

Smiling Matters

Three Years On



Smiling matters

Oral health care
in care homes



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Background

- Oral health has a big impact on a person's quality of life. It can affect one's ability to eat, drink and socialise.
 - This is especially important for at risk individuals - Oral care should not stop once a person enters a home.
 - People are also now more likely to retain their teeth
- The Smiling Matters Report (SMR) made in June 2019 by the CQC on the state of oral health in care homes found that:
 - *"Many people living in care homes were not being supported to maintain and improve their oral health."*
 - *"People were not always able to access routine NHS dental care"*
 - *"The amount of detail in care plans varied greatly between homes"*
 - **The report outlined 6 recommendations**
- Three years later from that report, our aim is to review the current state of oral health in care homes and the impact of the smiling matters report (SMR)

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The Recommendations

Positive change can only happen with different parts of the health care system coming together to improve OH care and the quality of life in people.

The following slides discuss the 6 recommendations, **who they impact**, and what **stakeholders** (including the CQC) **should do**.



**Residents &
Families**



Providers



**Internal
Stakeholders**

The CQC



**External
Organisations**

NHS England
Healthwatch
Etc..



Commissioners



Dentists

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The Recommendations

R1: People who use services, their families and carers need to be made more aware of the importance of oral care.

What We Advised:

- Use of a multi agency group (like STOMP) that includes care providers to raise awareness of the importance of day to day OH & regular checkups.

Who It Impacts:

- Residents & Families
- Providers
- External Organisations:



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The Recommendations

R2: Care home services need to make awareness and implementation of NICE guideline NG48 a priority.

What We Advised:

- Care home providers to:
 - Make NG48 the standard for planning and delivering oral care
 - Ensure OH is of equal weight in personal care tasks
 - Support staff with training & time
 - Assess oral health of residents on admission, including families if appropriate
 - Ensure residents have a oral health plan that is reviewed with other sections of the care plan.
 - The plan should identify the persons dentist/practice and record outcome of visits
 - Plan shows Exemption status
 - Check the state of peoples oral health when they experience unexplained (due to ill health/other conditions) weight loss
 - Establish an Oral Health Champion

Who It Impacts:

- Residents & Families
- Providers



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The Recommendations

R3: Care home staff need better training in oral care.

What We Advised:

- Local Social Care Commissioners to introduce the need for oral health training as part of their assessment frameworks
- HEE & Skills for Care/Health to introduce a mandatory oral health component in the next iteration of the care certificate qualification
- CQC to routinely check whether care home staff have received training in oral care & dental hygiene through our regulatory activity

Who It Impacts:

- Providers
- The CQC (Us)
- External Organizations
- Commissioners



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The Recommendations

R4: The dental profession needs improved guidance on how to treat people in care homes.

What We Advised:

- That all dental providers:
 - Ensure they are clear about NHS & Private charges
 - Assist care homes in making applications for exemption from charges → ?Linked to a national awareness raising campaign
- HEE to:
 - Update & re-issue guidance for training of dental professionals on how to provide care in homes. Especially for:
 - Those with complex conditions & cognitive impairment
 - Frequency of exams for those in homes
 - The most appropriate setting for a DCP to deliver routine & emergency treatment

Who It Impacts:

- Providers
- Dentists
- External Organizations



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The Recommendations

R5: Dental provision and commissioning needs to improve to meet the needs of people in care homes.

What We Advised:

- NHSE & Local Commissioners
 - Work with primary care contractors (GP/Community Pharm) to establish local arrangements to signpost to dental provision
 - Provide capacity for routine and emergency treatment linked to a measurable outcome to avoid GP/A&E attendance from dental crises
- NHSE & Bodies (PHE now OHID/Healthwatch)
 - Develop accessible information for public and care home staff to signpost to available dental services for routine & urgent needs
- NHSE to:
 - Review how the domiciliary care pathway is provided to vulnerable groups including those in care homes.
 - Consider a more local & responsive approach to dental commissioning as part of the NHS Long Term Plan (2019, Section 1.15)
 - Explore how PCNs & LDNs can work to develop services for those in care homes.
- Commissioners to recognize opportunities for a more diversified workforce e.g use of Hygienists, therapists and nurses

Who It Impacts:

- Providers, Commissioners, External Organizations, Dentists



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The Recommendations

R6: NICE guideline NG48 needs to be used more in regulatory and commissioning assessments.

