Public Health England

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Dental public health intelligence programme

North West oral health survey of services for dependant older people, 2012 to 2013

Report 2: adult residential care, nursing homes and hospices

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Preface

Oral health surveys in England are undertaken with various population groups as part of the PHE Dental public health intelligence programme. Prior to the 2013 re-organisation such surveys came under the umbrella of the NHS dental epidemiology programme. The survey reported here is 1 of 3 undertaken over the time of transition and was initiated by a working group comprising dental public health practitioners who now work within PHE in the Operations and Chief Knowledge Officer's Directorates.

The survey was only run in the North West region as there was an opportunity to do this within the overall planned programme while other regions undertook other surveys.

The needs of older people are becoming a priority area and this survey was undertaken to provide information that was lacking about this population group. It recognises the stages of dependency that people go through and the different services that support them through this. The learning from the North West survey is now being used to plan national oral health surveys of dependent older people which will take place in 2015 to 2016.

This report is number 2 of a series of 3 and tells of the findings of oral health related questionnaires run with managers of adult residential and nursing care homes. The others report on questionnaire surveys of managers of 'care in your home' services and of hospital wards for older adults.

Introduction

Older dependent people enter residential care homes for a variety of reasons, including medical, physical, psychiatric and social needs. They are more likely to be among the most dependent older people and have the highest needs for support with daily oral health care and assistance with identification of a need to seek treatment services.

If oral hygiene or chronic or acute oral conditions are neglected then the impact can be great in terms of discomfort, exacerbation of pre-existing conditions, and ability to eat. A significant proportion of older people living in residential care have dementia and this condition can cause additional difficulties with self-care, provision of treatment and establishment of consent.

It is therefore important that oral care is considered along with all other health conditions and that care homes provide the necessary care and support.

Summary

Good practice was reported by many of the managers, with oral care needs being assessed in the majority of cases and systems being in place to assist patients with daily oral cleaning.

Over two-thirds of managers reported that their staff had training on a variety of oral health issues. Commonly this formed part of induction training which suggests that oral health is seen as being integral within general health care.

Training materials or advice leaflets were less widely available but seen as being useful. Similarly the ability to label dentures was seen as a useful procedure, but not one that was widely used.

Access to treatment services was an area where concern was expressed, as large proportions of the residents in most homes were reported to be unable to access dental practices. Difficulties in obtaining domiciliary care and emergency care were mentioned as a widespread concern. The other complicating factor was the high proportion of residents who were not considered able to provide consent for treatment.

Often the responding managers mentioned dementia and the impact this had on providing daily care and hygiene. Similarly, the balance between allowing patient choice and encouraging independence and the need to maintain good hygiene practices was recognised.

It is of concern that there are some residential homes which do not have good practices in place and do not make a sufficiently thorough assessment of oral health needs or provide staff with relevant training. There is potential for some elderly people to be suffering discomfort, pain or infection, but not able to convey their problem, nor for clinical care being available to treat them.

Section 1. Methodology

A survey containing 19 questions was utilised to gather the views of managers of adult residential care and nursing homes and hospices in the North West of England providing services to adults over the age of sixty-five. The survey was observational and involved only questionnaires of service managers, not patients or individual service users. A copy of the full questionnaire is provided in Appendix A.

Lists of hospices, nursing homes and residential homes were provided by the dental public health epidemiology team (DPHET) using Care Quality Commission (CQC) information. Teams from community dental services were commissioned to undertake the fieldwork. A random sample of at least 3 care homes with nursing (including one hospice, where possible) and 3 residential care homes (without nursing) was taken in each former Primary Care Trust[1] or local authority area. The sampled agencies were contacted and visits arranged to allow the fieldwork team to meet with the CQC registered manager.

A total of 230 agency managers took part in the survey, across North West local authorities[2] (plus the Isle of Man). Surveys took place via face-to-face or telephone interviews from October 2012 to May 2013. Results were entered onto computers using a regional format. All responses from residential homes, nursing homes and hospices have been grouped and, for ease of reporting, are referred to here as ‘care homes’.

All data was analysed using statistical package for the social sciences (SPSS) programme version 21. Missing responses were excluded from the analysis.

