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Mr Mark Drakeford AM
Chair
Health and Social Care Committee
Cardiff Bay
Cardiff
CF99 1NA

9th December 2011

Dear Mr Drakeford AM

Thank you for the kind invitation to respond to the Health and Social Care Committee Inquiry into residential care for older people.

I attach a joint report from dental public health staff in Public Health Wales and Cardiff University on dental surveys in care homes.

While the emphasis of the dental surveys in care homes is to collect data which can be used to better plan dental services, some of the issues identified may be of wider interest.

In addition to the report attached are a technical briefing forwarded to the Welsh Government following the survey undertaken in 2006/7 and a copy of the more detailed technical report on findings.

In addition the information for care homes which was produced following this survey which has been circulated to care homes and is available from the Chief Dental Officers website may also be of interest (available via <http://wales.gov.uk/topics/health/ocmo/professionals/dental/publication/information/dentalcare/?lang=cy> in Welsh or via <http://wales.gov.uk/topics/health/ocmo/professionals/dental/publication/information/dentalcare/?lang=en> in English).

I trust this information is of interest and relevant to the inquiry. Please contact me if further information is required.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Nigel Monaghan'.

Nigel Monaghan



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Oral Health and Dental Care in Residential and Nursing Homes in Wales

Authors: Nigel Monaghan, Public Health Wales; Maria Morgan, Welsh Oral Health Information Unit, Hugh Bennett, Public Health Wales

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Review Date: Not applicable

Purpose and Summary of Document:

This is a briefing paper for the National Assembly for Wales Health and Social Care Committee Inquiry into Residential Care for Older People in Wales providing information on relevant dental surveys undertaken across Wales.

It describes the context, findings and issues highlighted by these surveys.

Work Plan reference: Service Development

In this paper the term care home is used to refer to nursing homes, residential homes and joint nursing and residential homes.

1 Demographic Trends

In 2008 there were estimated to be 10 million people aged over 65 with a rise in this population to 15.5 million by 2028 predicted. Among the older population there were 3 million people over 80 in 2008 with 6 million over 80s predicted for 2030 (Cracknell 2010).

More older people will create significant additional demand upon the care system over the next 50 years (Joseph Rowntree Foundation 2004).

In addition to growth in the numbers of old and frail people, the trend is for older people to retain more natural teeth, but that many of these teeth will already have been heavily restored. Thus the average person in care will over time present with more demanding dental treatment need than previous generations presented. Together these trends will result in increased need for dental care amongst a growing population whose needs are complicated by other factors.

2 National Diet and Nutrition Survey of Older People 1998 and Oral Health Trends

In the past it was common for older people to have no natural teeth but successive Adult Dental Health Surveys, undertaken by the Office for National Statistics, have shown each decennial cohort retaining more teeth than previous generations of the same age group (Fuller et al 2011). Although more teeth are retained, among those over 50, many of these teeth are now heavily restored, usually with amalgam. Some dentists refer to these individuals as, "the heavy metal generation".

Dental surveys undertaken by the Office for National Statistics normally do not include individuals living in "institutional" settings. The exception to this was the National Diet and Nutrition Survey of Older People which was undertaken in 1995, and reported in 1998, which included a small (275) sample of residents of care homes (Steele et al. 1998). There was no data available from Wales. Authors of the report on this survey indicated that their findings were not statistically significant because the sample size was too small, but that their study did suggest that residents of care homes had a range of problems. Problems identified included:

- older and poorly fitting dentures,
- problems chewing food
- lower intakes of nutrients.

Based upon these findings the authors tentatively suggested that diets provided in care homes were based upon assumptions that all care home residents had trouble chewing food (Sheiham et al 1999).

The National Diet and Nutritional Survey data is now over 10 years old, and significant changes could be expected in the care home population over that period.

3 Dental Care Options for Care Home Residents

The majority of dental care for care home residents will be provided by either a Community Dental Service (CDS) dental officer employed directly by a local health board or from a general dental practitioner through a contractual arrangement with the health board. The CDS includes staff with both general and special-care dentistry skills. The latter are experienced with treating patients with significant communication, co-operation and medical complexity. Not all care home residents have this complexity, hence not all require care from the community dental service, but many do.

Locations where dental care can be provided include the dental surgery, care home (domiciliary visit), mobile dental unit (large van with dental chair and equipment) or hospital.

The complexity associated with providing care is often reflected in the location of care and the degree of special care dentistry skill level required (Bateman et al. 2010). While this may be stable for many patients it may vary according to the dental treatment needed for others.

It is known that those who attend dentists regularly have more teeth filled, fewer teeth extracted and fewer teeth sound without fillings than peers who attend less frequently (Fuller et al 2011). When dentists intervene patients lose tooth tissue through extractions and fillings. It is therefore in the best interest of patients that dentists only intervene when the benefits of treatment outweigh the discomfort, inconvenience, costs and harm of receiving care.

In a child the presence of decay in an adult tooth is normally regarded as an indication of need for either filling or extraction. In a child a tooth has been in the mouth for a few months or years and the disease is therefore progressing quickly. For frail older people presence of disease may not equate to need for immediate dental treatment. The tooth will have been in the mouth for decades. If the disease is not causing problems and treatment has its own complications then a disease management approach of "monitoring and only intervening when disease is having an impact" may be more appropriate.

Conversely the older person with root surfaces exposed through slowly progressing gum disease who then takes medication causing a dry mouth they will be at high risk of decay of the exposed root surfaces. This can progress quickly and therefore requires monitoring for prevention and possible early intervention.

High risk of oral disease, and a monitor and intervene when necessary approach for other oral diseases, are both strong arguments for regular dental check-ups. Compared with other groups in society, residents of care homes have higher need for regular dental checks.

Care home residents need regular dental checks from a team with skills ranging from routine dental care in general dental practice to special care dentistry in specialist clinic or hospital settings. Experience in this area of work is valuable in taking an holistic view to identify when to monitor and when to intervene.

4 Current Dental Contract and Domiciliary Care

Until 1st April 2006 a fee-per-item contract for General Dental Services was in place. Under those contractual arrangements the dentist was paid a fee for each domiciliary visit made in addition to the fees payable for the treatment provided. In the latter years of the contract there was evidence that the provision of domiciliary care was increasing. On 1st April 2006 new dental contractual arrangements were introduced based upon banded courses of treatment and where the contracted dentist is paid a set monthly payment related to an agreed annual contract value. The contract values set in 2006 were based upon historical earnings by the dentist under the previous fee per item system and included domiciliary earnings.

Given the additional clinical time associated with delivering domiciliary care and impact upon clinical time in the dental surgery it is unlikely any General Dental Practice will be keen to provide additional domiciliary care under the current dental contractual arrangements unless additional value is added to his/her contract. Indeed, assured of their contract value and their monthly payments many general dental practitioners have stopped providing domiciliaries.

As a result, at best, the introduction of the current contract has capped the level of provision of domiciliary care by General Dental Practitioners.

Expansion of Domiciliary Care will have considerable funding implications, but the General Dental Service budget is cash limited, and so the scope growth in any area of care is severely limited.

In recognition of these factors, Public Health Wales Dental Public Health Team carried out a review of Domiciliary Care in ABMU Health Board and

made a set of recommendations. As a result the Dental Public Health Team has been leading a piece of work in ABMU to introduce an integrated Domiciliary Care Strategy for ABMU involving all three types of NHS dental service. This will maximise efficiencies to the benefit of those who most need this type of dental care.

5 Survey of Care Home Oral Health Policy and Access to Dental Care 2006/7

5.1 Context and Process

In 2006 the Office of the Chief Dental Officer agreed to a request for a more flexible NHS dental survey programme in Wales. The survey programme until 2006 consisted of examination of a sample of school children in a four-year cycle as follows:

- 5 year olds (school year 1)
- 12 year olds (school year 7)
- 5 year olds (school year 1)
- 14 year olds (school year 9).

These surveys were undertaken as part of a programme co-ordinated across the UK by the British Association for the Study of Community Dentistry to enable inter-country comparisons. From 2006 it was agreed that the surveys would examine 5 and 12 year olds in each 4 year cycle and that the remaining years would be used more flexibly.

In March 2006 having consulted consultants in dental public health in Wales an approach was made to the Office of the Chief Dental Officer for Wales proposing a survey of policy in care homes. This coincided with the Chief Dental Officer for Wales being asked by the Minister whether there was any work going on to understand oral health issues within care homes.

In the period between March and September 2006 a survey protocol was developed targeted to managers of care homes. The questions included addressed many of the issues highlighted by the National Diet and Nutritional Survey of Older People and relevant content of Fundamentals of Care (Welsh Assembly Government 2003). The questions centred around arrangements within the home which might facilitate regular dental care, support for residents with oral hygiene and impact of perceived ability to chew food on care home diets. All care homes registered with the care standards body at the time of the survey were included, 90% of the homes were sent a questionnaire through the post

and the remaining 10% were asked for a face-to-face structured interview asking the same questions. This was done to ensure that there was consistency in responses from both approaches.

5.2 Findings

5.2.1 Response rate

All 1,185 managers registered with the Care Standards Inspectorate Wales were contacted in the survey. Overall, 957 care home managers responded, an 81% response rate. 834 were surveyed by postal questionnaire (with a 79% response rate), and 123 were interviewed (with a 97% response rate).

Of the respondents 70% were managers of residential homes; 9% were managers of nursing homes and the remaining 19% were managers of dual purpose nursing/residential homes.

5.2.2 Systems to ensure regular dental care

Ideally awareness of the dental status of residents should be written in the care plan. Table 1 illustrates the range of responses on this, 4 out of 5 managers stated that presence of natural teeth and dentures was routinely recorded as part of a written care plan; only 44% recorded when a new resident last had a dental check-up. Other information recorded in written care plans included whether a resident on admission:

- had an existing dentist (56%),
- wanted a dental appointment arranged (43%),
- or had a dental problem (53%).

Table 1 Arrangements supporting access to dental care for residents

(Source: Welsh Oral Health Information Unit)

	Yes as part of a written care plan % (n)	Yes verbally % (n)	No % (n)	Don't know % (n)
Are new residents asked on admission whether they have some natural teeth?	79.3 (759)	12.3 (118)	7.4 (71)	0.9 (9)
Are new residents asked on admission whether they have dentures?	82.4 (789)	11.6 (111)	4.8 (46)	1.1 (11)
Are new residents asked on admission when they last had a dental check-up?	44.3 (424)	18.3 (175)	35.4 (339)	2.0 (19)
Are new residents asked on admission whether they have a dentist?	55.6 (532)	18.7 (179)	22.5 (215)	3.2 (31)
Are new residents asked on admission whether they want to have a dental appointment arranged?	43.2 (413)	9.9 (190)	34.7 (332)	2.3 (22)
Are new residents asked on admission whether they have any dental problems?	52.8 (505)	18.2 (174)	27.8 (266)	1.3 (12)

5.2.3 Access to dental care

First Port of Call for Access to Dental Care

The Community Dental Service and the General Dental Service predominated as the two main providers of dental care, with 81.4% (779) and 76.6% (733) stating that one of these two services would be their first port of call for routine and emergency care respectively (Table 2).

Across Wales there was considerable variation associated with the split between Community Dental Service and General Dental Service as dental provider. For example 86.2% of respondents in Flintshire LHB (where there is a Community Dental Service project - Gwên am Byth - running to deliver dental care in care homes) sought routine dental care from the Community Dental Service whereas; in Neath Port Talbot LHB stated 81.6% of their routine dental care was obtained from the General Dental Service (Chart 1). This variation persisted when accessing emergency dental care. It is likely that these are historically evolved patterns of care provision and not a planned system.

