support regular check-ups, only emergencies. We try to go through the GP to get referrals but GP cannot support.*
- *A few residents have maintained their previous NHS dentist and so staff make any arrangements for the residents. It is not possible to arrange dentists for other residents unless they pay privately.*
- *They have a dental company that visit and carry out an assessment of each resident's dental needs. This is free. They will then provide a quote for how much the dental work will be. The manager described this as very expensive. Most residents, and their families, cannot afford this and so their dental needs are not met.*

When asked about the care home making arrangements for regular check-ups, 58.8% said they do this.

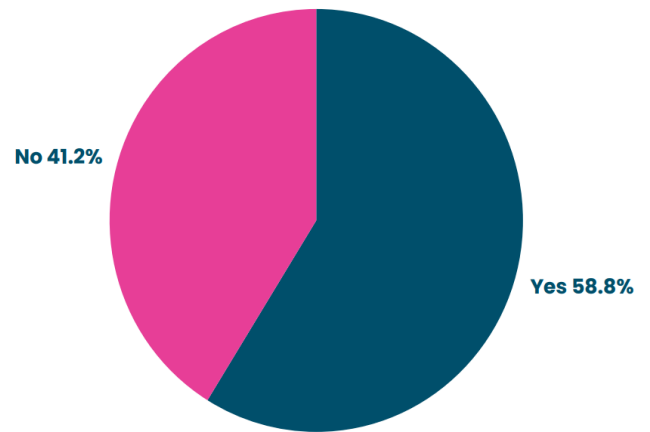
Care homes arranging regular dental check ups for residents were almost exclusively making appointments with private dentists.

41.2% of care home managers said it was very difficult to make arrangements for residents to see a dentist, and 17.6% said it was difficult. Only 11.8% said it was very easy and 11.8% said it was easy. Therefore, most staff described it as difficult or very difficult to make arrangements for residents to see a dentist.

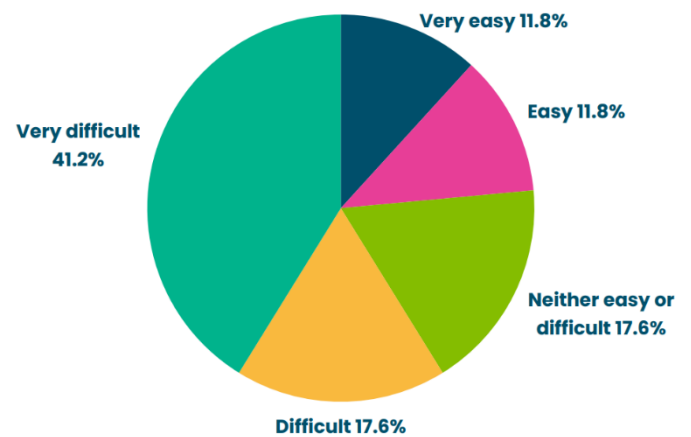
This response level needs to be seen alongside the feedback that it is easy to make arrangements to see a private dentist but very difficult, and rare, to be able to make arrangements to see an NHS dentist.

The report for one of the care homes visited concludes:

Do staff arrange for regular dental check ups for residents?



How would you rate how easy or difficult it is for residents to see a dentist?



“It appears the source of the residents’ funding had a close correlation with their previous routine access to dental care: local authority funded care residents appeared to only access care if it was an emergency i.e. painful”.



There was one anomaly to the above. One care home reported that they have regular access to NHS dentistry. They have developed very good links with a local dentist who carries out an annual check-up for all residents and visits the care home. Similarly, if a resident develops major issues with their teeth, the care home is able to take the resident to the NHS surgery for treatment.