[1] As of 31 March 2013, primary care trusts were abolished.

[2] Chorley, South Ribble and West Lancashire local authorities did not participate in the survey.

Section 2. Results

Participation in the survey

Almost two-thirds of care home managers (65.9%) reported receiving an information letter about the survey prior to participating (table 1). Almost all had been given the opportunity to ask questions about the survey (94.4%) and freely agreed to take part (98.6%).

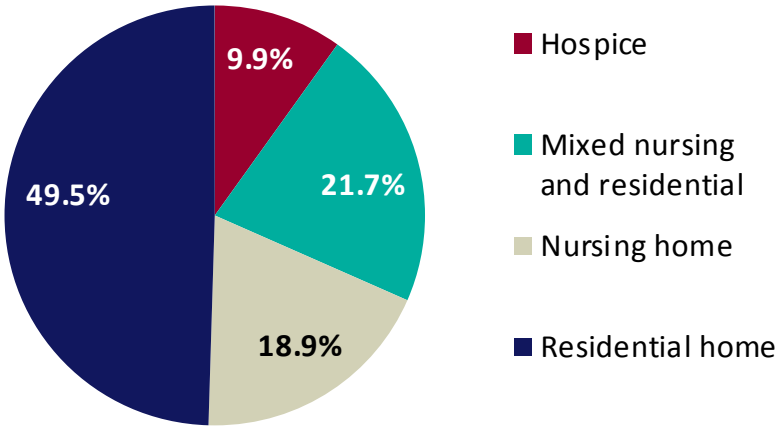
Table 1. Participant background questions

Has the home manager:	Yes	No	Not sure	N
received the information letter	65.9%	19.6%	14.5%	214
been given chance to ask questions about the survey	94.4%	5.6%	~	213
freely agreed to take part	98.6%	1.4%	~	212

Type of care home

The survey was conducted across a number of different care home types (figure 1); residential homes (49.5%), mixed nursing and residential (21.7%), nursing home (18.9%) and hospice (9.9%). Thirty-two respondents provided additional comments in relation to the type of care home they worked in. The majority stated that residents were mostly or all dementia clients (n=11), while others stated that clients were elderly (n=4), required nursing care (n=4) or end of life care (n=3).

Figure 1. Type of care home surveyed

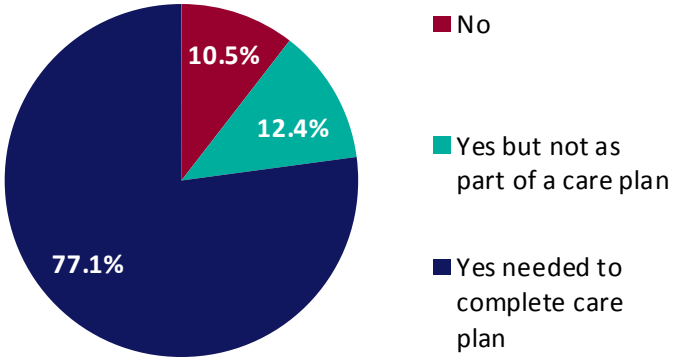


Oral care needs assessment

Over three-quarters of care homes conducted a formal assessment of each resident's oral care needs on admission, as part of their care plan (77.1%; figure 2). A number also conducted an assessment but not as part of a care plan (12.4%), while 10.4% did not conduct any formal assessment.

A number of additional comments were made in relation to this question (n=75), mainly providing information about who conducted the assessments and when.

Figure 2. Responses to the question: 'Is there a formal assessment of each resident's oral care needs on admission?'



Of those who conducted assessments, the ability of the resident to clean their own teeth was checked by 94.7% of care homes, while the presence or

absence of dentures and the ability of the resident to eat food was checked by 94.3% (table 2). Additional comments in relation to this question (n=50) included that no formal assessment took place, but that oral health was checked as part of a general health assessment, forming part of a care plan for some (n=18). Pre-admission assessments were conducted for some (n=8), while for others no formal assessment took place but some general checks were carried out (n=7).