Table 2 Dental service used for routine and emergency care*(Source: Welsh Oral Health Information Unit)*

	Routine care	Emergency care
Community Dental Service	41.3 (395)	42.4 (406)
General Dental Service	40.1 (384)	34.2 (327)
Emergency Dental Service	0.2 (2)	1.9 (18)
Dental hospital	0.6 (6)	0.8 (8)
NHS direct	2.2 (21)	4.7 (45)
Private	1.5 (14)	1.4 (13)
Don't know	8.4 (80)	8.8 (84)
Not coded	5.7 (55)	5.9 (56)

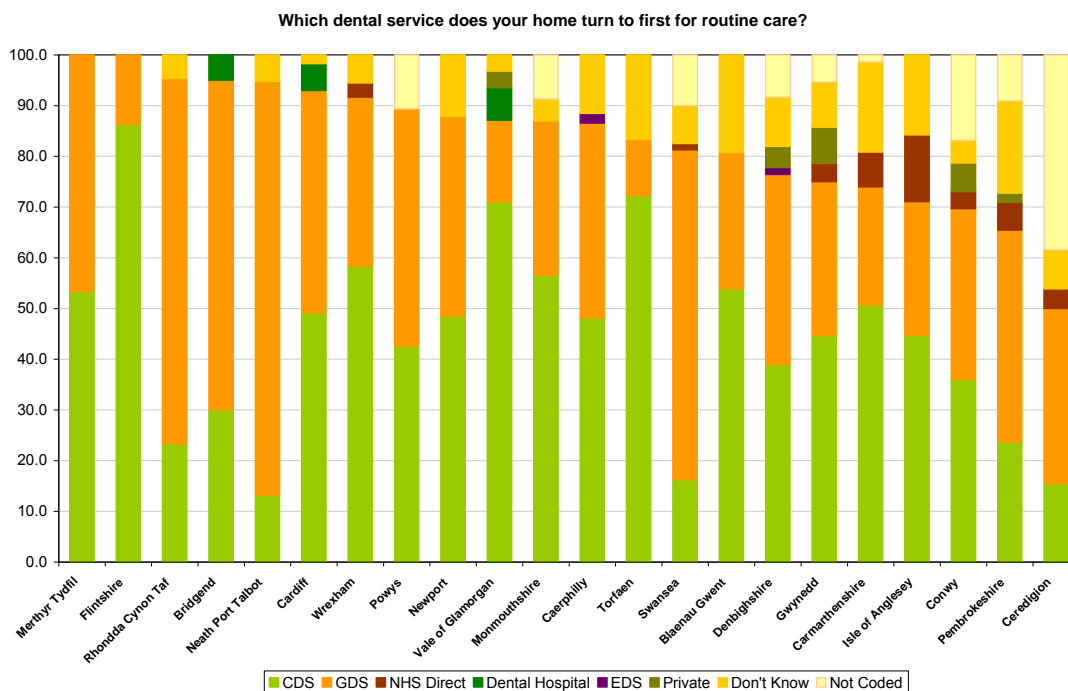
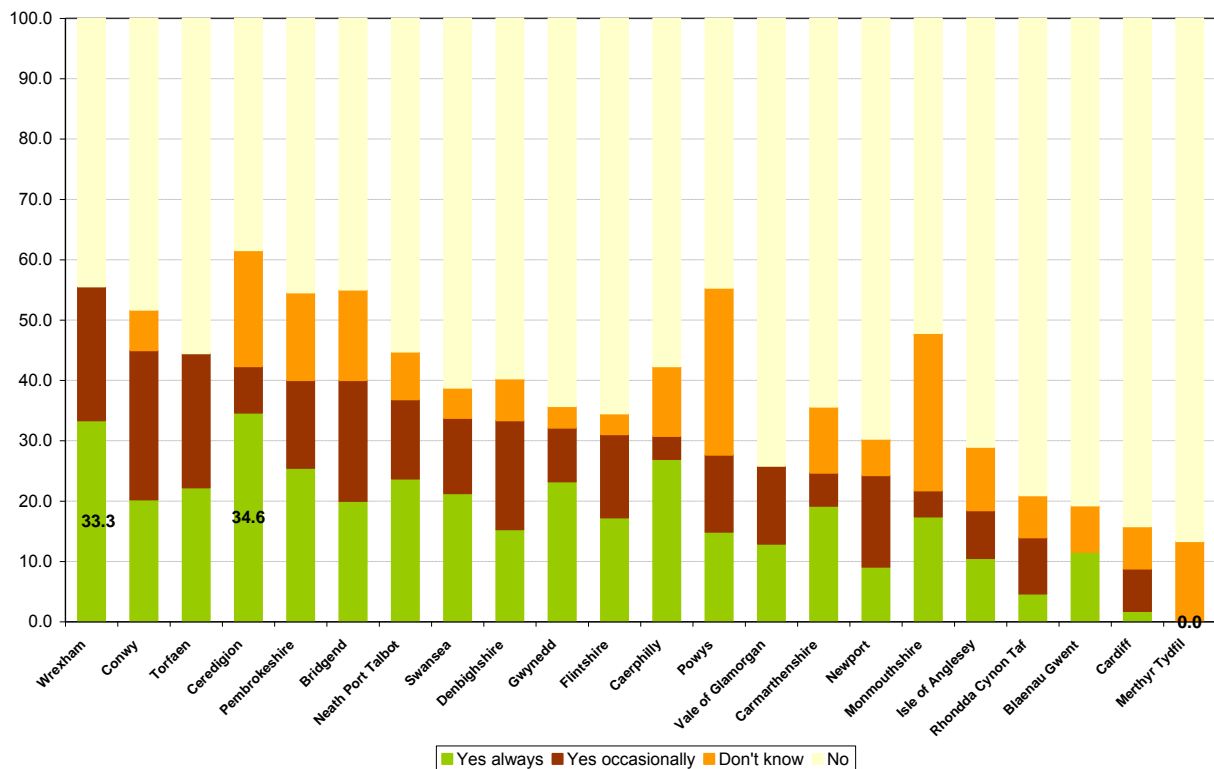
Chart 1 First port of call for routine dental care*(Source: Welsh Oral Health Information Unit)*

Chart 2 Homes reporting difficulty in accessing emergency dental care



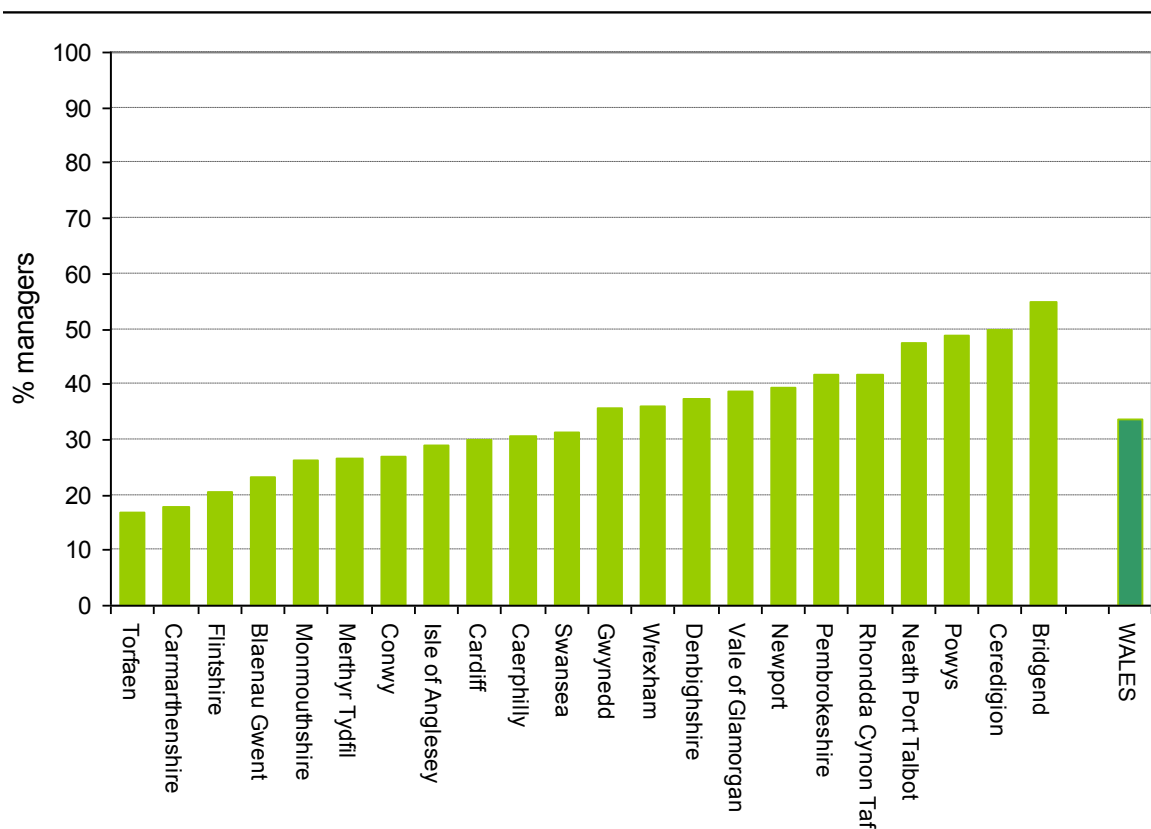
For Wales as a whole 39.9% and 30.3% of respondents indicated that they had experienced at least some difficulties in accessing routine and emergency care respectively. Chart 2 contains detail for emergency dental care.

5.2.4 Training needs for care home staff

Questions were asked about residents requiring assistance in cleaning teeth and dentures, and on staff receiving training for this. On combining the responses to these questions 34% of managers said that their staff did not receive oral hygiene training yet residents routinely received assistance in cleaning teeth/dentures. See chart 3 provides detail across unitary authority areas.

Chart 3 Homes where residents receive assistance in cleaning teeth/dentures from untrained staff (2006/7 data)

(Source: Welsh Oral Health Information Unit)



5.2.5 Assumptions which affect the diets & menus offered to residents

5.3 Dissemination and Next Steps

Following the survey a briefing was prepared for the Welsh Government (Monaghan and Morgan 2008). This paper was shared with Mr Peter Higson, Chief Executive of the Healthcare Inspectorate for Wales.

Presentations on the findings have been made to British Society for Dental Research, British Association for the Study of Community Dentistry, and with the support of the Chief Medical, Dental and Nursing Officers in Wales to the Association of Care Home Providers in Wales.

Information was shared with the Older People and Long Term Care Policy and the Health Improvement divisions and used to inform content of the CDO Newsletter for Care Home managers.

A presentation was given to Care Forum Wales (the trade organisation for care home managers) where there was a request for more information on how to access dentistry. An information leaflet was developed and disseminated to care Home Managers across Wales on how to access dentistry (Welsh Assembly Government 2011).

In some areas care homes approached staff collecting data for the survey with requests for training of staff. Oral hygiene training was organised for care home workers in Bridgend and then evaluated. The results have been used to raise issues and promote good practice in other health boards.

A Scientific Paper was submitted to and published by the Journal of Disability and Oral Health (Monaghan and Morgan 2010).

6 Survey of Oral Health of Care Home Residents 2010/2011

In 2009/10 (one year later than expected) the Office for National Statistics undertook a survey of Adult Dental Health to follow previous surveys in 1968, 1978, 1988 and 1998. For 2010/11 it was decided, following consultation with the Office of the Chief Dental Officer for Wales that the NHS dental survey in Wales should use a subset of the clinical criteria used for the Adult Dental Health Survey 2009/10 to measure comparative disease levels in care home residents.

6.1 Context and Process to Date

Formal planning for the care home survey was undertaken from August 2009 until March 2010. Informal planning for a possible survey had been underway since 2007. The process was simplified because early access was provided to the oral disease indicators planned for the ONS Adult Dental Health Survey through the Office of the Chief Dental Officer.

In planning this survey it was recognised, as noted previously that for frail older people presence of disease may not equate to need for immediate dental treatment. In planning the survey we requested that community dentists with experience of special care dentistry undertake the data collection for reasons outlined below.