3.2 Theme Two: Residents reduced the regularity of their visits to dental care once they moved into a care home

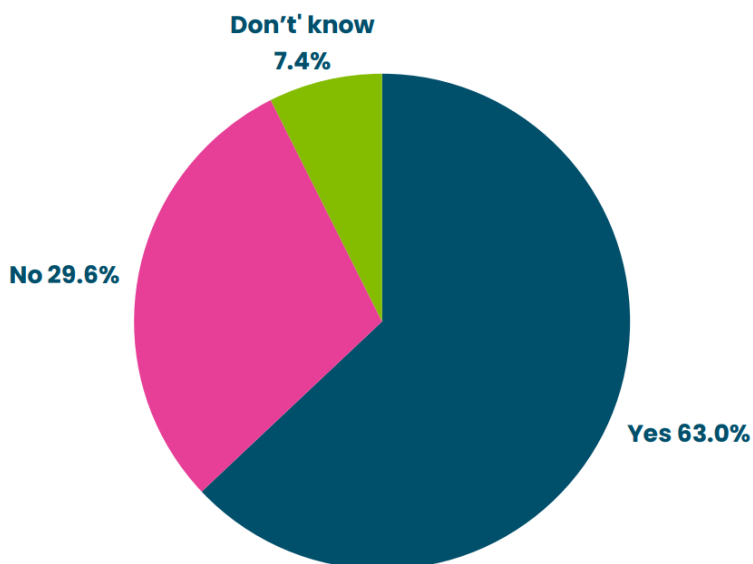
Residents were asked about their access to dentistry prior to moving into the care home. Seventeen of the twenty-seven residents (62.9%) said they had seen a dentist regularly prior to moving into the care home. The majority of those (70.6%) who saw a dentist regularly before coming into the care home saw a dentist privately.

Only thirteen residents (48.1%) had seen a dentist in the last twelve months. Eight of these saw a private dentist, one saw an NHS dentist and four were uncertain who they saw. Therefore, the majority of residents (61.5%) who had seen a dentist in the last year saw a private dentist.

The responses from residents indicated that many who used to see a dentist prior to moving into the care home, no longer did so. Those that did were able to do so because they saw a private dentist.

The feedback from managers in the care homes was that they generally do not arrange regular check-ups for residents unless they have private dentistry. This is due to the difficulty accessing non-emergency routine NHS dentistry. Seven care homes stated that they do not make arrangements for regular check-ups for residents.

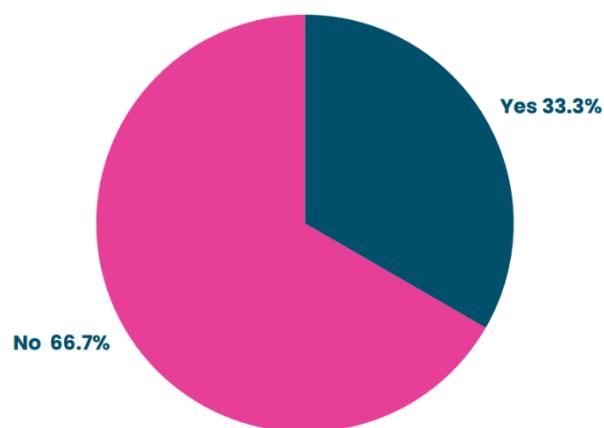
Before coming into your care home, did you see a dentist regularly?



3.3 Theme Three: Some residents reported having issues with oral health care

The majority of residents (66.7%) said that they had no problems with their teeth. However, nine residents (33.3%) said they did. These included needing new dentures, a tooth having fallen out and a need for a filling. Four residents said they currently had pain or it was difficult to eat due to dental problems. All four were being supported by the care home to access a private dentist. However, there may be problems accessing support if the resident, or their family, could not afford private dental care.

Are you having any problems with your mouth and teeth?



One care home manager stated that two residents had ill-fitting dentures and this was affecting their abilities to eat and to communicate. They stated that they had found it impossible to access NHS dentistry to get the issues for these residents resolved.

One care home reported that they try to access the NHS Special Care Dental Service at the Ian Gow Health Centre in Eastbourne. However, there is a long waiting list. They currently had six residents on the waiting list and they were about to make four more referrals. They did not know when the residents would receive an appointment.

Another care home stated that they refer to the NHS Special Care Dental Service in Uckfield. However, the manager reported a very long waiting time before a resident receives an appointment.

Examples were given by residents and staff about how some resident's oral health issues have adversely affected their wider health and wellbeing.



One resident has ill-fitting dentures as she has lost weight and so she does not use them. A referral has been made to the Ian Gow Health Centre, as the care home believes it is the only possible NHS facility available to them locally. The care home has been informed that there is a long waiting list. The lack of usable dentures affects her abilities to eat.



Case examples – Example 2



One resident has had issues with their teeth. Some months ago they were in pain and the assessment was that they required an extraction. There was a waiting time for this to happen at the hospital. When the appointment came through the resident was no longer in pain.

Although the resident lacked the mental capacity to make the decision to have an extraction, and a mental capacity and best interest decision process had been carried out, the resident refused to go to the hospital. This was because she was no longer in pain. Due to the person's level of dementia, she did not understand that although she was no longer in pain she still needed an extraction.

