

*Croeso i Gymru :  
Welcome to Wales  
from  
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Chief Dental Officer*



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# Improving Oral Health for Older People Living in Care Homes: Experience from Wales

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# *What am I going to talk about?*

“Improving Oral Health for Older People Living in Care Homes in Wales” (Welsh Health Circular 2015 / 001)

- What we have done
- What are the barriers?
- What have we achieved?

# *Background*

- Long standing concerns in the dental and nursing professions about mouthcare for older people living in care homes
- UK and Wales research highlights “patchy” oral health care for care home residents, staff training and access to appropriate dental services
- Existing good practice in Community Dental Services and some care homes, but not consistently applied across Wales - no “all Wales” approach

# WELSH HEALTH CIRCULAR



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Issue Date: 9 February 2015

**STATUS:** ACTION

**CATEGORY:** WORKFORCE / FINANCE / POLICY / HEALTH PROFESSIONAL LETTER

Title: Improving Oral Health for Older People Living in Care Homes in Wales

Date of Expiry / Review: March 2018

For Action by:  
Chief Executives local health boards

Action required by:  
Immediate as outlined in paragraphs 8 and 9

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Enclosure(s): Appendix Improving Oral Health for Older People Living in Care Homes



# *The approach*

- Supported by the Cabinet Secretary for Health and Social Services - “Political will”
- Welsh government funding
- All Wales programme using national improvement methodologies (1000 Lives)
- Led by care home staff – supported by dental teams
- Homes take ownership
- Steady spread – not a big bang

# *WHC 2015 / 001 - What needs to happen in care homes*

- an up- to- date mouth care policy is in place
- staff are trained in mouth care
- a timely oral assessment is carried out which leads to an individual care plan
- the care plan is delivered
- residents have appropriate mouth care resources for their care plan (e.g. toothbrush and high fluoride toothpaste)
- local dental services are available for residents.

# *Care home participation*

Wales has 673 homes in 7 health boards with about 23,000 residents:

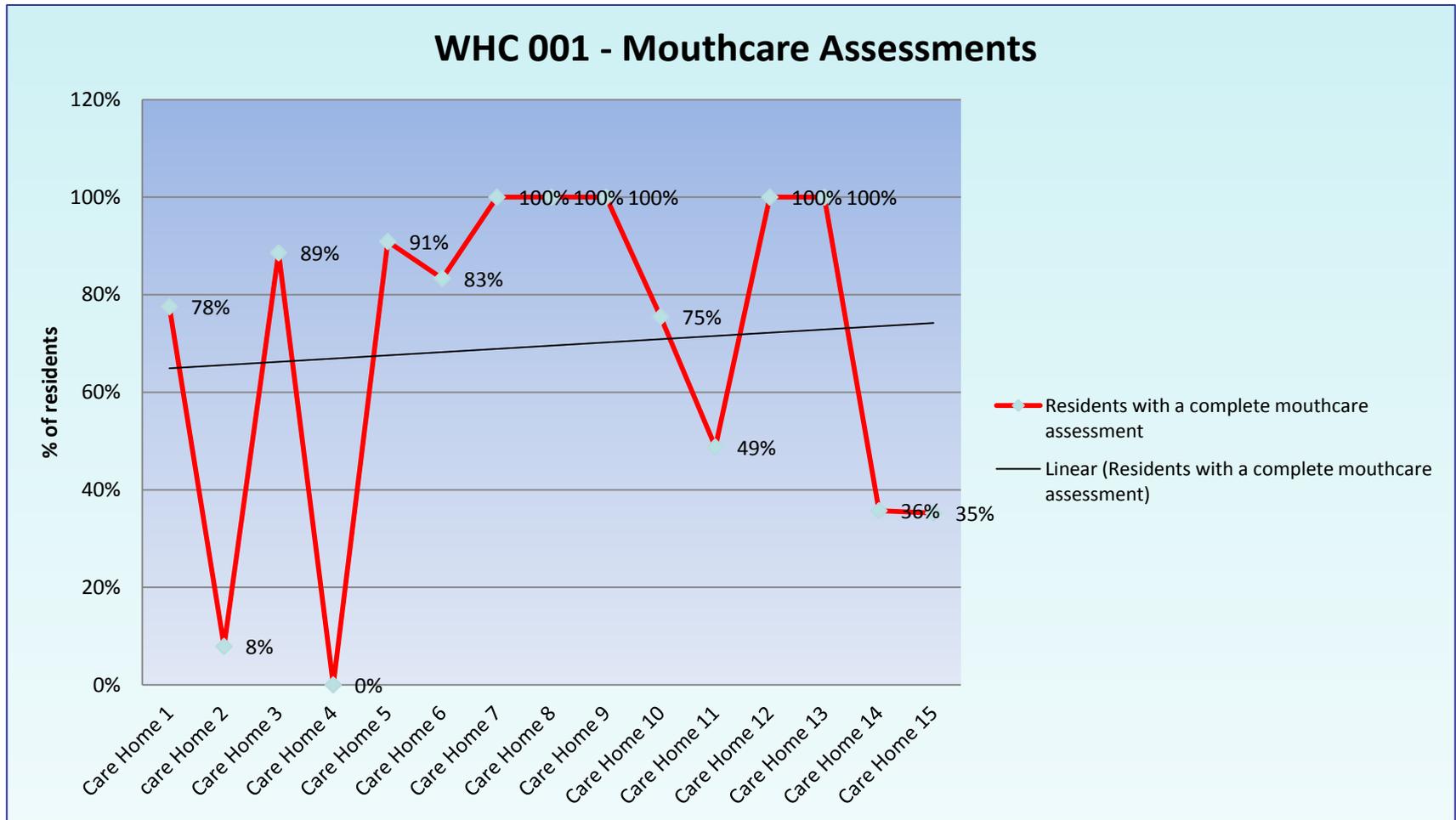
16.8% of care homes (n= 113) have been targeted to date