The survey criteria included the Office for National Statistics data items measuring presence of different dental diseases. These were supplemented by us asking the examining dentist to say on the basis of the examination they had just undertaken (or attempted) to suggest what they feel they would include in a treatment plan, the complications they could foresee in providing such treatment, and therefore the type of setting and special care experience of the dentist needed to provide that care.

The reason for using special care dentists was their experience of treatment planning and care provision for patients with complex needs and, presumably, some ability to recognise potential adaptations of treatment plans and complexity of delivering care on the basis of an oral examination.

It was planned to examine residents with and without mental capacity. Ethical approval was applied for in January 2010 and obtained in March 2010. A training exercise was run in March 2010, and research approval sought from each Health Board in April 2010. Data collection commenced in May 2010 and ran for 13 months.

The sample size for the survey was designed to generate data comparable to that collected by the Office for National Statistics on free living adults in Wales for the Adult Dental Health Survey 2009. The sample per Unitary Authority area reflected the estimated local population rather than the unknown care home population. It was anticipated that of the 1160 estimated sample for Wales about 52% might participate generating a participation level of 600. During the actual survey 710 individuals were examined of whom 76 lacked capacity and were examined under consent provided by someone with lasting power of attorney.

6.2 Planned next steps

Planning for the analysis of data has commenced and data cleaning will commence shortly. Once the data is cleaned first reports comparing disease levels among residents comparing findings with disease levels from the Adult Dental Health Survey will be produced in early 2012. Further analyses will look at need among residents with and without capacity and how disease presence in residents translates into treatment need and complexity of delivering that care. The latter reports should inform future decisions about dental care for care home residents.

7 Direction of travel

The collection of survey data on care home residents linked to the parallel Adult Dental Health Survey has left Wales uniquely placed to define the oral health needs of care home residents. Wales can use the survey findings and the leadership opportunities offered by the specialists in special care dentistry to shape services around the need of care home residents. There is the opportunity to develop a shared-care model. This could encompass care provided by both general and community dental practice, in-reaching into care homes with appropriate access to hospital facilities (Welsh Assembly Government 2008).

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National Public Health
Service for Wales

Gwasanaeth Iechyd Cyhoeddus
Cenedlaethol Cymru

All Wales Dental Survey Residential and Nursing Home Oral Health Policy and Access to Dental Care

Author: Nigel Monaghan, Consultant in Public Health NPHS,
Maria Morgan, Lecturer in Dental Public Health, WOHIU, Cardiff University

Date: 190308

Version: 0b

Status: Approved

Intended Audience: CDO Wales

Purpose and Summary of Document:

This document summarises key findings from the All Wales Dental Survey of Residential and Nursing Homes 2006-07

Publication/Distribution:

- Publication in NPHS Document Database - Dental Team
- Other distribution/publication - CDO Wales

1 Background to the Survey

In early 2006 the Minister for Health and Social Services indicated that the annual dental survey in programme undertaken in Wales, funded by the Welsh Assembly and co-ordinated across the UK by the British Association for the Study of Community Dentistry could evolve to explore broader issues of relevance for planning of services alongside surveys of children's teeth at ages 5 and 12 within a four year cycle.

Similar flexibility in the survey programme was agreed for other parts of the UK and it was agreed in March 2006 that 2006/7 was to be a year of not examining children's teeth. The survey programme delivery is tied to the school year. Thus there was 6 months available to agree what would be the subject of the survey in Wales, prepare the survey materials, and arrange a training and calibration exercise before data collection commenced.

The epidemiology co-ordinator for Wales proposed a survey of nursing and residential homes for the following reasons:

- The National Diet and Nutrition Survey of Older People suggested that people in such homes had poorer oral health than free living peers with fewer teeth and more untreated disease
- The same survey suggested that assumptions about poor oral health led to diets being provided which assumed inability to chew food with possible nutritional impact
- Older people are retaining more of their teeth, often in heavily restored condition, than previous generations
- There was a lack of awareness of who is providing care for residents of homes and the proposed new general dental service contract was likely to limit the delivery of domiciliary care by general dental practitioners
- Discussion with community dental staff who care for those with special dental needs suggested that the oral health elements of "Fundamentals of Care", helping those unable to care for themselves with basics such as toothbrushing and denture cleaning, were often not being delivered.

Thus the main areas of concern reflected care needs of the frail elderly population. Because of the problems associated with obtaining ethical approval and consent it was not feasible to plan and prepare for a survey examining residents' mouths and teeth to commence in September 2006. To address points of relevance for planning and securing services short of examining residents' teeth a questionnaire was designed to examine oral health policy within each home and access to dental care for residents.

2 Survey Method

The website of the Care Standards Inspectorate Wales includes a list of the registered nursing and residential homes in Wales. This list includes homes for people with a range of care needs, not just frail older people. The survey proceeded using the list of care homes in Wales as the sampling frame. All registered nursing and residential home managers were invited to participate in the survey.

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The questionnaire was to be administered to 90% of the homes by post for them to complete and return. The questionnaire was administered to 10% of the homes in a face to face interview.

A questionnaire was designed to ask questions about arrangements in place to ensure that new residents with need for dental treatment or potential future need are placed into regular dental care. The ideal responses would indicate this being part of a written care plan. There was a similar question about arrangements for existing residents to have dental appointments arranged. Questions followed on dental services used for routine and emergency dental care and problems accessing these, facilities. The home managers were also asked

- about their awareness of whether residents have any natural teeth or dentures,
- whether residents need assistance to clean teeth or dentures,
- whether staff are trained to provide such care and,
- whether diets in the home assumed all residents had dentures or trouble chewing food.

The survey was conducted from September 2006 – June 2007 by community dental service staff. The data collected from the care home managers was cleaned locally and forwarded to the Welsh Oral Health Information Unit, Cardiff University for central cleaning and analysis which was undertaken between July 2007 and January 2008.

3 Key Findings

Of the 1,207 registered homes in Wales at the time of the survey 957 provided valid responses a 79% response rate. Just over 10% of all 1,207 home managers (123) participated in a face to face interview.

3.1 Arrangements to Ensure Regular Dental Care

Entry to a care home is a key stage to set in place a care plan for all of the new residents care needs. While 4 out of 5 home managers reported that presence or absence of natural teeth and of dentures is routinely recorded in a written care plan, less than 50% recorded in a care plan when a new resident last had a dental check up.

Although 56% of homes recorded in the care plan who a patients existing dentist is only 43% of homes asked new residents on admission whether they wanted a dental appointment arranged and recorded this in writing. Only 53% of homes asked and noted as part of a written care plan whether new residents had a dental problem at time of admission to the home.

Once in a home a resident is likely to fall out of routine care as only 41% of homes had a mechanism as part of a written care plan to ensure regular dental care.

3.2 Accessing Routine and Emergency Dental Care

There is variation in where homes turn to first for routine dental care across Wales and the findings on this will be shared with Local Health Boards. There was more difficulty for homes in arranging routine dental care (40% always or occasionally) than in arranging emergency

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dental care (30% always or occasionally). Problems with accessing routine dental care were commoner in Wrexham (78% of homes), and Pembrokeshire, Conwy, Bridgend and Ceredigion (all 50% or greater).

3.3 Supporting Residents Oral Hygiene

Although 88% of home managers reported that some residents routinely required assistance in cleaning teeth or dentures, only 55% of managers believed that the home-staff have received training in how to do this.

3.4 Nursing and Residential Home Diet

Although it is not possible to provide a scientific report on the final question which asked “What is on the menu for lunch today?” this question may have prompted honest responses to the penultimate question which asked “Do your menus assume that all residents have dentures or trouble chewing?” Of the responding homes 272 (28.4%) admitted that this was the case.

4 Sharing These Findings To Improve Care

More detailed findings will be provide to the CDO Wales in the format of the Common Minimum Data Set. This will also be made available via the websites of the Welsh Oral Health Information Unit and the NPHS Wales. These will also be shared with the British Association for the Study of Community Dentistry.

It is intended that these findings will be shared in summary report format with the Care Standards Inspectorate Wales, Social Services Inspectorate for Wales, Local Health Boards, Local Authorities, Nursing and Residential Homes across Wales and the Welsh Dental Committee.



**NURSING & RESIDENTIAL CARE
HOME ORAL HEALTH POLICY AND
ACCESS TO DENTAL CARE
SURVEY
2006-07**

April 2008

**Welsh Oral Health Information Unit
Cardiff University School of Dentistry**

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NURSING & RESIDENTIAL CARE HOME ORAL HEALTH POLICY AND ACCESS TO DENTAL CARE SURVEY, 2006-07

Executive Summary

Objective

This document summarises the findings of the first survey of nursing and residential home oral health policy conducted in Wales in 2006/07. The survey is the latest in the series of BASCD co-ordinated surveys which seek to monitor the health of the population and to assess the delivery of dental services. The appended tables constitute the Common Minimum Data Set for 2006-07.

Method

A series of questions were developed covering arrangements to ensure regular dental care, access to routine and emergency dental care, facilities on site for delivering dental care, residents requiring assistance with oral hygiene and related staff training and whether food offered in the home assumed that residents have dentures or trouble chewing food. The questionnaire was posted to 90% of the home managers in Wales with the remaining 10% to be interviewed face-to-face.

Findings

The questions used in the questionnaire have identified a number of areas which will be of interest to those commissioning and inspecting services. These include, weaknesses in arrangements for ensuring all residents in nursing homes have suitable assessments on admission, difficulty in accessing both routine and emergency dental care, training issues for staff who are assisting residents with oral hygiene, and assumptions made about the ability of residents to chew food which is affecting the range of food offered.

Conclusion

This first survey of nursing and residential home policy has highlighted issues which will be of interest to those commissioning, providing and inspecting nursing and residential home care and those commissioning dental services in Wales.

Introduction

This paper summarises the findings of a survey of oral health policy and access to dental care in Nursing and Residential Homes in Wales. It acts as the Common Minimum Data Set for the 2006-07 dental survey in Wales (see Appendix) and a narrative to assist interpretation of the findings.

Not all residents of nursing and residential homes are older people, however a large proportion of the most vulnerable and frail older population are living in these homes. It is known that each cohort of older people are retaining more of their natural teeth than their predecessors. Thus older people in the 21st century are more likely to have oral care needs than their antecedents, and there is good evidence that they have more complex care needs than previous generations.

At the same time as this is happening there have been changes to the way access to dental care is commissioned from General Dental Practitioners. The previous remuneration system was intended to reward domiciliary care on an equal basis with other dental care with no limits on the number of cases which a dentist could treat. The new contract does not encourage dentists to take on more cases than they treated in the baseline year upon which the contract activities were established. In theory commissioners can commission extra care from either General Dental Practitioners or Community Dental Services, however to date there have been few studies examining the level of need. This paper reports on a survey of policy and access to care which was targeted at home managers. While this report starts to highlight the level of need, future surveys involving examination of residents will be required to provide a more complete picture.

Method: All nursing and residential homes in Wales took part in the survey. The target population was drawn from the list held on the Care Standards Inspectorate Wales website. A postal survey questionnaire was the primary vehicle for this survey; however it was supplemented with a 10% face-to-face sample in order to validate the responses obtained by the postal survey.

A series of questions were developed covering arrangements to ensure regular dental care, access to routine and emergency dental care, facilities on site for delivering dental care, residents requiring assistance with oral hygiene and related staff training and whether food offered in the home assumed that residents have dentures or trouble chewing food.

Response rate: Overall, there were 957 valid responses out of a target population of 1207 homes, culminating in a 79% response rate. 834 were surveyed by postal questionnaire (a 78.8% response rate: 834/1058) and 123 were interviewed (a 96.9% response rate: 123/127).

70.3% of all respondents were managers of residential homes; 9.2% were managers of nursing homes and the remaining 19.4% were managers of dual purpose nursing/residential homes (Table 1).