Table 2. Type of oral health needs assessment

Assessment of:	Yes	No	n
the presence or absence of dentures?	94.3%	5.7%	209
the presence or absence of name labels on dentures?	21.1%	78.9%	209
the ability of the resident to eat the food they want?	94.3%	5.7%	209
the ability of the resident to clean their own teeth?	94.7%	5.3%	209
the presence of any oral conditions requiring urgent attention?	81.4%	18.6%	204

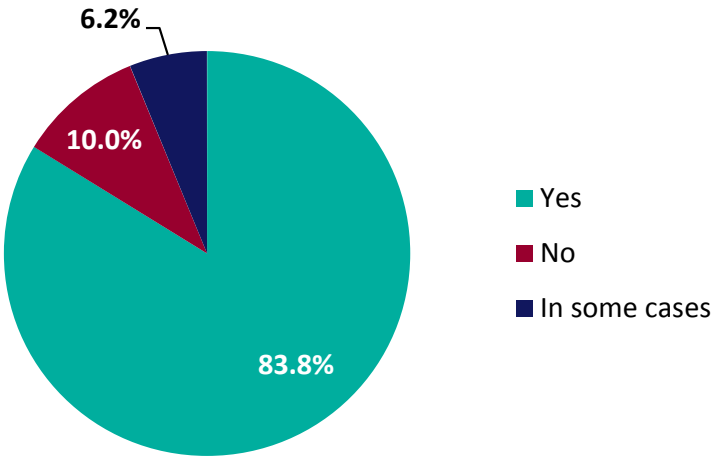
Help with oral hygiene

The majority of care homes had a protocol or system in place to ensure that residents have the opportunity to clean their teeth twice a day (83.8%; figure 3).

Other comments in relation to this were provided by fifty-eight respondents. The most common responses were:

- oral hygiene was provided as part of general care/care plan (n=14)
- staff will assist (but not always twice a day) (n=11)
- at least once a day (n=8)
- clients not compliant (n=5)
- client independence encouraged/not enforced (n=3)
- manager hoping to implement (n=2)
- other (n=15)

Figure 3. Responses to the question: 'Within resident's everyday care is there a protocol or system to ensure that all residents have the opportunity to clean their teeth twice daily?'



Almost all care home managers (95.7%) stated that they had a system in place to ensure residents who needed help with oral hygiene received it, while 3.3% did 'in some cases', 0.9% did not. A number of respondents provided additional comments (n=43) which broadly fell into four groups. Comments were that help with oral hygiene was generally provided:

- as part of a care plan (n=19)
- by staff (n=13)
- if requested by client/family (n=3)
- other (n=8)

Staff training

Managers were asked whether their staff had received training across 6 different areas of oral health care (table 3). Of these 6 areas, care homes had most commonly provided training on taking care of a client's dentures (76.6%), while the least common was training on how to label resident's dentures (11.6%).

A number of respondents provided additional comments in relation to this question (n=112). The most common responses were that untrained staff would refer to senior nursing staff/managers for assistance (n=30), or that no formal training was in place (n=23).

Table 3. Staff assessment skills

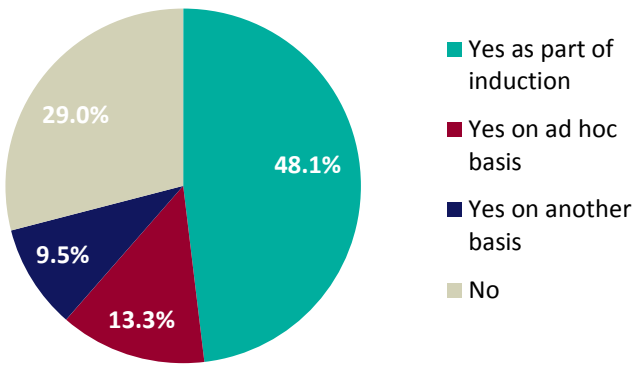
Are staff trained to:	Yes	No	N
assess a resident's needs for assistance with oral hygiene?	67.6%	32.4%	210
give residents assistance with oral hygiene?	76.1%	23.9%	209
take care of resident's dentures?	76.6%	23.4%	209
label resident's dentures?	11.6%	88.4%	207
assess a resident's need for urgent dental treatment?	70.2%	29.8%	208
obtain urgent dental treatment for residents from the correct source?	73.7%	26.3%	205