The hospital said that if she continued to refuse to attend an appointment she would be taken off the list, and if the pain returned and she then indicated that she may go to the hospital appointment, a new referral would have to be made. She would then be at the end of the waiting list.



The key issue in the example above was that the resident's individual needs had not been understood by the hospital, which did not understand the needs of people living with dementia and this particular person's understanding of her situation.

The care home believed that the hospital should take a more person-centred approach and respond quickly when an opportunity for the appointment arose. This was likely to be when the resident was in pain again with her teeth, and so more likely to accept a hospital appointment.

3.4 Theme Four: Issue of care homes getting residents to dental appointments

Some managers explained there could be logistical issues getting residents to appointments. Whilst family members often assist in the transport arrangements, this was not always the case. This meant that care staff often needed to accompany the resident to their appointment. This had implications for staffing levels within the care home, which may mean that appointments can only be attended when staff capacity allows.

Alongside this, some residents were wheelchair users and so need specialist transport. One manager explained that dental checkups for residents were not arranged by staff because of accessibility issues, especially for NHS patients. The manager noted that NHS transport eligibility criteria has changed and not all residents qualify. A minibus is available at the care home, but staff shortages restrict access.

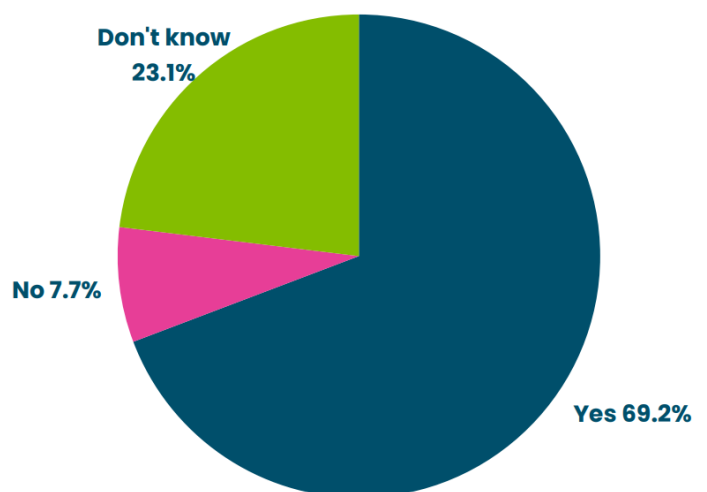
3.5 Theme Five: Approval of dental therapists visiting care homes and the need for training

There was general approval from both residents and staff for the concept of dental therapists carrying out visits to care homes and making oral health assessments. There was also a favourable response to the idea of a small camera being used to link, remotely, with a dentist.

69.2% of residents said it would be ok to see a dental therapist. 7.7% of residents said they did not think this would be ok and 23.1% were unsure. Some residents were uncertain about this as they were unsure what a dental therapist was, and some would prefer to see a dentist. Resident's comments included

- *Sounds like a good idea, it would work in the beginning then to be able to see a dentist.*

If you could see a dentist therapist rather than a dentist, would this be okay?



- *Being able to see someone to help diagnose any concerns would be good.*
- *It would be helpful to have a visiting dental therapist to live out my life pain-free.*

74.1% of residents agreed that using a small camera to link with a dentist would be a good idea. 7.4% said it wasn't a good idea and 18.5% were unsure.

Residents' comments included:

- *Depends on the size of camera.*
- *I would not be anxious about someone using a camera on my mouth.*
- *It would be a good idea for dental therapist to be able to get a second opinion from a qualified dentist. I'm very happy with the idea of using small cameras.*

Staff also responded positively to the idea of dental therapists visiting care homes. 76.5% thought it would be good, with only 5.9% saying it would not be good and the remaining members of staff were uncertain.

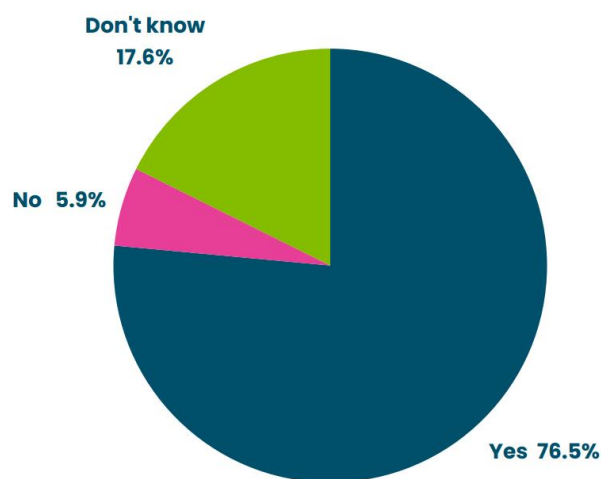
The figures for use of a camera were similar to those above. 82.4% thought this would be acceptable to residents, 5.9% thought it wouldn't and the remainder were unsure.