Table 1 Home type

Bed type	number	%
1 or more residential and no nursing beds	673	70.3
1 or more nursing beds and no residential	88	9.2
Both nursing and residential beds	186	19.4
	957	

POLICY**ENSURING NEW RESIDENTS OBTAIN ROUTINE DENTAL CARE****Presence of Natural Teeth**

Across Wales, the majority of nursing/residential care home managers (79.3%, Table 2) said that new residents were asked on admission whether they have some natural teeth and that this was part of a written care plan. This ranged from 93.1% (27/29) for homes in Flintshire Local Health Board (LHB) to 65.2% (15/23) for homes within Monmouthshire LHB (Appendix A.1).

Table 2 Questions relating to new residents

	Yes as part of a written care plan	Yes verbally	No	Don't know
Qn 1. Are new residents asked on admission whether they have some natural teeth?	79.3 (759)	12.3 (118)	7.4 (71)	0.9 (9)
Qn 2. Are new residents asked on admission whether they have dentures?	82.4 (789)	11.6 (111)	4.8 (46)	1.1 (11)
Qn 3. Are new residents asked on admission when they last had a dental check-up?	44.3 (424)	18.3 (175)	35.4% (339)	2.0 (19)
Qn 4. Are new residents asked on admission whether they have a dentist?	55.6 (532)	18.7 (179)	22.5 (215)	3.2 (31)
Qn 5. Are new residents asked on admission whether they want to have a dental appointment arranged?	43.2 (413)	19.9 (190)	34.7 (332)	2.3 (22)
Qn 6. Are new residents asked on admission whether they have any dental problems?	52.8 (505)	18.2 (174)	27.8 (266)	1.3 (12)

Presence of Dentures

Similarly, the majority of managers (82.4%, Table 2) said that new residents were asked on admission whether they had dentures and that this was part of a written care plan. This characteristic ranged from 95% (19/20) for homes in Bridgend to 65.4% (17/26) for homes within Blaenau Gwent (Appendix A.2).

Date of Last Dental Check

Just under two thirds of nursing/residential home managers said that new residents were asked on admission when they last had a dental check-up. 44.3% indicated that this was part of a written care plan whilst 18.3% stated that this was done *verbally*, on an informal basis. There was considerable variance in responses given by LHB, in Flintshire 58.6% (17/29) of managers said that this question formed part of a written care plan compared with 19.4% of managers in the Vale of Glamorgan (6/31, Appendix A.3). It is important to note that an additional 32.3% of managers in the latter LHB (10/31) said that new residents were asked *verbally* whether they had had a check-up.

New Residents Existing Dentist

55.6% of respondents said that new residents were asked on admission whether they have a dentist and that this formed part of a written care plan, a further 18.7% stated that this was done *verbally*. Once again there was considerable variance in responses given by LHB, the percentage of managers indicating that this question formed part of a written care plan ranged from 69% (20/29) in Flintshire to 34.9% (15/43) in Rhondda Cynon Taf (Appendix A.4).

Offer to Arrange a Dental Check for New Residents

43.2% of respondents said that new residents were asked on admission whether they wanted to have a dental appointment arranged and that this formed part of a written care plan, a further 19.9% stated that this was done *verbally*. There was considerable variance in responses given by LHB, the percentage of managers indicating that this question formed part of a written care plan ranged from 63.2% (24/38) in Neath Port Talbot to 23.1% (6/26) in Ceredigion (Appendix A.5).

Asking New Residents If They Have Dental Problems

52.8% of respondents said that new residents asked on admission whether they have any dental problems and that this formed part of a written care plan, a further 18.2% stated that this was done *verbally*. There was considerable variance in responses given by LHB, the percentage of managers indicating that this question formed part of a written care plan ranged from 75.9% (22/29) in Flintshire to 30.8% (8/26) in Ceredigion (Appendix A.6).

Summary Of Findings For New Residents

On reviewing the responses by LHB it was evident that Blaenau Gwent consistently came out as *poor* in terms of arrangements for new residents, it was ranked 21st, 22nd, 17th, 17th, 18th and 21st (when ranked according to *Yes as a part of a written care plan*) for the six questions presented in Table 2. Whereas Flintshire was consistently *performing well* in terms of these indicators, being ranked as 1st, 3rd, 1st, 1st, 2nd and 1st for the same six questions.

ROUTINE DENTAL CARE FOR EXISTING RESIDENTS

Almost half of those surveyed (48%) stated that there was a mechanism to ensure planned regular dental check-ups for existing residents; 41.2% indicated that this formed part of a written care plan. An additional 33.9% stated that dental check-ups were arranged on request or when residents had symptoms (Table 3). There was considerable variation in responses by LHB for this question, for example the percentage respondents stating *Yes - as part of a written care plan*, ranged from 81.6% (31/38) in Neath Port Talbot to 17.2% (5/29) in Flintshire (Appendix A.7).

Table 3 For existing residents is there a mechanism to ensure planned regular dental check-ups?

Response	% (n)
Yes as part of a written care plan	41.2 (394)
Yes, verbally	6.7 (64)
On request or when resident has symptoms	33.9 (324)
No	16.4 (157)
Don't know	1.9 (18)

SUPPORT FOR RESIDENTS IN CLEANING TEETH AND DENTURES

Awareness Of Residents Having Natural Teeth And Dentures

77% and 73% of nursing/residential home managers stated that they knew how many of their residents have natural teeth and how many of their residents have dentures respectively (Table 4). There was considerable variation in responses by LHB for these questions. For example the percentage respondents stating that they knew how many of their residents had natural teeth ranged from 93.3% (14/15) in Merthyr Tydfil to 50% (13/26) in Blaenau Gwent (Appendix A.8). Whilst the percentage of respondents stating that they knew how many of their residents had dentures ranged from 100% (15/15) in Merthyr Tydfil to 50% (9/18) in Torfaen (Appendix A.9).

Table 4 Manager awareness of residents' oral health

	Yes % (n)	No % (n)	No reply % (n)	Don't know % (n)
Do you know how many residents have some natural teeth?	76.8 (735)	16.8 (161)	6.4 (61)	
Do you know how many residents have dentures?	73.2 (701)	19.4 (186)	7.3 (70)	
Do your staff receive training in OH issues?	55.8 (534)	41.8 (400)	1.4 (13)	1.0 (10)
Do any of your residents routinely receive assistance in cleaning teeth or dentures?	88.2 (844)	9.7 (93)	1.6 (15)	0.5 (5)

A cross-tabulation of the responses for these two questions highlighted that 70.6% (676) of managers answered positively to both; i.e. they knew how many of their residents had natural teeth and how many had dentures. Of greater concern 14.4% (138) answered negatively to both questions; i.e. that they did not know how many of their residents had natural teeth or how many had dentures.

Table 5 Percentage respondents who indicated that residents routinely receive assistance in cleaning teeth or dentures but whose staff did not receive training in OH issues

	Total n	Number	% of staff not trained
Torfaen	18	3	16.7
Carmarthenshire	73	13	17.8
Flintshire	29	6	20.7
Blaenau Gwent	26	6	23.1
Monmouthshire	23	6	26.1
Merthyr Tydfil	15	4	26.7
Conwy	89	24	27.0
Isle of Anglesey	38	11	28.9
Cardiff	57	17	29.8
Caerphilly	52	16	30.8
Swansea	80	25	31.3
Gwynedd	56	20	35.7
Wrexham	36	13	36.1
Denbighshire	72	27	37.5
Vale of Glamorgan	31	12	38.7
Newport	33	13	39.4
Pembrokeshire	55	23	41.8
Rhondda Cynon Taf	43	18	41.9
Neath Port Talbot	38	18	47.4
Powys	47	23	48.9
Ceredigion	26	13	50.0
Bridgend	20	11	55.0
Wales	957	322	33.6

Support for Cleaning and Staff Training

55.8% (534) of managers stated that their staff received training in oral hygiene. Whilst 88.2% (844) indicated that their residents routinely received assistance in cleaning teeth or dentures. It is noteworthy that 33.6% (322) of managers said that their staff did not receive oral hygiene training yet their residents routinely received assistance in cleaning teeth/dentures (Table 5).

ACCESS TO DENTAL CARE

First Port of Call for Access to Dental Care

The Community Dental Service and the General Dental Service predominated as the two main providers of dental care, with 81.4% (779) and 76.6% (733) stating that one of these two services would be their first port of call for routine and emergency care respectively (Table 6).

Across the Principality there was considerable variation associated with the split between Community Dental Service and General Dental Service as dental care provider. For example 86.2% of respondents in Flintshire LHB sought routine dental care from the Community Dental Service compared with 13.8% from the General Dental Service. Whereas, only 13.2% of respondents in Neath Port Talbot LHB stated that their routine dental care was obtained from the Community Dental Service compared with 81.6% from the General Dental Service (Appendix A.12). This variation persisted when accessing emergency dental care (Appendix A.13).

Table 6 Dental service used for routine and emergency care

	Routine care	Emergency care
Community Dental Service	41.3 (395)	42.4 (406)
General Dental Service	40.1 (384)	34.2 (327)
Emergency Dental Service	0.2 (2)	1.9 (18)
Dental hospital	0.6 (6)	0.8 (8)
NHS direct	2.2 (21)	4.7 (45)
Private	1.5 (14)	1.4 (13)
Don't know	8.4 (80)	8.8 (84)
Not coded	5.7 (55)	5.9 (56)

Difficulties in Accessing Dental Care

For Wales as a whole 39.9% and 30.3% of respondents indicated that they had experienced at least some difficulties in accessing routine and emergency care respectively (Table 7). 23.8% and 18% stated that they always experienced difficulties when accessing routine and emergency care. Respondents from Rhondda Cynon Taff, Cardiff and Merthyr Tydfil local health boards appeared to have few problems in accessing either routine or emergency care (Appendix, A.14, A.15). Whereas respondents from Ceredigion, Wrexham and Pembrokeshire appeared to experience difficulties when trying to access both routine and emergency dental care (Appendix, A.14, A.15). For example, 34.6% (9/26) of respondents in Ceredigion stated that they always had problems accessing emergency care compared with 0% (0/15) in Merthyr Tydfil (Appendix, A.15).

Table 7 Difficulties accessing routine and emergency care

	Routine care	Emergency care
Yes, always	23.8 (228)	18.0 (172)
Yes, occasionally	16.1 (154)	12.3 (118)
No	56.3 (539)	60.6 (580)
Don't know	3.8 (36)	9.1 (87)

FACILITIES FOR PROVISION OF DENTAL CARE ON-SITE

These questions covered whether the home has a dental chair which could allow some care to be provided using portable dental equipment, access to a room with a seat and sink which can support limited aspects of care such as impression taking for dentures, and space for a large van such as a mobile dental unit to be parked on-site.

Table 8 Presence of facilities for providing dental services in situ

	Yes % (n)	No % (n)	No reply % (n)
A dental chair or dental suite on site	0.9 (9)	98.6 (944)	0.4 (4)
Space for a chair located close to a sink	74.7 (715)	23.3 (223)	2.0 (19)
Parking space for large van	83.0 (794)	15.5 (148)	1.6 (15)

Dental Chair On-site

Across Wales there were nine nursing/residential homes that had a dental chair or dental suite on site; these were located in Bridgend, Blaenau Gwent, Caerphilly, Swansea, Isle of Anglesey and Pembrokeshire LHBs (Tables 8 and 9; Appendix A.16).

Table 9 LHB location of dental chair/suite

LHB	Number (total n)	%
Bridgend	1 (20)	5.0
Blaenau Gwent	1 (26)	3.8
Caerphilly	2 (52)	3.8
Swansea	3 (80)	3.8
Isle of Anglesey	1 (38)	2.6
Pembrokeshire	1 (55)	1.8
Wales	9 (957)	0.9

Room With a Chair and a Sink

A limited range of denture work can be undertaken in a room with a chair and a sink. Three-quarters of nursing/residential home managers stated that there was space for a chair located close to a sink (Table 8).