Respondents were asked 'what are staff taught about obtaining dental treatment for residents?' A wide range of responses were received (n=205), with key themes as follows

- to report to manager/senior staff member (n=92)
- to contact the resident's dental practitioner (n=54)
- to contact relatives (n=12)
- other (n=47)

Staff training on oral care for residents was provided by two-thirds of care homes, the majority as part of the induction process (48.1%), while others provide it on an ad hoc (13.3%) or 'some other' basis (6.2%; figure 4).

Figure 4. Responses to the question: 'Is training about oral care for residents provided?'



Among those care homes that did provide training (71.0%), provision was through various routes, the majority being in-house training by other staff or

managers, or as arranged by the care home (n=113). Other sources of training included external agencies or on-line resources, while some staff were expected to receive this as part of their NVQ training. It is unclear which is the most applicable NVQ course, nor what such courses cover.

The frequency with which training was provided varied across care homes. One hundred and fifty eight care homes answered the question ‘how often was training provided?’ with the majority (n=67) stating that it was provided as part of the induction process. The second most common response was on an ‘ad hoc/as and when needed’ basis (n=36). Overall, responses were that training was provided:

- at induction (n=67)
- ad hoc/as and when needed (n=36)
- once a year or less (n=22)
- on-going (n=11)
- more than once a year/other (n=14)
- not provided (n=8)

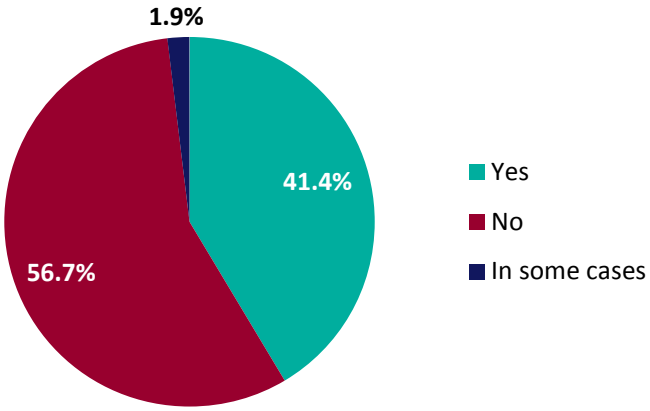
Just 26.9% of care homes had training materials or advice leaflets about oral care available for staff. A number of respondents stated that such materials would be useful (n=33).

Policy

Care home managers were asked whether they had a policy about oral care for clients. Over half (56.7%) did not have a policy in place (figure 5). A number of respondents stated that they didn’t have a specific policy in relation to oral care but that it was included as part of a client’s general care plan or as part of general policy (n=26).

Of those who did have a policy in place, 24 were able to provide a copy at the time of the survey.

Figure 5. Responses to the question: 'Does the home have a policy about oral care for residents?'