One issue raised was that residents who are living with dementia may struggle to be seen by anyone, including a dental therapist. They may also be wary of a small camera being used. This is linked with the next key theme, that of training for dental therapists.

Comments from staff included:

- *This would help people feel they are getting somewhere in the process rather than feeling unattended.*
- *Helpful to be familiar person, a service that is regular, with the same staff that can come to the home like the opticians, audiologists, podiatrists.*
- *Regular input from any trained staff would be beneficial.*

If residents could see a dental therapist rather than a dentist, would this be okay?



3.6 Theme Six: Dental therapists would need some training prior to visiting care homes

All managers and senior staff thought that some form of training would be required for dental therapists to ensure they were suitably prepared and equipped to engage with the range of people living in care settings.

A key issue related to those residents who are living with dementia. There may be mental capacity issues and so a need for mental capacity assessments to be carried out to determine whether the person has the capacity to make the specific decision to see a dental therapist. If they do not, then a best interest decision will need to be made.

Also, some residents may not allow any interventions initially, but may do at other times. Understanding these characteristics will be important in ensuring dental therapists are aware of some of the factors that may impact on their work and are suitably prepared and supported.

One manager stated:



They would need to understand the particular needs of people living with dementia. They would need to understand that people may refuse interventions and that they would need to be patient and be flexible in their approach.

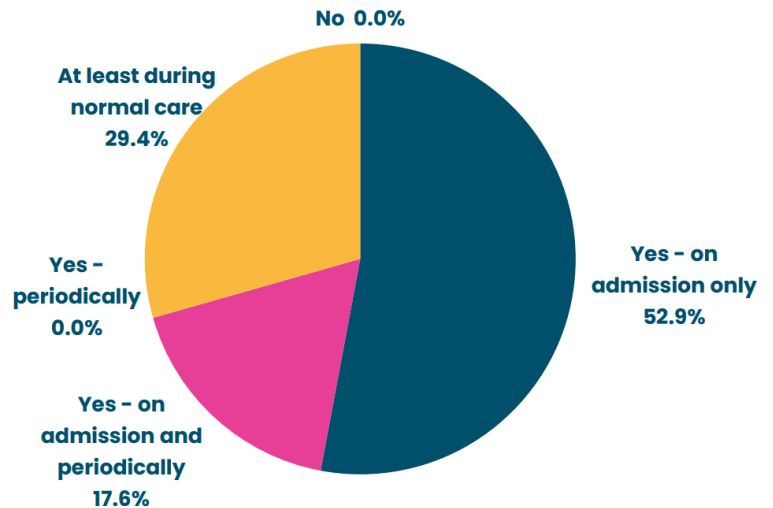


3.7 Theme Seven: Care homes carry out oral health care assessments and support

All care homes stated that they carry out assessments of oral care for all residents. 52.9% said they do this at point of admission, with a further 17.6% saying at admission and then periodically. 29.4% said they do this during the provision of “normal care”.

All care homes confirmed that oral health care plans are reviewed at least monthly to make sure they still reflect the needs of the resident.

Do you carry out oral health assessments for residents?



Many managers provided additional information in terms of what the assessment includes. For example, one care home manager described the assessment as including:

- *Checking condition of lips, gums and tongue.*
- *Checking individual has dentures or own teeth.*
- *Checking condition/cleanliness of teeth.*
- *Observing for concerns/signs of pain, discomfort, bleeding.*
- *Checking for production of saliva.*
- *Reviewing medical history to see if resident has medical conditions which may affect condition of mouth.*

There was a mixed response as to whether residents needed support with oral health care. For some care homes the residents we met with were independent in terms of most areas of personal care, including teeth cleaning. However, in those care homes which may accommodate people living with dementia there was an increasing number of residents who needed some sort of support. This varied from physically cleaning the resident’s teeth and dentures for them, to just providing a reminder or prompt for them to do this, and then checking that they have completed the task.

Where staff said they need to support residents with teeth cleaning, 93% of care home managers and staff said they do this at least twice daily.