Parking Space for a Large Van

More than 4 out of 5 managers reported that the home had a parking space for large van (83.0%) indicating that community dental services may be able to provide care using mobile dental surgery vehicles (Table 8).

Residents Who Will Need Care Provided in a Dental Survey

Not all dental care can be provided on-site so some residents will need to access a dental surgery for some or all aspects of their care. However it is important to highlight that for three LHBs (Torfaen [16.7%], Caerphilly[17.3%] and Merthyr Tydfil [26.7%]) over 15% of nursing home managers stated that they did not have space for either a chair near a sink or parking for a van (Table 10). Thus for the residents of these homes all dental care will need to be provided by transporting the resident to a dental surgery.

Table 10 LHBs who had no space for a chair located close to a sink or for parking a large van

Local Health Board	total n	no space for a chair located close to a sink or for parking a large van	
		Number	%
Carmarthenshire	73	3	4.1
Rhondda Cynon Taf	43	2	4.7
Isle of Anglesey	38	2	5.3
Conwy	89	5	5.6
Denbighshire	72	4	5.6
Swansea	80	5	6.3
Powys	47	3	6.4
Vale of Glamorgan	31	2	6.5
Flintshire	29	2	6.9
Cardiff	57	5	8.8
Gwynedd	56	5	8.9
Newport	33	3	9.1
Bridgend	20	2	10.0
Pembrokeshire	55	6	10.9
Torfaen	18	3	16.7
Caerphilly	52	9	17.3
Merthyr Tydfil	15	4	26.7
WALES	957	65	6.8

NURSING AND RESIDENTIAL HOME DIET

Respondents were asked two questions relating to diet and nutrition. The first “What is on the menu for lunch today?” has proven very difficult to analyse because of the wide range of responses and as answers were “open-ended”, there was little consistency in the categories reported. For the main course for example, casseroles (68 citations), stews (36 citations), cottage and shepherds pie (35 citations) featured, but pasta dishes (29 citations) and curries (22 citations) also predominated, reflecting the popularity of contemporary dishes with the older generation.

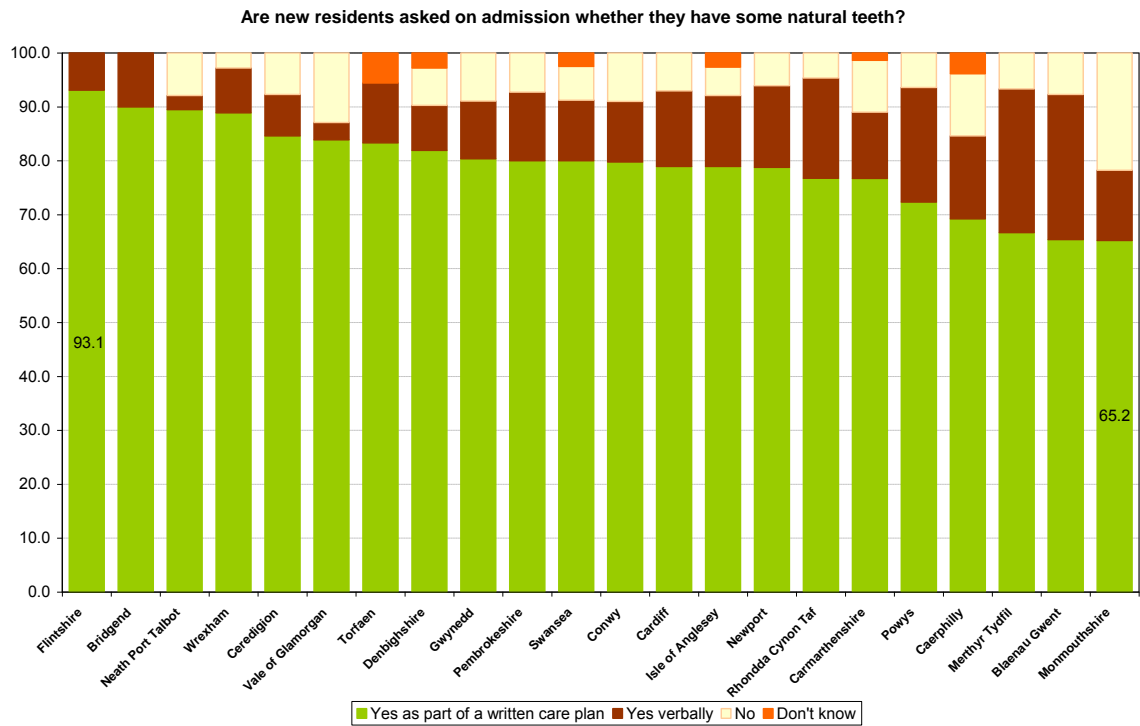
For the final question “Do your menus assume that all residents have dentures or trouble chewing?” 28.4% (272) of managers admitted that this was the case. This ranged from 15.3%% (11/72) for homes in Denbighshire to 50% (9/18) for homes within Torfaen (Appendix, A.19).

CONCLUSION

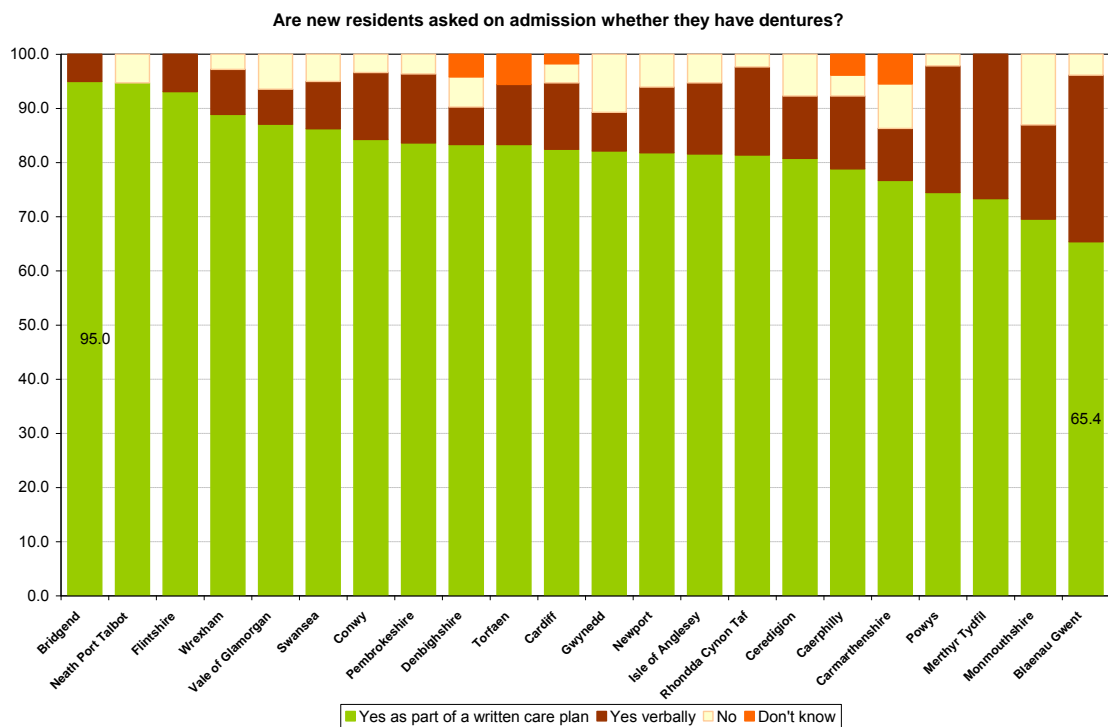
This first survey of nursing and residential home policy has highlighted issues which will be of interest to those commissioning, providing and inspecting nursing and residential home care and those commissioning dental services in Wales.

