



Check-up



Access to NHS dental services in care homes in Dorset





ABOUT US

Healthwatch is the national, independent consumer champion for health and social care, established throughout England in 2013 under the provisions of the Health and Social Care Act 2012, with statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

Healthwatch exists in two distinct forms - local Healthwatch, and Healthwatch England at national level.

The remit of local Healthwatch encompasses all publicly funded health and social care services for both adults and children.

Healthwatch Dorset covers the area of the local authorities in Dorset, Poole and Bournemouth.

We would like to thank all those care homes who responded to our survey.

We would also like to thank the Chair of the Dorset Care Homes Association (www.dorsetcare.co.uk) and Partners in Care (www.picbdp.co.uk) for their promotion of the project.

We also acknowledge the previous work done by our colleagues in other local Healthwatch, especially Healthwatch Oxfordshire, Healthwatch Gloucestershire and Healthwatch Lancashire.

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PART 1

1. Executive Summary

1.1. Understanding the issues

In recent years, many national bodies have produced comprehensive research, guidelines and recommendations on dental care in care homes, especially for older people. The British Dental Association, Healthwatch England, the Royal College of Surgeons Faculty of Dental Surgery, the Faculty of General Dental Practice, the Care Quality Commission and the National Institute for Health and Care Excellence (NICE), to name but a few, have all produced reports highlighting the high levels of unmet need for good access to high quality dental care for this very vulnerable section of our population. They also highlight the high risk of NOT providing this care in terms of reduced quality of life for residents and increased cost in terms of potentially unnecessary hospital admissions and urgent care or treatment for people where good care could have prevented such need.

Given the above and our own evidence from previous work with care homes across Dorset and through our ongoing engagement with local care providers and the public, Healthwatch Dorset was aware that care homes (both residential and nursing) were often finding it difficult to access dental care for their residents. In order to find out the extent of the issues locally, we sent out an electronic survey to the managers of every residential and nursing care home in Dorset, Poole and Bournemouth, including homes supporting people with learning and physical disabilities.

Our survey asked homes about their experiences of accessing dental services for their residents, including whether they were experiencing any barriers to services, and what areas of improvement (if any) they would identify for service providers and/or commissioners to address.

1.2. Key findings

1. 38% of residents of the homes that responded to our survey receive no dental services at all.

“We struggle with dentistry across the care industry.”

2. 59% of the homes that responded said that their residents received poor or average dental services. Issues of concern included long waiting times, a lack of home visits and a lack of services supporting people with dementia.
3. 41% said they received good or excellent services. (All the homes which rated dental services as “excellent” were receiving services from the [Browning Centre](#).)
4. Homes reported that the biggest barriers to accessing services were:
 - No home visits available
 - Long waiting times for appointments
 - No hoisting facilities at dental premises
 - No or poor wheelchair access at dental premises
 - Inability to access emergency dental services
 - Inability to find dentists taking on new patients

- Dentists not willing or not able to treat residents with disabilities
- Dentists' lack of or limited understanding of available carer support when making appointments

“When you look after residents with dementia and mental health problems, accessing a dentist can be very difficult due to several reasons, the person may have issues with going into the public or it may take lots of attempts to help people go outside and out of their comfort zones as they may become distressed. Due to the limited time and availability that dentists give, this makes it hard to ensure services are available for these people.”

“General lack of empathy for persons with dementia or physical disability.”

1.3. Key suggestions for improvements

Homes' suggestions for improving access to dental services for residents mainly related to