94.1% of care homes said that all staff receive regular training on oral health care.

5.9% said that training is provided for some staff but not all. One manager explained: *"This used to be provided by East Sussex Adult Social Care through a Zoom meeting. However, we decided to organise face to face training. We also use a training package through an organisation called Red Crier".*

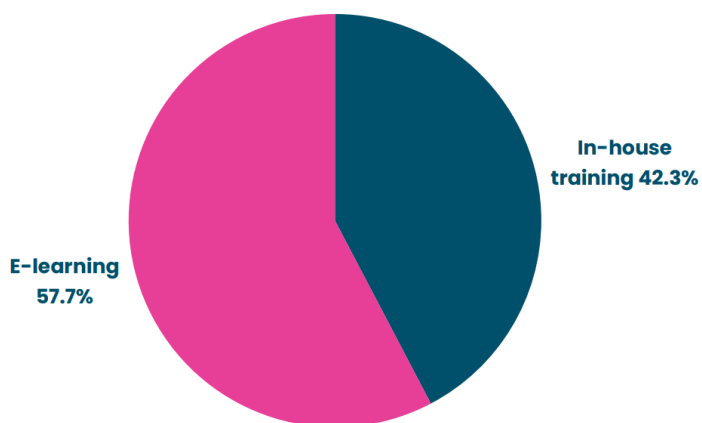
57.7% of care homes said that the training is provided through an e-learning package, although they may have face-to-face training in addition to this.

However, there was an uncertain picture presented by responses from residents about oral health care assessments. For example, only 33% of residents said that an assessment was carried out when they arrived at the care home; 41% said that this was not carried out.

63% of residents said that they did not need any assistance with oral health care as they did this for themselves. 33.3% of residents stated that they received support daily and 3.7% of residents said this was very occasionally.

No residents were either unhappy or very unhappy about the support they received from the care home with their oral health care.

Please specify the training staff have received on oral health care?



3.8 Theme Eight: No substantial difference in access to dentistry geographically

When comparing the feedback from the north of the county to the Eastbourne area, there was very little difference identified in the information we captured.

Some care homes in Eastbourne refer to the NHS Special Care Dental Service at the Ian Gow Health Centre but report very long waiting times for an appointment. Care homes in the Crowborough and Uckfield areas also try to access the NHS Special Care Dental Service covering this part of the county, and similarly reported long waiting times for an appointment.

4. Conclusions

4.1 Access to dentistry and ability to pay

The overall conclusion of the enter and view project is that access to dentistry for residents in care homes appears dependent on a person's ability to pay. We found that access to dentistry was more frequently described as easy or very easy by residents and care home staff where the resident had access to a private dentist.

4.2 NHS Special Care Dental Service Waiting Times

We also found that whilst there are NHS dental services, such as the NHS Special Care Dental Service at the Ian Gow Health Centre in Eastbourne, and the service in Uckfield, there are very long waiting times before treatment can be provided. As a result, most residents we met without access to a private dentist did not have regular NHS dental check-ups, and often had to wait for routine procedures.

4.3 Impact on residents' wellbeing

More worrying was that several residents and managers confirmed that some residents were experiencing dental issues that were affecting their health and wellbeing. This included difficulties with eating and communication. One care home manager reported on the difficulties of a resident living with dementia receiving hospital dental treatment. This illustrated a need for a more person-centred approach to be taken to enable this resident to access the dental services they needed.

4.4 Oral healthcare in residential care settings

We were told that residents received regular support with their oral health care, including daily cleaning of teeth and dentures where the resident was unable to carry out this task themselves. This was supported by those residents who confirmed that they received daily support with their oral health care. The care home managers stated that residents have an oral health care plan and that this is reviewed regularly. They also stated that staff receive training on oral health care.

4.4 Support for a domiciliary dental care service

There was agreement from both residents and care home managers and senior staff that the concept of dental therapists visiting care homes is a good one and would be welcomed.

4.5 Aims achieved

The aims of our enter and view project have been achieved:

1. We spoke to twenty-seven residents of care homes to hear their views and experiences of mouth care and dentistry in residential care homes including their access to dentistry. We also spoke to managers and care staff in thirteen residential care homes across Wealden and Eastbourne to seek their views, including on the proposal for dental therapists to provide a domiciliary dentistry service.
2. There was consistent support for a system of dental therapists carrying out visits to residents to assess oral health care needs, with around 69% of residents and 76% of staff agreeing that it would be OK for residents to see a dental therapist visiting the home to assess oral health care needs.