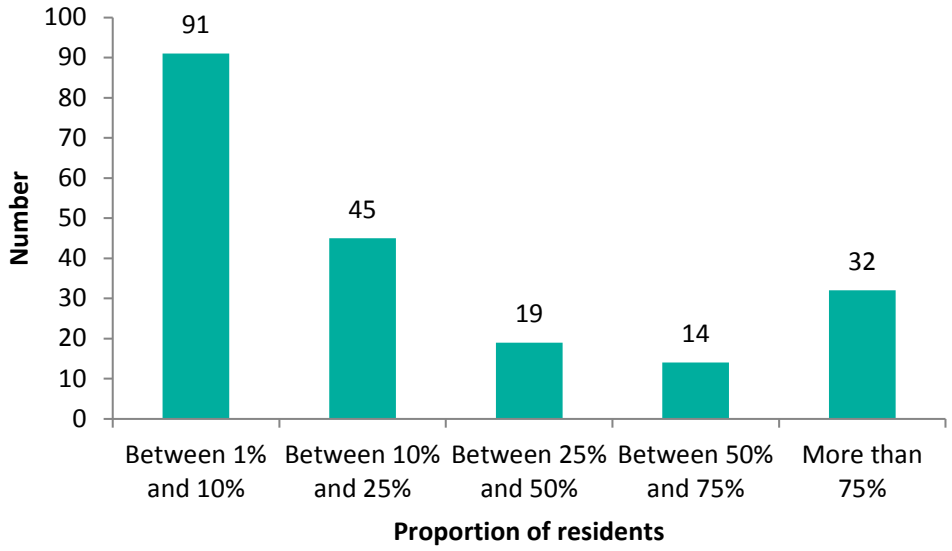


Respondents were asked 'what arrangements are there for accessing urgent oral care for the residents at this home?' There were 190 responses to this question, with varying arrangements in place; in the majority of cases the care home would contact the client's own general dental practitioner (n=59) or community dental services/local dental provider (n=54). Other care homes reported the use of a known emergency dental contact number/ NHS Direct (n=17), while some would contact relatives or the client's GP (n=6).

Access to dental care

Respondents were asked what proportion of residents in their care home could receive dental care at a dental practice with or without assistance with transport. For the majority of care homes (n=155, 77.1%), less than half of their residents would be able to receive dental care at a dental practice (figure 6). Forty one respondents provided additional comments, the most common response being that none of their residents could go out to access dental care due to physical or mental health issues and therefore home visits were often required (n=14).

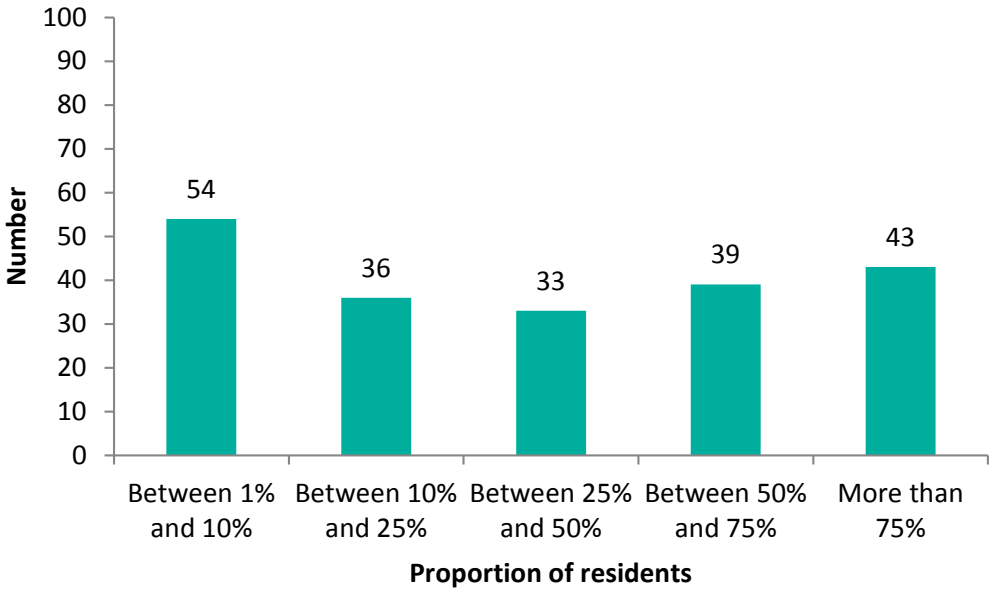
Figure 6. Number of homes reporting the proportion of residents who could receive dental care at a dental practice with or without transport assistance.



Consent

When asked ‘roughly what proportion of residents could consent for themselves for dental treatment?’ the majority of care homes (n=123, 60.0%) stated that less than half could provide consent (figure 7). Additional comments were provided by 14 respondents, with the main theme being that in some care homes residents are unable to provide consent due to, for example, dementia.

