



Healthwatch Rutland

Care Home Dental Survey

August 2017



Introduction

During visits to Rutland Care Homes, Healthwatch Rutland became aware of issues with access to dental services. We were told that lack of dental care for residents impacted negatively on their health and wellbeing and was a cause for concern. Therefore, we carried out a survey of all care homes in the county to understand the issues.

Methodology

An online survey was developed by colleagues at Healthwatch Lincolnshire for completion by care home staff. All local Healthwatches in Lincolnshire, Rutland, Leicester and Leicestershire used the same survey so that results could be compared across the region.

In addition, information was gathered during Enter and View visits to four care homes in Rutland. Information from the online survey was gathered from staff, and information from the Enter and View visits was collected from both staff and residents.

6 out of 9 Rutland Care Homes completed the survey (67%).

Summary of Results

The findings from this study will be shared with the local dental network via the Gerodontology Managed Clinical Network.

- Care homes find it difficult to access dental services.
- Care homes can find it difficult to get residents to dental practices - especially those with mobility issues or dementia.
- Dental services provided in care homes would be welcomed.
- Routine check ups, provided in care homes would be welcomed.
- Training of care home staff requires further investigation.
- Dentures need to be labelled.

Results

All respondents reported that to improve dental services for older people in care homes, access to dental services needed to be improved.

Although 33% of care homes said that they had a local dentist who looks after the needs of their residents for normal check-ups and emergency treatments, 0% had a dentist / practice that provides a service at the care home (on site). None of the respondents had any dental services provided on site. One respondent stated that they were:

“Unable to source a dentist to visit, oral hygienist was contacted but said client list was too small to warrant visits.”

During our Enter and View visits we were told about difficulties getting residents to dental practices due to mobility problems and particularly due to distress caused to residents with dementia who became very confused and upset.

Most care homes believed that having dental services provided in the home would benefit their residents:

“I would like to have visiting Dentists.”

“There needs to be an emergency dentist who would come to the home to provide emergency treatment for residents unable to travel or leave the home.”

In addition, care homes reported that residents would benefit from annual check-ups from dental professionals:

“Routine checks such as annually”

“An annual check up to be delivered in-house.”

Some residents organised dental care themselves or relatives did so; others relied on the home to organise dental care. To access dental care some residents were transported by relatives and some by care home staff.

100% of care homes reported that oral health form part of residents' care plans. 83% of care homes reported that a formal assessment was undertaken by the care home of each resident's oral care needs on admission. 17% did not.

17% of care homes had a process to ensure planned regular dental checks for residents as part of a

care plan, 17% did not and 66% did on request or when resident has symptoms only.

All the care homes had had to source emergency dental care for residents. Most accessed this through the residents' normal dentist or through emergency dental services. 17% accessed emergency dental care through a GP.

In the last 12 months, 83% of care homes had difficulties in getting routine dental treatment for residents. 75% had difficulties getting emergency treatment over the last 12 months.

The survey showed that there was a large difference in when and how training in oral health was provided to care home staff. 17% had this training as part of staff induction; 33% had this training on an ad hoc basis; 17% on "another basis" and 33% had no training.

However, the survey showed contradictory results on training, as the care homes also responded that staff in all the care homes were trained to assess a residents' needs for assistance with oral hygiene; to give residents assistance with oral hygiene; to take care of residents' dentures and to assess a resident's need for urgent dental treatment. 80% of

the care homes reported that staff were trained to obtain urgent dental treatment. Only 25% of care homes reported that staff were trained in labelling residents' dentures.

During Enter and View visits we were told that most dentures were not labelled.

Care homes reported that they were relatively confident that their staff know where to ask for help with residents' oral health needs. One care home commented that:

"We would contact a dentist for advice."

However, care homes were less confident that their staff knew where to access the right care for residents with additional needs; 20% stated that their staff did not know how to access this.

All the care homes stated that nutritional and dietary changes were made for residents who have oral health problems. This was mainly in providing a soft diet. 80% of the care homes felt that their residents had no difficulties with their diet and nutrition as a result of their dental status.