5. Recommendations

NHS Sussex (Sussex Integrated Care Board)

1. NHS Sussex should work with Healthwatch to enable the learning from this enter and view report to be incorporated into the pilot programme for dental therapists in domiciliary settings.
2. NHS Sussex should ensure that dental therapists are provided with training prior to commencing their work in care homes, with particular emphasis in meeting the needs of people living with dementia and the challenges this may pose.
3. NHS Sussex should share the learning and outcomes from the West Sussex pilot testing the use of dental therapists in domiciliary settings with care homes, the East Sussex Care Association, Adult Social Care and Health services and other stakeholders.
4. Following evaluation of the pilot, NHS Sussex should explore how existing and/or additional resources or dental capacity can be used flexibly to introduce a pilot scheme to explore the use of dental therapists in domiciliary settings in East Sussex.
5. NHS Sussex should regularly communicate key information about dental services, including the NHS Special Care Dental Service, Emergency Dental Services and Sussex Dental Helpline with care homes in Sussex. This should explain the purposes of each and how to contact and use them appropriately.
6. NHS Sussex should liaise with East Sussex Healthcare NHS Trust to ensure the Special Care Dental Service in East Sussex is aware of the pilot with dental therapists and that oral health promotion activities are undertaken in a coordinated way.

East Sussex Healthcare Trust

7. East Sussex NHS Healthcare Trust should review their procedures and processes for supporting people living with dementia to access dental services so this can meet each person's individual needs, including where appointments are missed due to the patient's cognitive impairment.
8. East Sussex Healthcare NHS Trust should regularly review access to the Special Care Dental Service in East Sussex, to ensure the health and wellbeing of people in residential care settings is not adversely affected by oral health needs and issues.

9. East Sussex Healthcare NHS Trust should regularly communicate details of the Special Care Dental Service in East Sussex with care homes and domiciliary settings to ensure staff are clear in its provision, eligibility for patients and how to make a referral.

Care Homes and Care Settings

10. Care homes in East Sussex should continue to embed Nice NG48 guidance on oral health policies, oral health assessments, and oral health plans, including a strong emphasis on prevention.
11. Care homes should continue to ensure they provide a robust oral health regime for all their residents, monitored by managers, and support residents to access dentistry through NHS services or private dentistry as required.
12. Care homes should continue to ensure staff are appropriately trained to support residents with their oral health, with clear and accessible policies and procedures, including supporting individuals who possess severe or complex conditions or needs, such as dementia or a physical disability.
13. Care homes should explore building relationships with local dental practices, so that they have a fast-track mechanism to access routine and emergency dental treatment for residents.

Dental Professionals

14. The British Association of Dental Therapists and The British Society of Dental Hygiene and Therapy should advocate for dental professionals to be provided with appropriate training to support the delivery of services in domiciliary settings, including care homes, with a particular emphasis on dementia, learning disabilities and complex needs.

Healthwatch East Sussex

15. Healthwatch should continue to share feedback and experiences of oral health and dentistry services, including in care settings, with NHS Sussex to support service development.

16. Healthwatch should continue to monitor feedback on the provision of oral health and dentistry services in care settings to support understanding on their effectiveness, equity and accessibility.
17. Local Healthwatch will share insight and reports on oral health and dentistry provision in care homes with Healthwatch England to support national intelligence on this theme.

6. Response from BSDHT

Miranda Steeples President of the BSDHT said:



The BSDHT are pleased to read the results of this forward-thinking project and see the positive feedback from this piece of work. It is heartening to see that two thirds of the residents were open to receiving care from a dental therapist to supplement care they may receive from other oral healthcare professionals. Dental therapists are well-placed to provide oral health reviews and deliver a preventive care plan for those living in residential settings. We look forward to working with Healthwatch to help facilitate the next stages of this exciting venture.



7. Appendices

7.1 Appendix 1

Care homes visited:

Temple Grove Nursing Home, Herons Ghyll, Uckfield,
Hurstwood View, Five Ash Down, Uckfield
Copper Beech Care Home, Uckfield
Coniston Court, Forest Lodge, Horney Common, Uckfield
Manor Hall Nursing Home, Eastbourne
Mortain Place Care Home, Eastbourne
Eastbourne Gardens Care Home, Eastbourne
Sycamore Grove Care Home, Stone Cross
Dorley House, Eastbourne

Care homes where the survey was carried out with the manager:

York Lodge, Crowborough
Windlesham Lodge, Crowborough
Shandon House, Eastbourne
Le Brun, Eastbourne

7.2 Appendix 2: Residents Survey

Who are we?