Appendix

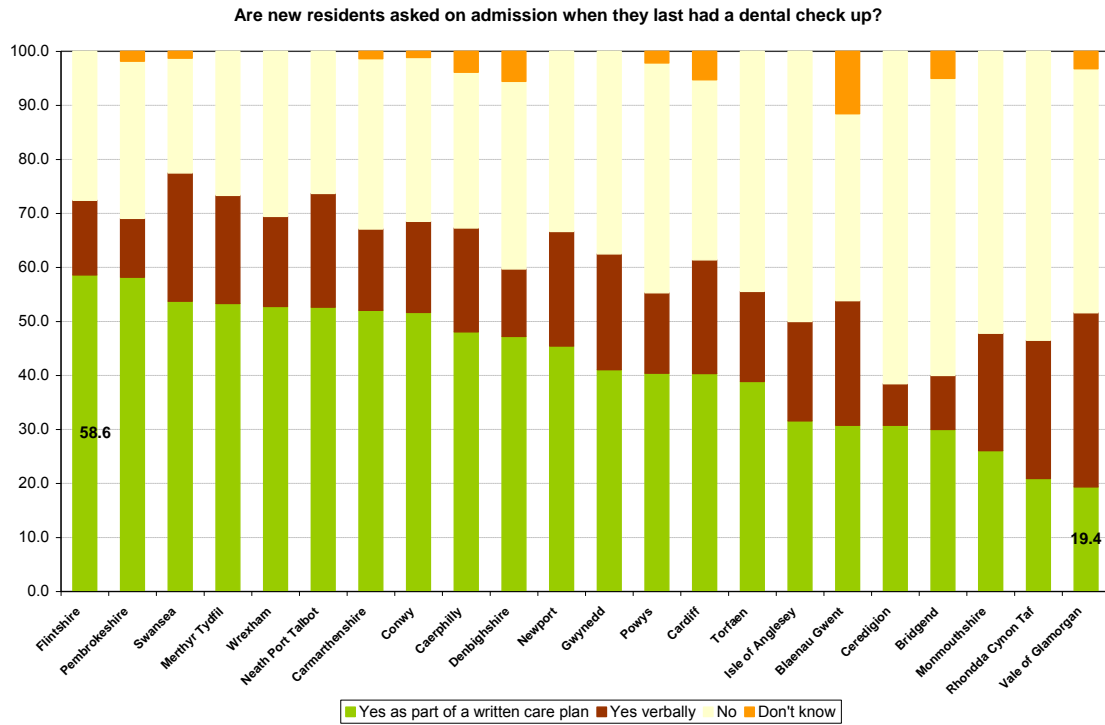
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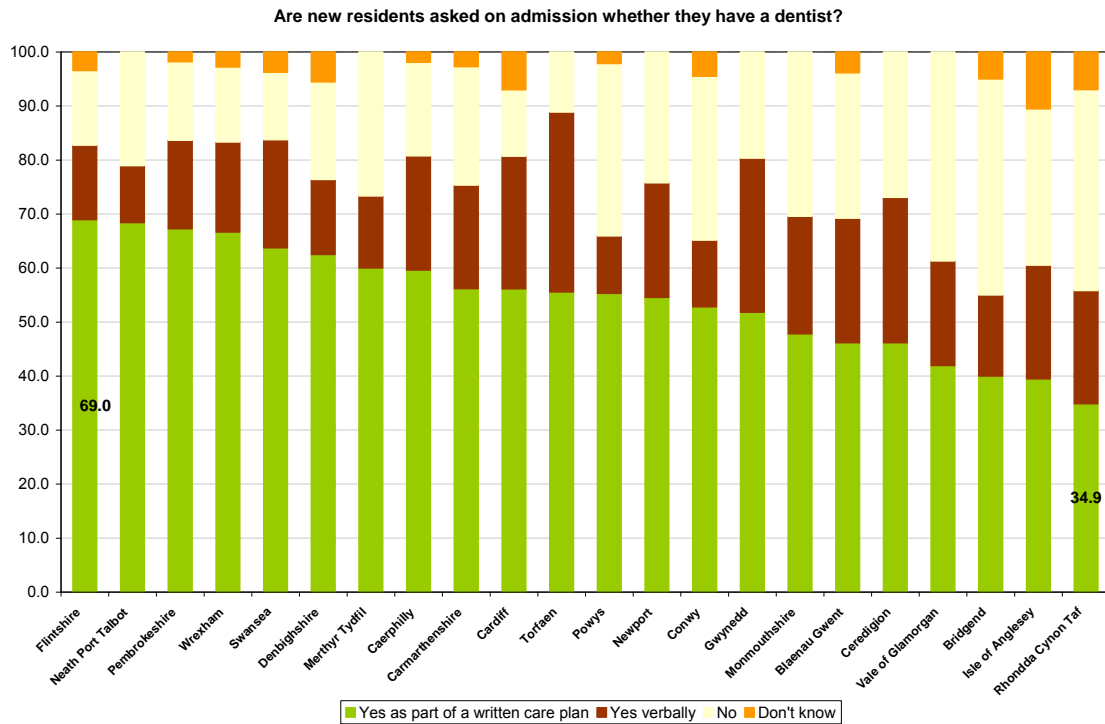
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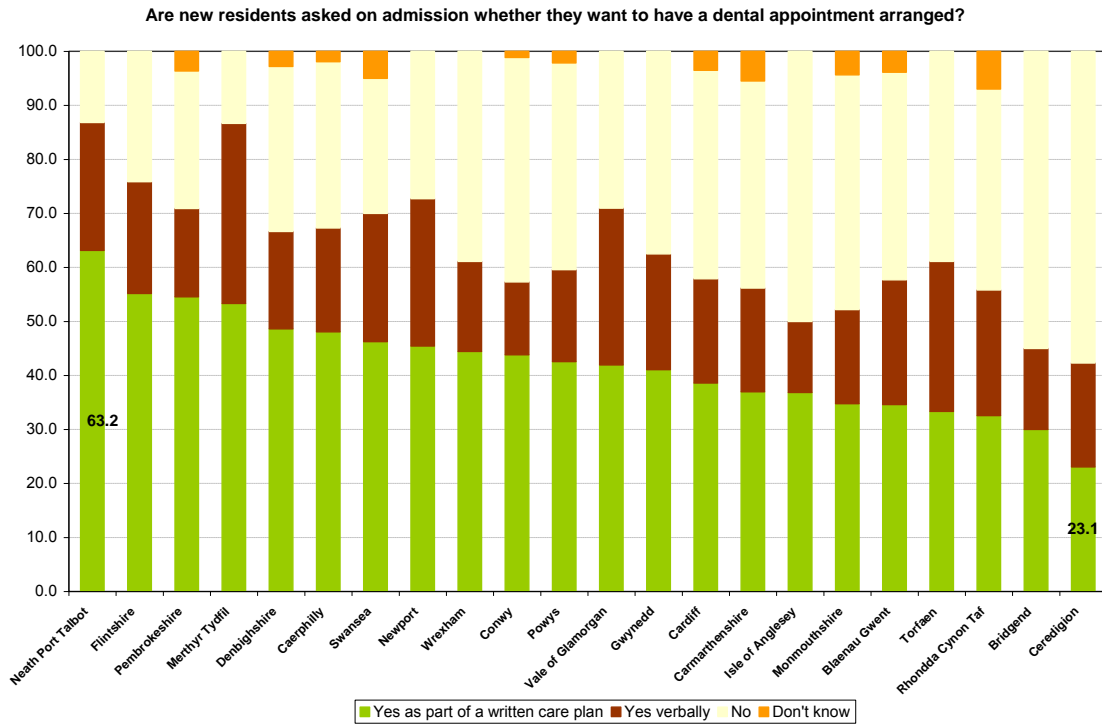
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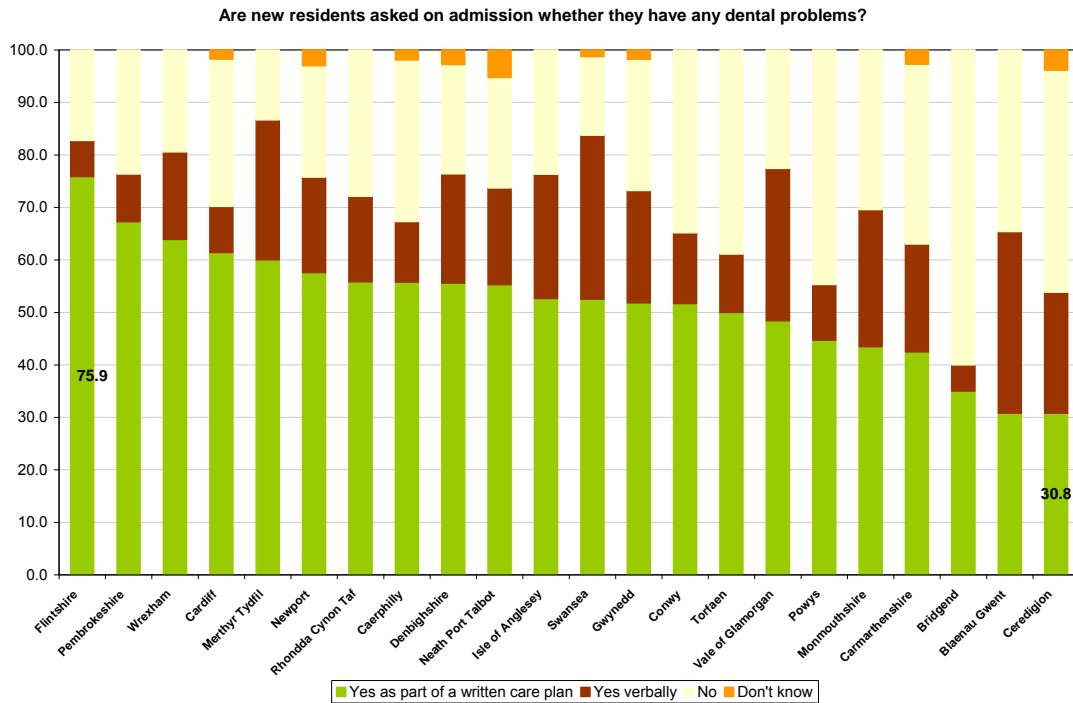
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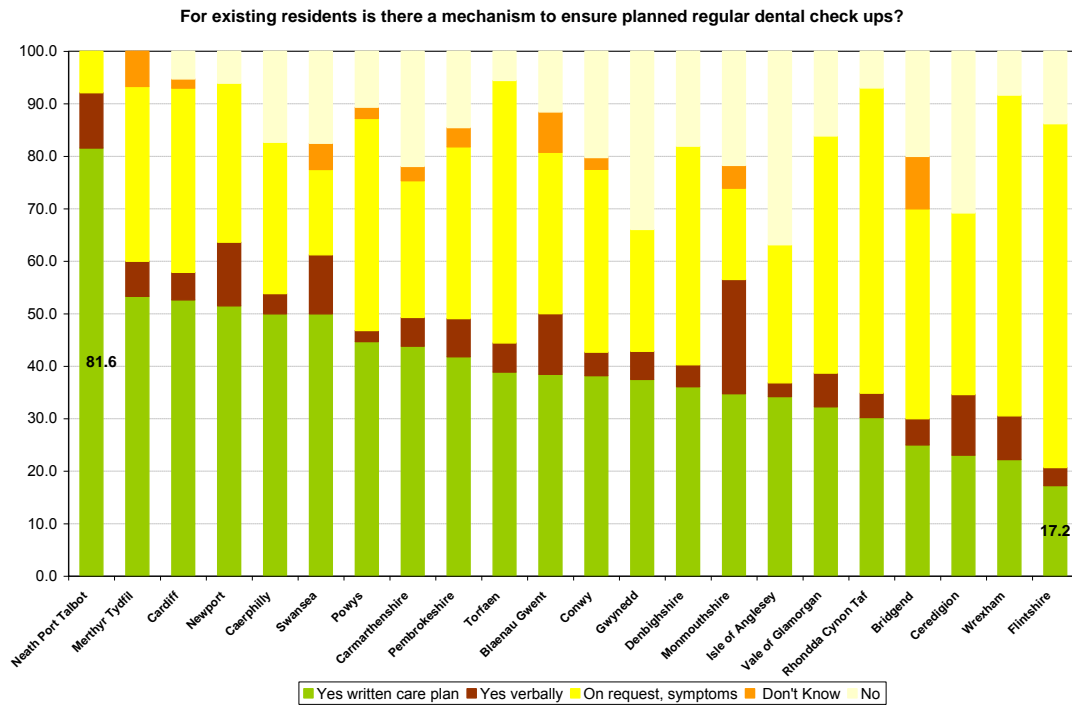
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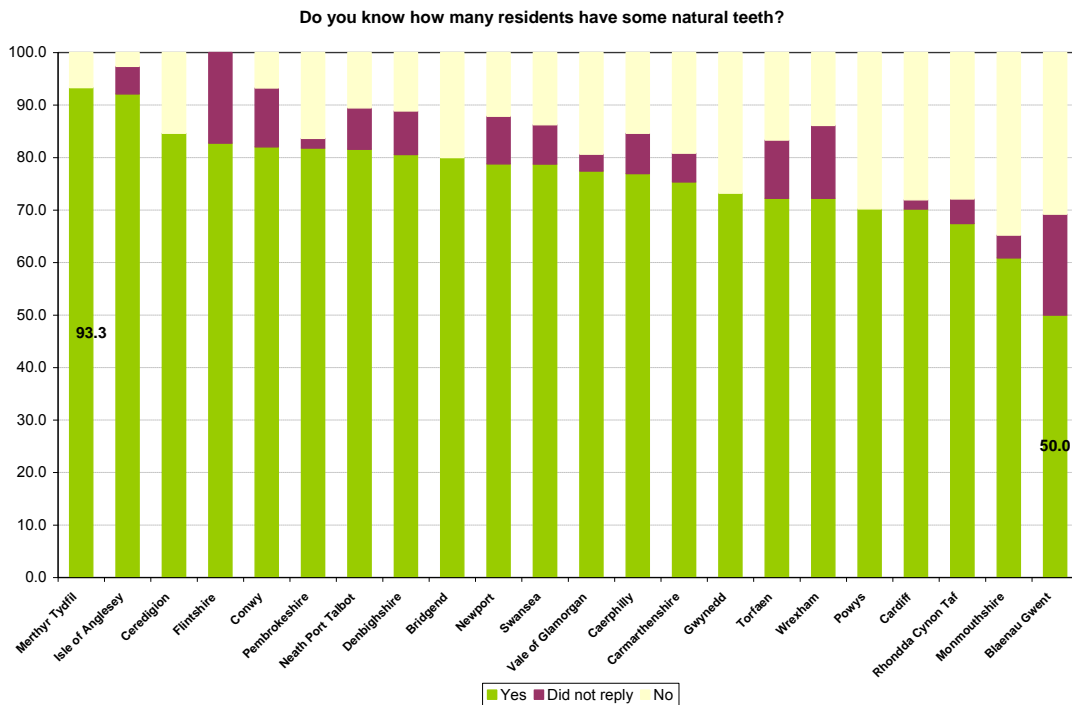