What We Advised:

- Contract Monitoring
 - For local social care contract monitoring to include awareness and implementation of NG48 as part of their assessment on the overall quality of care
- The CQC
 - To Review and clarify how oral health care should be part of the monitoring and inspection of care homes
- RDSPB (Chaired by CQC)
 - Work collaboratively towards a shared view of quality in relation to the awareness of the NICE guideline, oral health training and commissioning of services

Who It Impacts:

- Commissioners
- External Organizations
- The CQC



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Where Are We Now?

1. Project Planning & Internal Stakeholder Engagement

Nov - Jan

2. Stakeholder Engagement (External)

Feb - June

3. Fieldwork

May - July

4. Review Findings

August

5. Report Writing, Vetting & Publish

Sept - Nov (+)

US

The Two Arms

1. Stakeholder Engagement

We reviewed the progress made by a variety of key stakeholders, influential groups and public bodies on the 6 recommendations through virtual interviews.

2. Fieldwork

We used our existing inspection activity to explore the current state of the care home sector with regards to oral health

- 50 Homes, 5 from each region

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Initial Findings & Themes

- The Covid Pandemic hindered progress
 - Despite this, there have been some good examples of projects and working around challenges
 - E.g PHE(OHID) Oral Health in Care Homes Toolkit
- Since Smiling Matters (2019), we have seen **increased:**
 - Awareness of NG48
 - Provision of OH training
 - No of Homes creating specific OH policies
 - No of Homes assessing OH on admission
- **Barriers** that still persist:
 - Access (both transport & the dental care itself)
 - Workforce turnover
 - Competing priorities/lack of time
 - Guidance on managing care resistant behaviour
 - Exemption status clarification

A screenshot of a GOV.UK webpage. The page header includes the GOV.UK logo, navigation links for 'Topics' and 'Government activity', and a search icon. The breadcrumb trail reads: 'Home > Health and social care > Public health > Health improvement > Oral health > Adult oral health in care homes: toolkit'. A large red-bordered box is overlaid on the page, containing the text: 'Do these themes reflect what you have been experiencing?'. Below the box, it says 'Applies to England'.

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The Provider Perspective

Provider in Yorkshire: “We had a bed bound resident living with dementia and the lady's teeth required attention. Despite numerous attempts to engage a dentist (even consulting the GP) we could not find a dentist who would visit. When the referral was made, we were informed there was a 12-month waiting list. The resident passed away before receiving treatment.”

Provider in the Southeast: “Oral Healthcare is very interesting – good oral health is a good way to maintain their whole health. Oral health needs to be supported **first**. I review for bleeding, wounds, the colour of the tongue, if there’s any loose teeth.”

Provider In the South: “A real difficulty in training is finding a person who can teach, having virtual teaching isn’t effective. We, need it in person, to show how to care for people with dementia, those who can’t spit out liquid etc. There is then the challenge of trying to have permanent staff. The few that we have, some only work 3 days, or minimal hours. So to make one of them an OH champion is difficult.”

Provider in London: “There aren’t really any challenges, we encourage all the staff to support people to brush their teeth twice a day. We make sure they have six monthly appointments with the dentist. We are quick to identify if they are in pain and follow up with the dentist.



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Outcomes

- Similar to our work in 2019, we have made a commitment to ask about OH on inspection.
- Expect to see the follow up report towards the end of this year.



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Any other questions, comments
or reflections on what you've
heard so far?