- Healthwatch East Sussex is an independent organisation who collect the experiences of people using health and care services across East Sussex.
- We bridge the gap between patients and service providers and use the information we gather to help health and care providers better understand patient needs.
- We work hard to ensure that all sections of the community are represented in the decision-making process and that your views are being listened to.
- We are independent, impartial, and unbiased.
- We do not work for, or report to, the NHS or any other health or care service.

Why are we here today?

We are here today to collect people's experiences of mouth care and dentistry in residential homes. We are working with NHS Sussex to better understand people's experiences of dentistry.

Although we are working with the care home today, we **do not** work for the care home, and nothing you say to us will affect your care today or in the future.

Everything you share with us will be completely anonymous.

To find out more about what we do, visit our website at: <https://healthwatcheastssussex.co.uk/>

Residents Survey

Name of residential home:	
Date/Time:	
Healthwatch East Sussex Volunteer/Staff Name:	

Your Oral Health Care (Mouth Care)

1. Did staff ask questions about your oral health (mouth and teeth) when you moved into your care home?

Yes	
No	
Don't know / don't remember	

2. Are you having any problems with your mouth and teeth?

Yes	
No	

If yes, what is being done about it?

3. Do staff help you take care of your teeth/dentures?

Yes – regularly (daily)	
Yes – occasionally (weekly)	
Yes – very occasionally (once or twice a year)	
No – I don't need help	
Any comments:	

4. If you do need help, when were your teeth/dentures last cleaned or checked by staff at the home?

Not applicable because staff don't clean my teeth	
Today	
Yesterday	
2-5 days ago	
1 week ago	
Other	
Never	
Has happened but can't remember when	
Don't know	
Any comments:	

5. How happy are you with the support you receive from the home in maintaining your oral health (mouth care)?

Very happy	
Happy	
Neither happy or unhappy	
Unhappy	
Very unhappy	

Seeing the dentist

6. Before coming to your care home, did you see a dentist regularly?

Yes	
No	
Don't know / don't remember	
If yes, did you see an NHS dentist or a private dentist?	

7. When did you last see a dentist for a check-up or treatment?

Within last month	
Within last 3 months	
Within last 6 months	
Within last year	
Has happened, but can't remember when	
Before moving into your care home	
Don't know	
If you have seen a dentist, did you see an NHS dentist or a private dentist?	

8. Do you have any pain, or is it difficult to eat? Do you think you need to see a dentist?

Yes	
No	
If yes, who would arrange this for you?	

9. How easy is it to arrange to see a dentist?

Very easy	
Easy	
Neither easy or difficult	
Difficult	
Very difficult	
Don't know	

Seeing a dental therapist

Trained dental therapist can carry out a range of dental work, including:

- examining the mouth and teeth
- spotting problems and referring to the dentist
- undertaking routine restorations, including fillings
- applying materials to teeth such as fluoride and sealants
- scaling and polishing
- taking impressions
- providing dental education for residents and staff

10. If you could see a dental therapist rather than a dentist, would this be OK?

Yes	
No	
Don't know	
Any comments:	

11. Dental therapists may use a small camera to link with a dentist remotely. Would you agree to this?

Yes	
No	
Don't know	
Any comments:	

12. Is there anything else you think would help improve the current dentistry service?

Any comments:	
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About You

Telling us more information about you can help us better understand how experiences may differ depending on people’s personal characteristics. You do not wish to answer these questions you do not have to. If you are completing this on behalf of someone else, please complete it using their details (where known).

How old are you?						
Under 18	18-24	25-49	50-64	65-79	80+	Prefer not to say

Are you?			
A woman	A man	Non-binary	Prefer not to say
Not known	Prefer to self-describe (please specify)		

What is your ethnic origin?				
Arab	Asian/Asian British: Bangladeshi	Asian/Asian British: Chinese	Asian/Asian British: Indian	Asian/Asian British: Pakistani
Any other Asian/Asian Background	Black/Black British: African	Black/Black British: Caribbean	Any other Black/Black British	Mixed Asian/White
Mixed Black African/White	Mixed Black Caribbean and White	Any other Mixed/Multiple Ethnic groups	White: British/English/Northern Irish/Scottish/Welsh	White Irish
Any other mixed background	Any other White background	Roma, Gypsy, Traveller	Prefer not to say	Unknown

Do you have a disability?			
Yes	No	Prefer not to say	Not known

Do you have a long term condition?			
Yes	No	Prefer not to say	Not known

Thank you for completing our survey. You can tell us about your experiences of health and social care services at any time via the [Feedback Centre](#) on our website.