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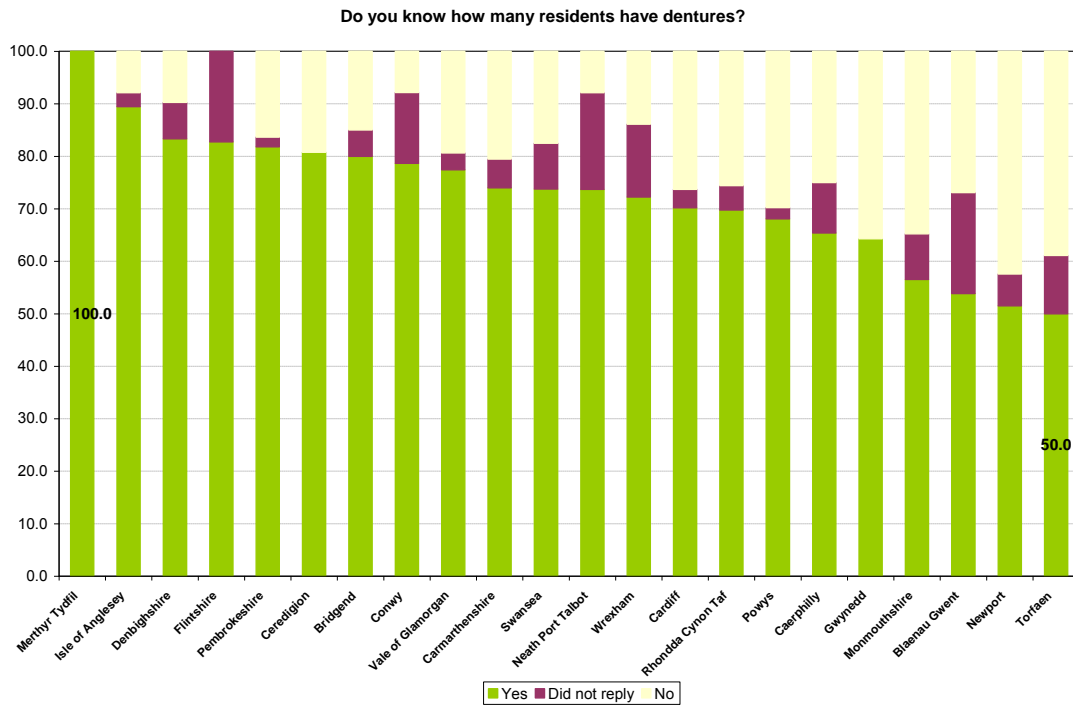
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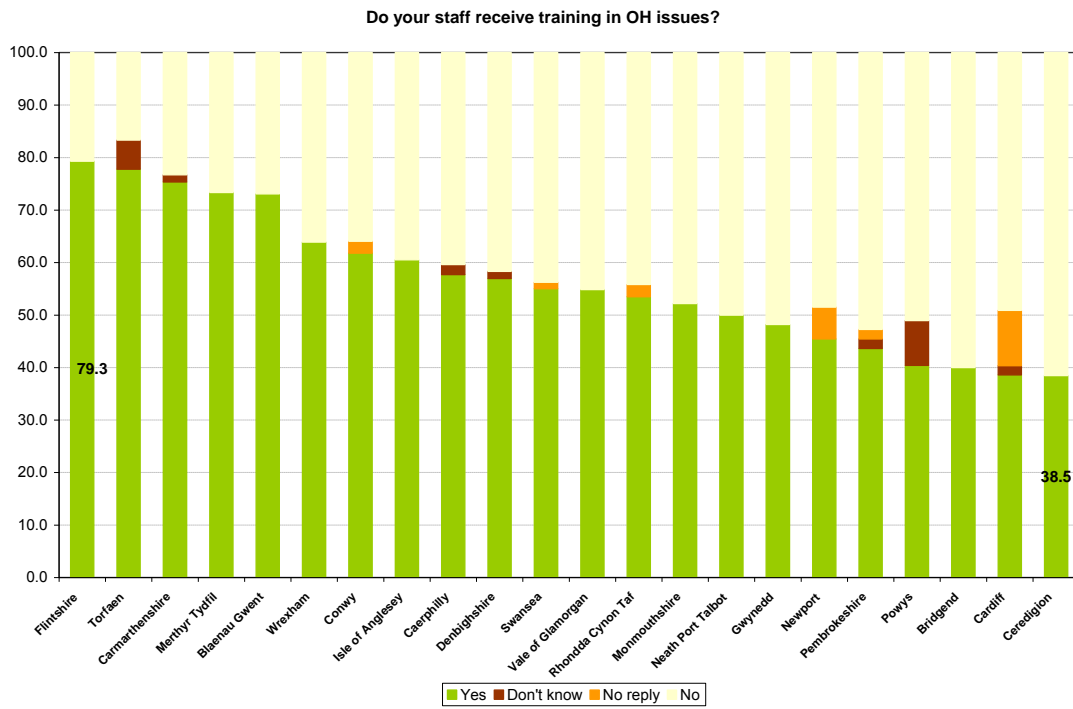
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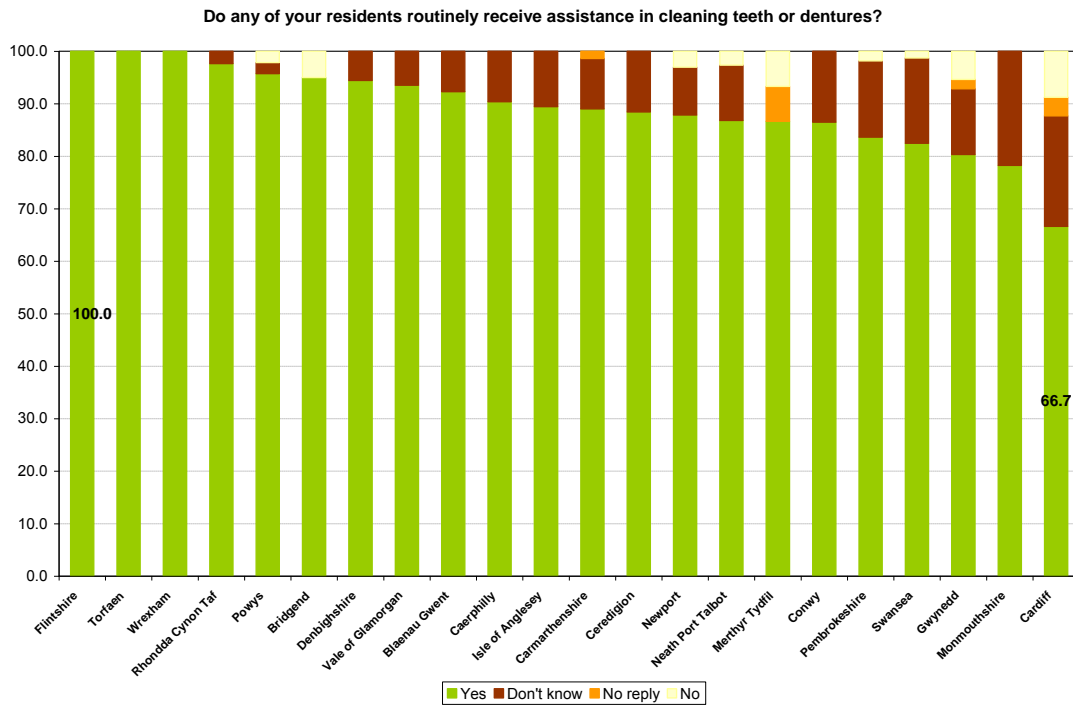
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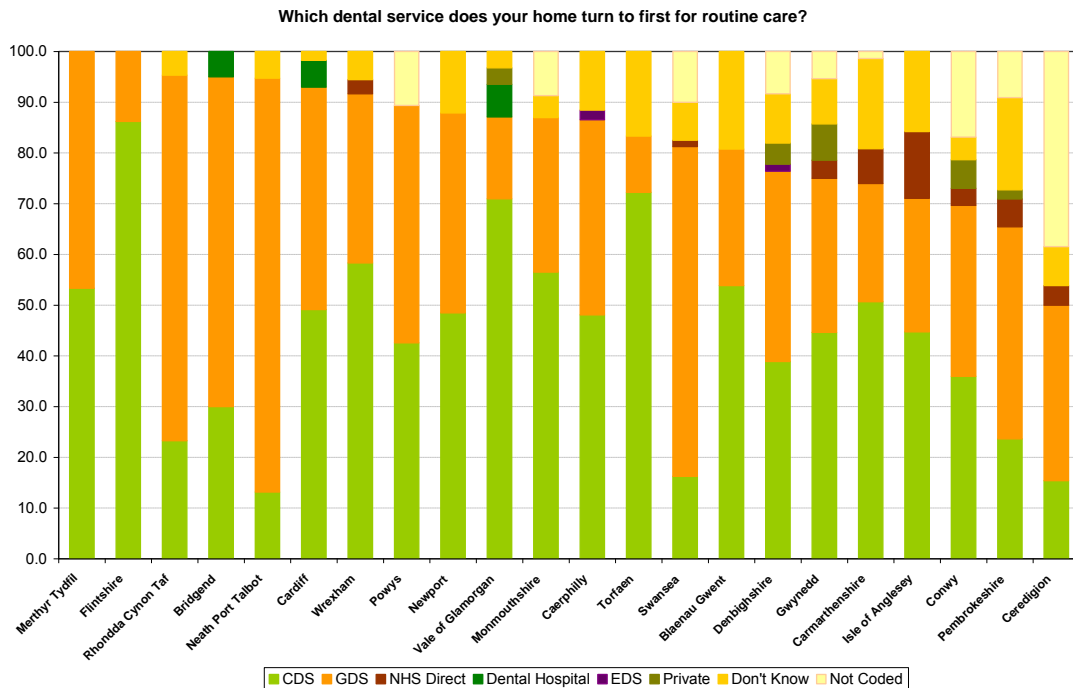
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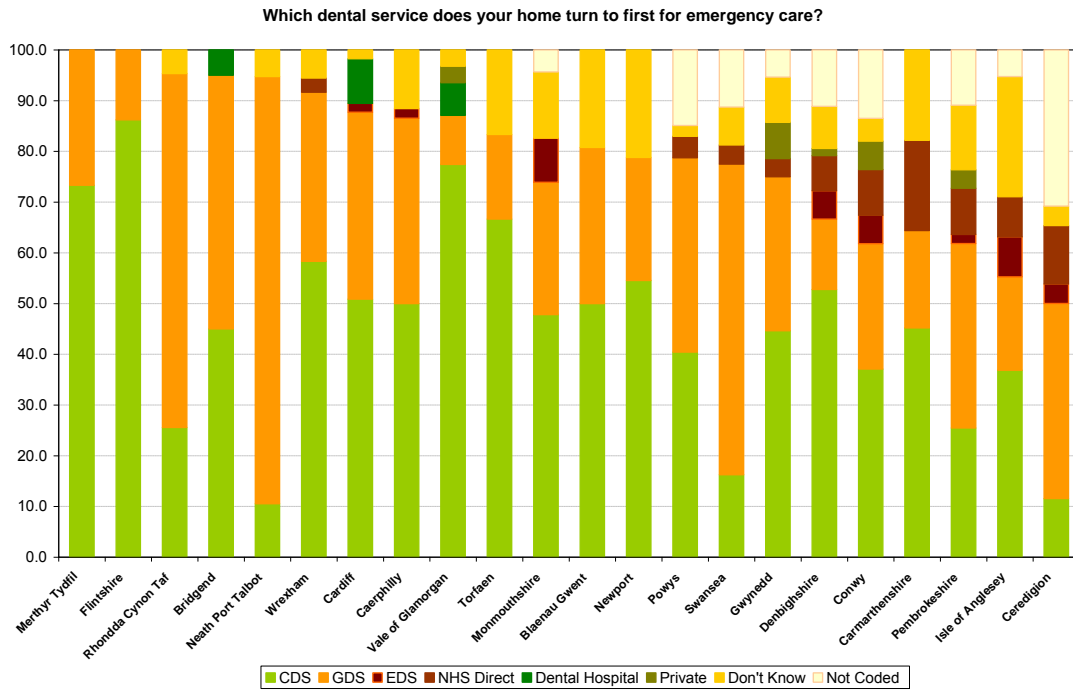