Of the targeted care homes;

- 67 are participating fully
- 43 are participating in part
- 2 are not yet participating
- 87 have an up to date mouthcare policy (data from 6 health boards)
- All can identify local dental services available to their residents

# Mouthcare Assessments in one health board

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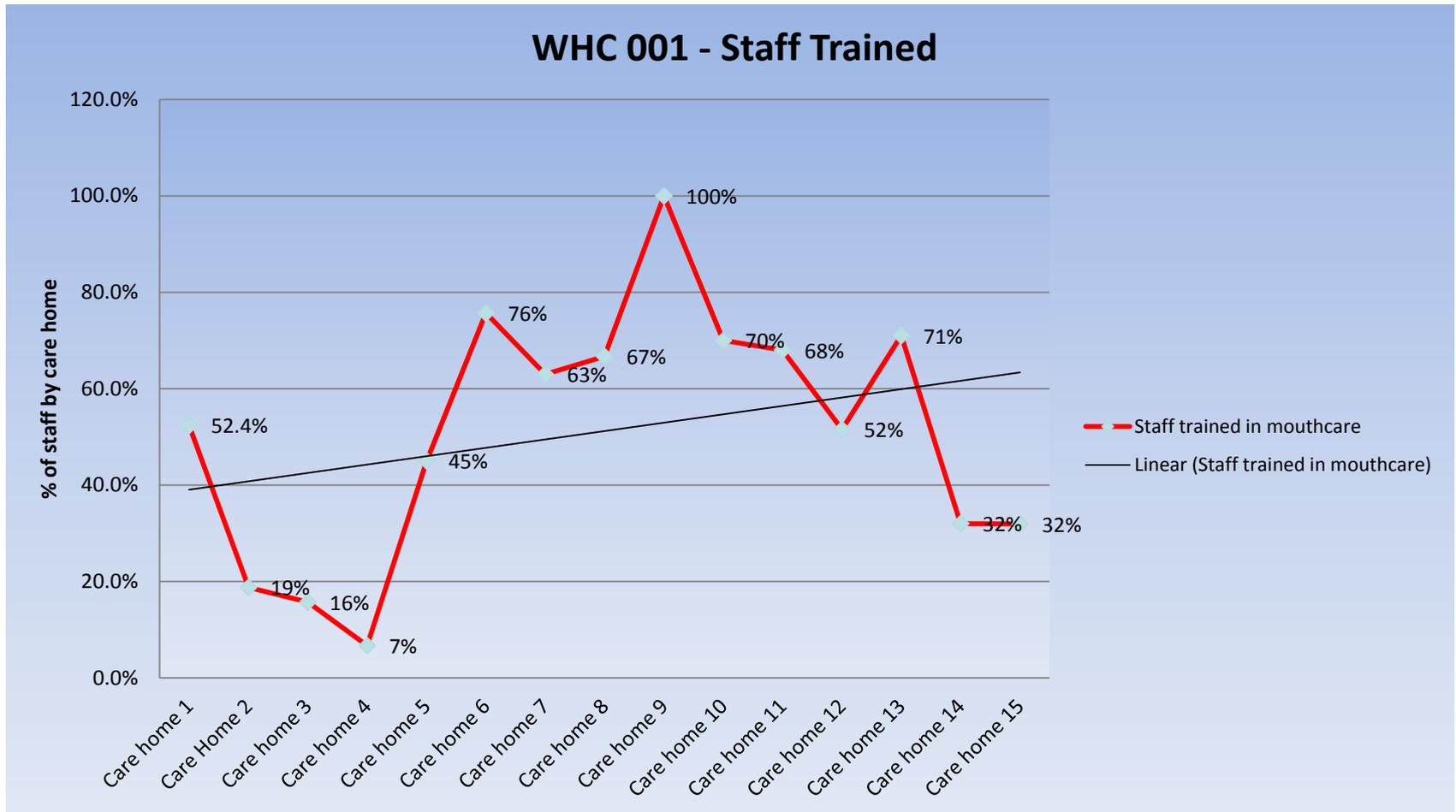


# *Delivery...*

- 290 training sessions have been provided to 1892 care home staff
- 209 oral care champions have been trained : a number are now training staff in the care homes where they work.
- Of 4082 care homes residents, a total of 1308 (32%) have had an oral assessment.
- 1349 (33%) residents have a mouthcare plan which is being delivered.