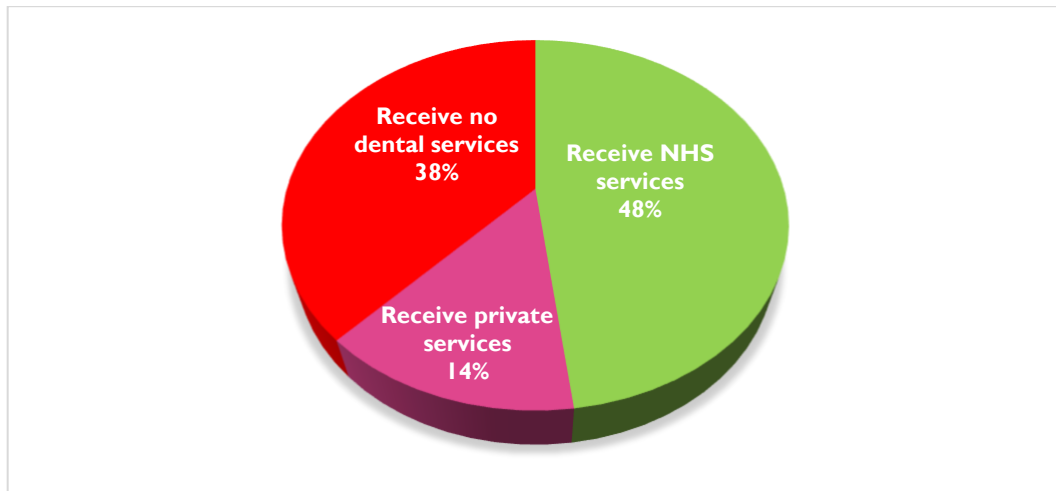
1. more home visits and
2. more dementia training and awareness for dentists.

“It would be impossible for us to get service users to a dentist as they are mostly last stage of dementia and would be highly disturbed taking them off site from the care home.”

“Dentists need to be trained to deal with patients with severe dementia and cognitive impairment.”

2. Use of dental services by residents

The total number of residents supported by the homes which responded to our survey is approximately 1227. Of these:



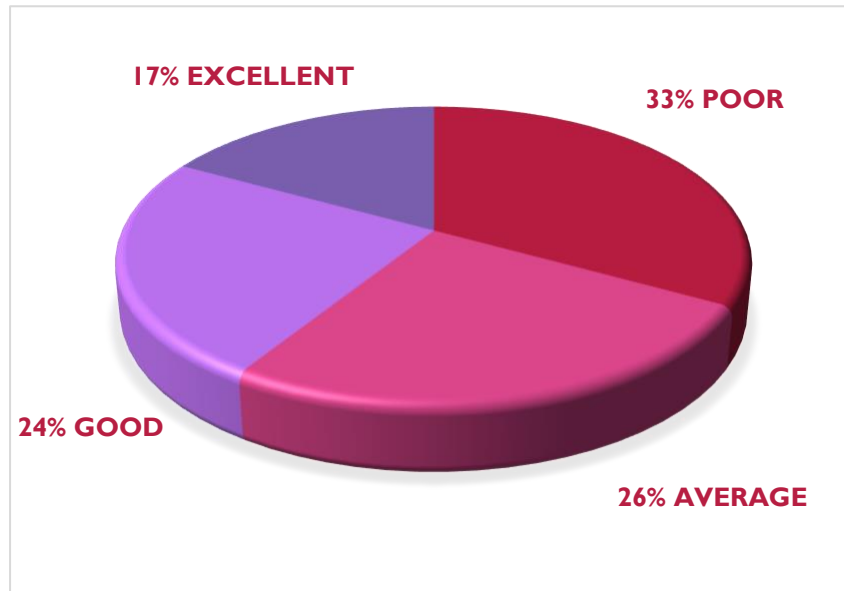
We asked the homes to indicate which of a variety of dental services their residents receive.

- 64% said residents receive regular check-ups
- 49% said residents receive oral hygiene services
- 87% said residents receive treatment only when needed
- 62% said residents receive denture repair services
- 33% said residents receive denture maintenance and support services

Only 18% of homes said that their residents received all of the services.

3. Overall rating of dental services

Homes were asked to rate the dental services received by their residents:



As a follow up question, homes were asked to explain the reasons for their answer. Their answers are set out in full below in Part 2.

4. Barriers to accessing dental services

Homes were asked to identify the barriers their residents experience in accessing dental services (from a list provided). [Note: 11% did not respond to this question.]