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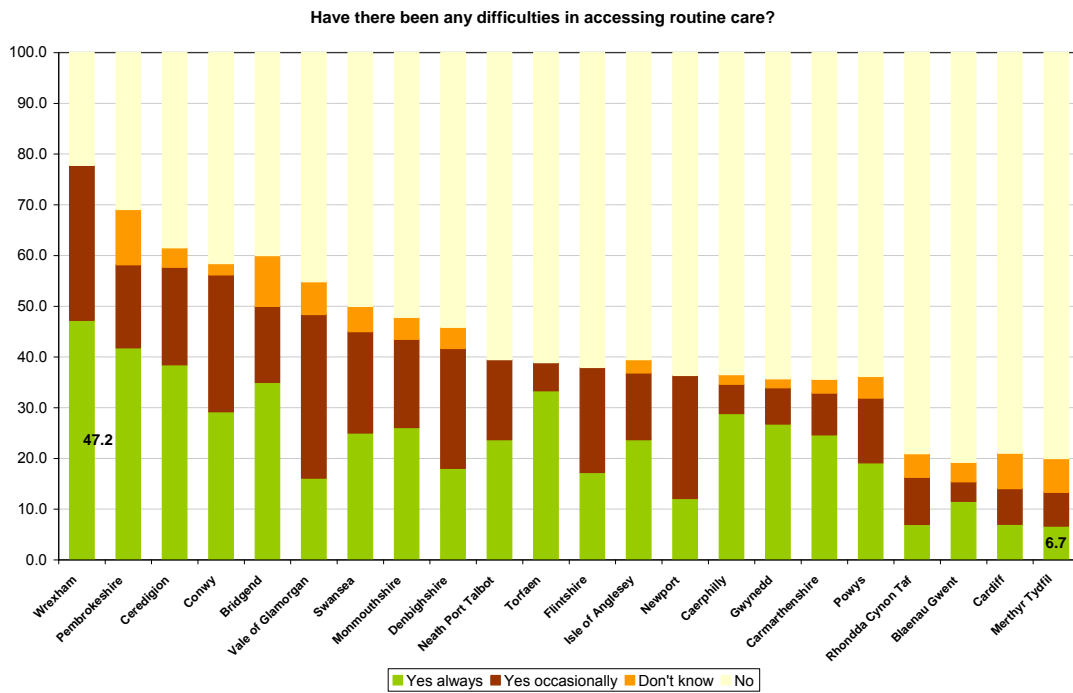
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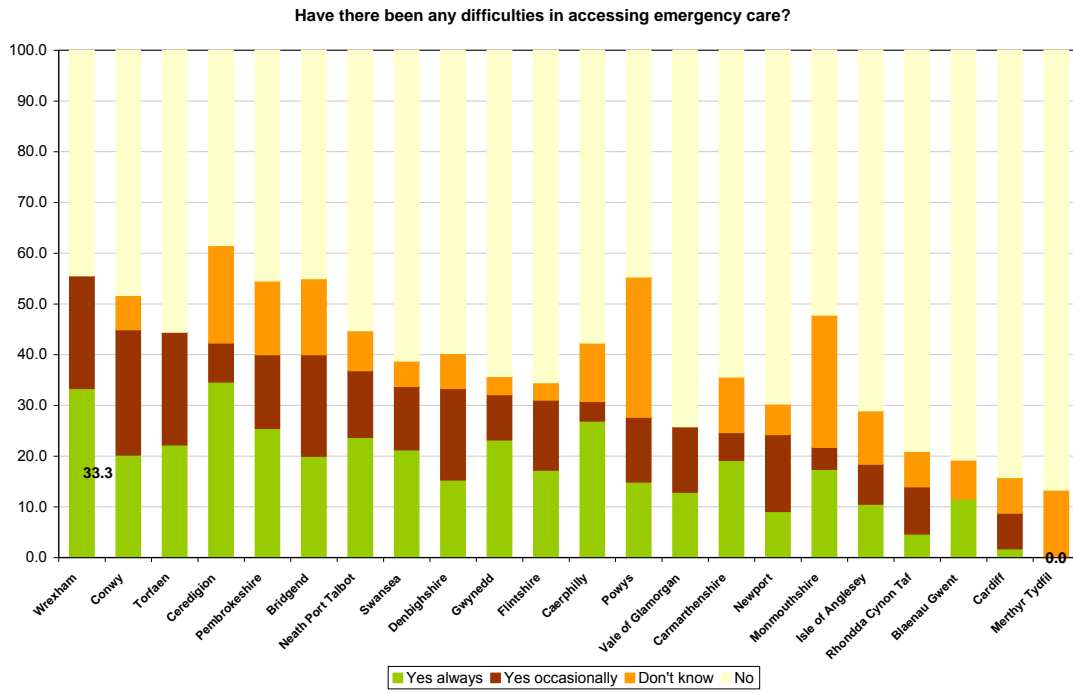
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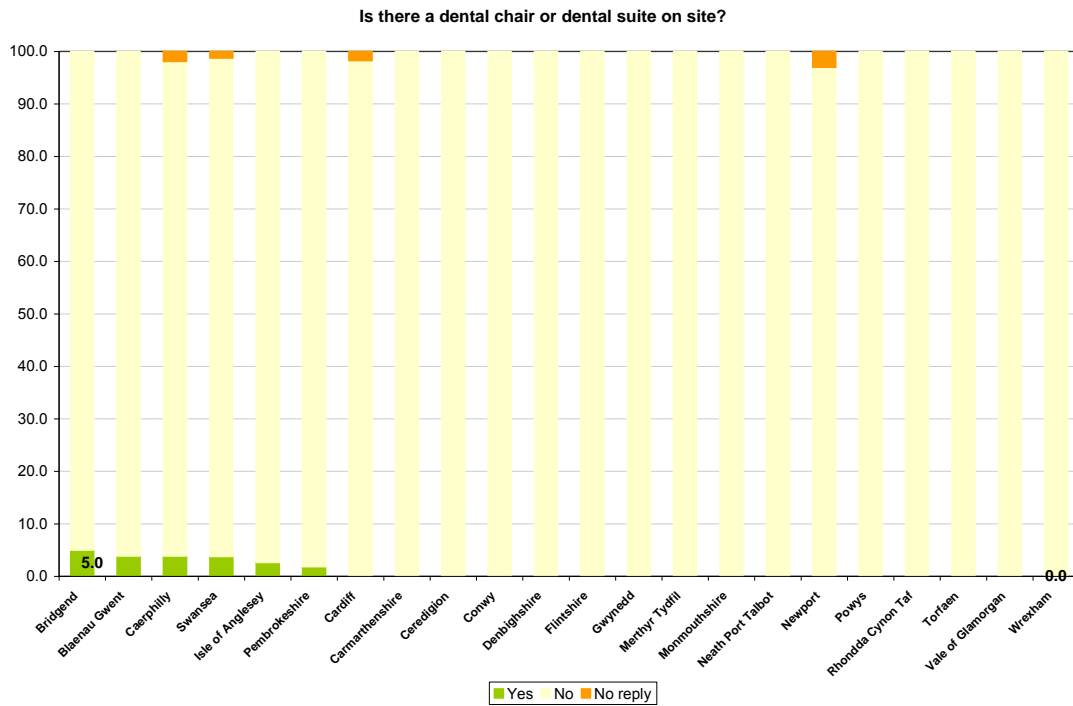
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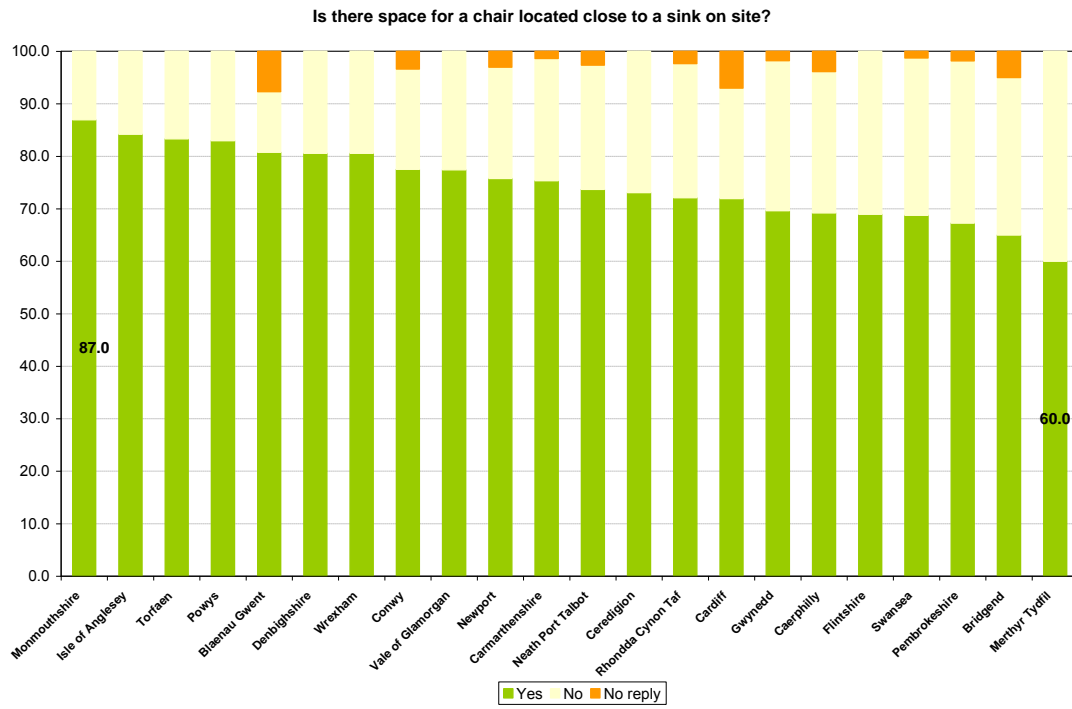
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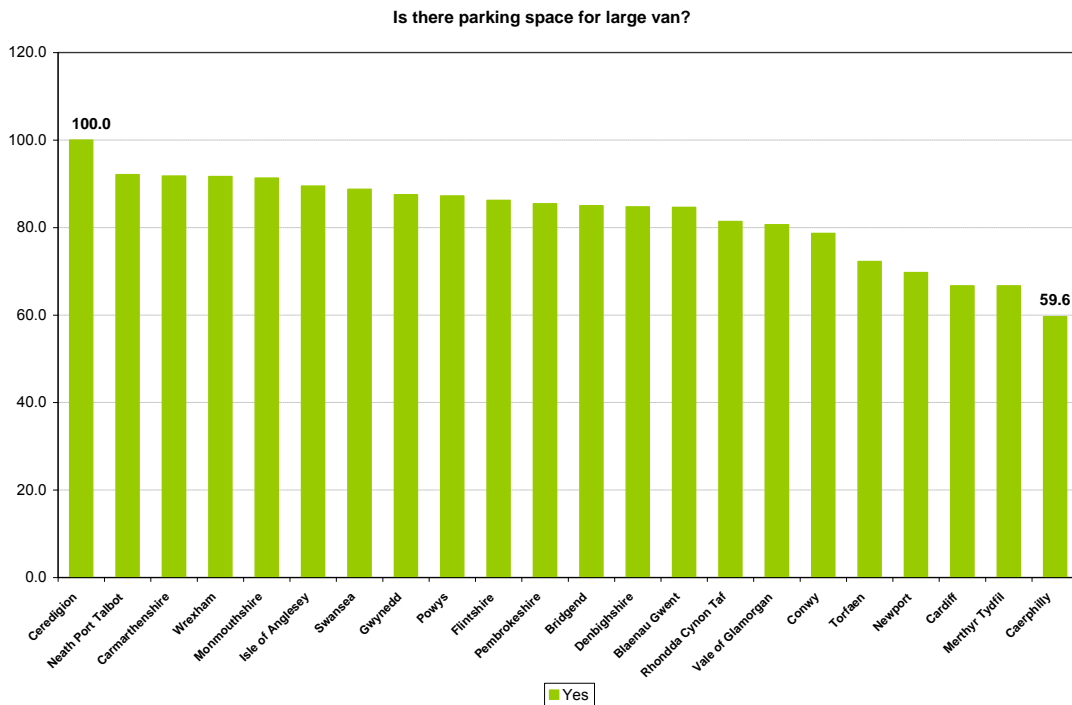
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A.17



A.18



A.19