*Spot the inconsistency..... !*

# Staff Training in one health board....





*“It is vital to have training from the CDS. I cannot fault the service they provide. People don’t realise problems in the mouth can affect general health”*

*“We were proud to tell the CSSIW inspectors we are involved in the programme.”*

*“.... This is a new programme and I’m sure problems will arise like any other new programme but we must look at this as part of the care we provide for our users here.”*

*“ We can see what condition the teeth and mouth are in. This is really important for residents with dementia who cannot tell us whether they are in pain or not.”*

# *“Once for Wales” documents*

Care home representatives requested all-Wales oral assessment and care plan.

- Avoids unnecessary duplication and confusion over “which document is correct”
- Staff are familiar with the process when they work in different homes
- Improves safe practice for Agency staff who work in a number of homes
- Residents receive consistent care if they move to a different home in Wales
- Training throughout Wales can be aligned with the assessment process
- Supports improved standards of care

# *Validating the assessment tool*

Only one readily available **validated** tool for oral assessment of care home residents: *the Australian Institute of Health and Welfare, Oral Health Assessment Tool (2009)*.

## Phase 1 validation

- Care home staff considered this tool. Suggested a question on the holistic condition of the resident rather than “go straight into assessing the mouth”.
- A Delphi process was conducted by Cardiff University to identify the key elements of an oral assessment and care plan. The process involved care home staff and CDS personnel.
- The resulting tool has been further adapted during 7 PDSA cycles.

Phase 2 has been planned and will be conducted during the coming year.

# *Local Implementation Groups*

Include representatives from :

- Local Dental Committee;
- Speech and Language Therapy;
- Pharmacy;
- Dietetics;
- Dental Academia;
- A range of health board nurses;
- Macmillan nurses, dementia nurses, complex care nurse assessor
- Third Sector
- Senior managers in the health board; and
- Local Authority commissioning officers

*Involve stakeholders and influence the influencers.*

# *Barriers to Implementation*

- shift working and staff sickness;
- staff with limited use of English;
- high rates of staff turnover;
- a belief that the process will be onerous or used as a performance management tool;
- last minute cancellations of training sessions;
- some staff reluctant to become Oral Champions without additional pay, and
- collecting accurate and reliable data from all homes.

A few care homes have refused to participate. In some cases these homes are already “starting to fail” and the refusal to participate is considered as another factor in this assessment



*Examples of good / innovative practice  
include:*

- use of Dental Care Professionals (DCPs) to lead programme delivery and implementation
- integration of the programme into health board national planning rounds
- joint working across health boards

## *Further examples have emerged this year*

- Quality Assurance tool being developed and tested.
- Induction Pack for new staff
- Positive impact on care home staff who engage with the programme
- Care home staff appropriately refer residents to dental team rather than GP
- Integration with other health and social care professionals (EG input to dieticians study event) and liaison with CSSIW
- A local study event in ABMU for care home staff.

# *Care homes responses to the local Study Event*

*“We want to take part in the programme to improve the mouth care of our residents and to make relatives aware. We have already started by putting up posters from the training in strategic areas of our home”*

*It's great to see everyone being so enthusiastic – hopefully this will help us improve oral hygiene in our homes*

*Have really enjoyed the course today and look forward to starting training with my team*

# *Welsh Government GP Directed Enhanced Service (DES) for Care Homes : April 2017*

The standard resident review includes a question which relates directly to requirements in the WHC. Vis:

- *Oral health assessment undertaken/required? Yes / No*
- *If yes, is there evidence of a care plan being delivered?*

Where necessary the GP can indicate that action is required by care home staff

*How will this impact on CDS capacity?*

*Above all -*

Good support from dental teams is important, but its what happens in the home every day that matters most



# *Want to read more?*

- WHC and supporting information

<http://www.wales.nhs.uk/improvingoralhealthforolderpeoplelivingincarehomesinwales>

- 1000 Lives programme

<http://www.1000livesplus.wales.nhs.uk/mouthcare>

- The DES

<http://www.wales.nhs.uk/sites3/Documents/480/20170405%20-%20Covering%20letter%20%26%20annexes%20re%20Care%20Homes%20DES%202.pdf>

*Thank you – any questions?*



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