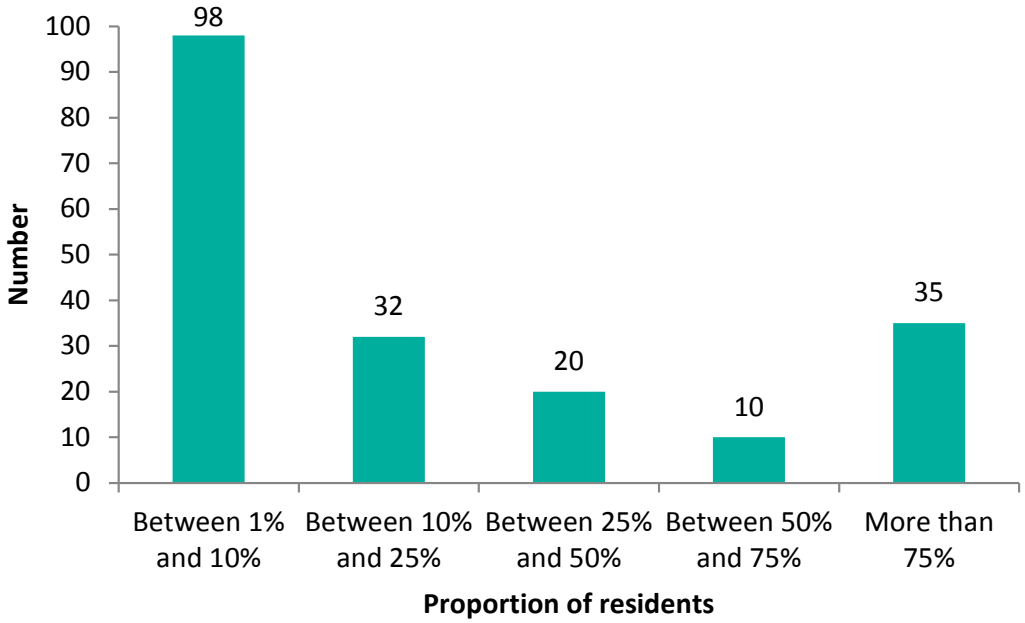
Figure 7. Numbers of care homes reporting the proportion of residents who are able to provide consent for dental treatment



Nutrition and dental status

Respondents were asked ‘what proportion of nutrition programmes for residents are altered as a result of their dental status?’. The majority (n=150, 76.9%) said that less than half of their residents would require such a change (figure 8).

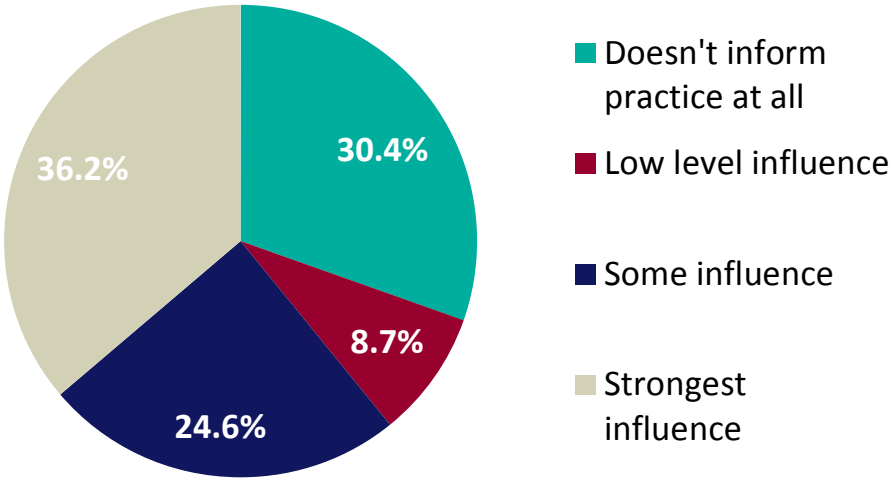
Figure 8. Care homes reporting the proportion of residents whose nutrition programme is altered due to their dental status



Essence of care

When asked 'How much does 'essence of care'[3] inform daily oral hygiene care practice at this care home?' over a third of care homes said it was the strongest influence (36.2%; Figure 9). A further third (33.3%) said it had 'some' or 'low level' influence, while the remaining 30.4% stated that it doesn't inform practice at all. Additional comments in relation to this question were made by 70 respondents, of whom 39 had not heard of 'essence of care'.