 0333 101 4007

 Healthwatchesussex

 enquiries@healthwatcheastSussex.co.uk

 @HealthwatchFS

Find out more about Healthwatch East Sussex on www.healthwatcheastSussex.co.uk

7.3 Appendix 3: Staff Survey

Who are we?

- Healthwatch East Sussex is an independent organisation who collect the experiences of people using health and care services across East Sussex.
- We bridge the gap between patients and service providers and use the information we gather to help health and care providers better understand patient needs.
- We work hard to ensure that all sections of the community are represented in the decision-making process and that your views are being listened to.
- We are independent, impartial, and unbiased.
- We do not work for, or report to, the NHS or any other health or care service.

Why are we here today?

We are here today to collect staff views on supporting the oral health of their residents, the barriers to providing good quality dentistry care, and the training needs to deliver oral health promotion, and support any future pilot of dental therapists providing domiciliary dental care.

Although we are working with NHS Sussex, we **do not** work for NHS Sussex, and nothing you say to us will affect your access to dentistry support in the future.

Everything you share with us will be completely anonymous.

To find out more about what we do, visit our website at: <https://healthwatcheastSussex.co.uk/>

Staff Survey

Name of residential home:	
Job title of respondent:	
Date/Time:	
Healthwatch East Sussex Volunteer/Staff Name:	

Your Care Home

1. How many residents are there in the care home currently?

--

2. Do you carry out oral health assessments for residents?

Yes – on admission only	
Yes – on admission and periodically	
Yes – periodically	
At least daily during normal care	
No	
Please describe the process:	

3. How many residents have been assessed and have support needs in relation to oral health care?

--

4. How often are residents' teeth/dentures cleaned or checked?

Twice a day	
Once a day	
A few times a week (less than daily)	
Less often	
Never	
Other	
Don't know	

5. Do staff receive any formal mouth care training?

Yes – all	
Yes - some	
No	
If yes, please give details:	

6. Please specify the training staff have received on oral health care?

Training prior to this home	
In-house training	
e-learning	
Training by external body	
Other training	
I don't remember	
Any comments:	

7. Does the home have a policy or procedure for dental check-ups for residents?

Yes	
No	
Not sure	
If yes, how often does the policy state check-ups should be:	

Dental health care

8. Do staff arrange for regular dental check-ups for residents?

Yes	
No	
If yes, are regular dental check-ups with an NHS dentist or a private dentist?	

9. How do you make arrangements for regular dental check-ups for residents?

Home arranges	
Nurse or senior staff arrange	
Dentist arranges	
Resident / family member arranges	
Other	
Any comments:	

10. Overall, how would you rate how easy / difficult it is for residents to see a dentist?

Very easy	
Easy	
Neither easy nor difficult	
Difficult	
Very difficult	
Any comments:	

11. Do you have any ideas on how to improve the current support for oral health care to residents?

Access to dentists	
Available and appropriate equipment	
More or better training for care staff	
Better procedures / more capacity	

More personalised care plans	
Any comments:	

Possible pilot of dental therapists providing domiciliary care

Trained dental therapist can carry out a range of dental work, including:

- examining the mouth and teeth
- spotting problems and referring to the dentist
- undertaking routine restorations, including fillings
- applying materials to teeth such as fluoride and sealants
- scaling and polishing
- taking impressions
- providing dental education for residents and staff

12. If residents could see a dental therapist rather than a dentist, would this be OK?

Yes	
No	
Don't know	
Any comments:	

13. Dental therapists may use a small camera to link with a dentist remotely. Do you think residents would agree to this?

Yes	
No	
Don't know	
Any comments:	

14. Do you need training to deliver oral health promotion?

Yes	
No	
Don't know	
Any comments:	

15. Do you think dental therapists would need training to provide domiciliary dental care in residential care settings?

Yes	
No	
If yes, what training?	

Thank you for completing our survey. You can tell us about your experiences of health and social care services at any time via the [Feedback Centre](#) on our website.

Find out more about Healthwatch East Sussex on www.healthwatcheastsussex.co.uk



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