Figure 9. Responses to the question 'how much does 'essence of care' inform daily oral hygiene care practice at the care home?



Additional comments

At the end of the survey, respondents were given an opportunity to provide additional comments. A total of 109 comments were made and 2 key themes emerged; requests for additional training and training materials (such as leaflets and online resources) and requests for better access to domiciliary dental treatment services.

This report forms part of a series of 3 surveys of services for dependent older people:

[3] Essence of Care provides benchmarks to support local level front line care with aim of shared best practice and quality improvement. For further information see: www.gov.uk/government/publications/essence-of-care-2010

1. ‘Care in your home’ services provided by agencies, for care for adults over 65 years.
2. Adult residential care, nursing homes and hospices, in which adults over sixty-five years were resident.
3. Wards in hospitals providing in-patient care for adults over 65 years.

Results of all three surveys are presented in separate reports, all of which are available online at www.nwph.net/dentalhealth

Appendix A

Questionnaire for managers of adult residential care and nursing homes and hospices

1. Has the home manager received the information letter?	
Yes	
No	
Not sure	
2. Has the home manager been given the chance to ask questions about the survey?	
Yes	
No	
3. Has the home manager freely agreed to take part?	
Yes	
No	
4. What type of care home is this?	
Hospice	
Nursing home	
Residential home	
Mixed nursing and residential	
Comments:	
5a. Is there a formal assessment of each resident's oral care needs on admission?	
Yes, it is needed to complete each resident's care plan	
Yes, usually this is done but not as part of a care plan	
No	
Comments:	
5b. Is there an assessment of:	
The presence or absence of dentures?	
The presence or absence of name labels on dentures?	
The ability of the patient to eat the food they want?	
The ability of the patient to clean their own teeth?	
The presence of any oral conditions requiring urgent attention?	
Comments:	
6. Within resident's everyday care is there a protocol or system to ensure that all patients	

have the opportunity to clean their teeth twice daily?	
Yes	
In some cases	
No	
Comments:	
7. Is there a system to ensure residents who need help with oral hygiene receive this help?	
Yes	
In some cases	
No	
Comments:	
8. Are staff trained to:	
Assess a resident's needs for assistance with oral hygiene?	
Give residents assistance with oral hygiene?	
Take care of resident's dentures?	
Label resident's dentures?	
Assess a resident's need for urgent dental treatment?	
Obtain urgent dental treatment for residents from the correct source?	
Comments:	
9. What are staff taught about obtaining dental treatment for residents? …… ……	

Staff training:

10 Is training about oral care for residents provided?	
If 'No – not provided for staff' go to question 12	
Yes - as part of induction for new staff	
Yes - on an ad hoc basis for all staff	
Yes – on another basis	
Comments:	
11. If the answer is 'Yes - training is provided', who provides training to staff?	
12. How often is training provided?	
13. Do you have any training materials or advice leaflets for staff about oral care?	
Yes	
No	
Comments:	
14. Does the home have a policy about oral care for clients?	
Yes	
In some cases	
No	
Comments:	
If "Yes" are you able to let me have a copy, please?	
15. What arrangements are there for accessing urgent oral care for the residents at this home?	
16. What proportion of residents could receive dental care at a dental practice with or without assistance with transport?	
Between 1% and 10%	
Between 10% and 25%	
Between 25% and 50%	
Between 50% and 75%	
More than 75%	

Comments:	
17. Roughly what proportion of residents could consent for themselves for dental treatment?	
Between 1% and 10%	
Between 10% and 25%	
Between 25% and 50%	
Between 50% and 75%	
More than 75%	
Comments:	
18. What proportion of nutrition programmes for residents is altered as a result of their dental status?	
Between 1% and 10%	
Between 10% and 25%	
Between 25% and 50%	
Between 50% and 75%	
More than 75%	
Comments:	
19. How much does 'Essence of care' inform daily oral hygiene care practice at this care home?	
It's the strongest influence	
It has some influence	
It has a low level of influence	
It doesn't inform practice at all	
Comments:	
Any further comments you would like to make? …… ……	

Thank you for helping with the survey.