The barriers identified included:

- unable to find dentists taking on new patients
- dentists were not willing or unable to treat residents with disabilities
- dentists not willing or unable to treat residents with dementia
- long waiting times for appointments

- unable to access emergency dental services
- family/staff/carers not available to accompany residents to the dentist
- no home visits available
- no suitable transport to get residents to the dentist
- no hoisting facilities at dental premises
- no or poor wheelchair access at dental premises
- no lifts or stairlifts to upper floors of dental premises
- dentists having a lack of or limited understanding of available carer support when making appointments (e.g. not understanding there may be no carer support available at certain times of the day)

As a follow up question, homes were asked to comment on any other barriers they experience. All the comments received can be read below in Part 2.

5. Suggestions by care homes for improvement

Homes were asked if they had any suggestions for improving access to dental services. Some of the suggestions are:

- “Attending the home as opticians do regularly each year”
- “Home visits. We do not always have staff to take residents to outside appointments.”
- “Return of the NHS Flying Dentist to the area.”
- “Specific service that enable residents living with dementia to be able to access dental treatment as and when needed.”

- “One contact for care homes would be a positive move.”
- “Continued training for our staff to support them in looking after our residents’ teeth.”
- “I suggest that there needs to be a service available that aims to help social care staff to support residents to maintain the current health of their teeth. Perhaps training for service providers to teach more about dental hygiene with dementia. Domiciliary services available to visit homes and check dentures etc. Easily accessible in the same way chiropody or opticians are.”
- “Dementia training for dentists - NHS and private”.

All the comments received can be read below in Part 2.

6. Our conclusions and recommendations

Providers of residential, nursing and other homes have a responsibility to provide complete care for their residents and a duty to have staff trained and skilled to provide good oral care (audited by both the CQC and local authority quality teams). We are aware that care homes do have access to the 2016 “Improving oral health for adults in care homes: A quick guide for home managers” co-produced by NICE and SCIE (Social Care Institute for Excellence). We are also aware of the NICE “Oral health for adults in care homes” guideline NG48, July 2016 which discusses and reiterates all the issues that this survey highlights. The purpose of this survey has been to investigate the current status of access to dental services from the viewpoint of local care homes and to highlight where there may be gaps in putting into effect those NICE guidelines.

Some homes advised they were satisfied with the quality of, and access to, dental services. However, the majority expressed concerns and issues. Our recommendations below are based on those concerns. 38% of residents supported by homes receive no dental services. That should be a major concern for commissioners.

One of the main themes from the survey relates to the apparent lack of support, guidance and communication to care homes about the availability of services. Section 1.6.2 of the Oral Health Promotion Services section of the NICE NG48 guideline states *“Help care home managers find out about local oral health services and create local partnerships or links with general dental practice and community dental services including special care dentistry”*. Section 1.6.3 states *“Tell local authority public health teams and dental public health leads about gaps in the service, so they can advocate for accessible oral and dental health services on behalf of residents of care homes”*.

Recommendation 1

That NHS England (NHSE) and Public Health Dorset provide an update of the current status of Oral Health Promotion services across Dorset to care homes (this could be done through networks such as the Dorset Care Home Association, Partners in Care and local authority quality teams). This will allow care homes to have one point of contact to access information and to feedback issues. It would also provide opportunities for communication and learning between care homes and dental service providers - to understand the constraints, issues and problems each face (such as best time for appointments) and to work together to resolve these where possible.

The biggest issue and concern for care homes is the apparent lack of dental service domiciliary or home visits. In addition to this survey, we also spoke to the Dorset Care Homes Association, who told us that many of their members are not in possession of information about how and where to access dental services in the home.

Recommendation 2

We recommend that NHS England clarify the current status and capacity for home visits to care homes across Dorset, to include provider details, the service referral criteria and process and how services are promoted to care homes. Care homes should be provided with a clear process and understanding on how, when and where to access domiciliary dental services. If this information is already available, we recommend that further communication should be undertaken with care homes, to ensure that they are in possession of that information.

Many homes spoke of the issues their residents have with physically accessing high street dental premises.

Recommendation 3

We recommend that NHSE provide information to care homes on the location and availability of dentists whose premises have wheelchair access, lifts, hoists and other specialist equipment/services - or signpost care homes to the information if it is already readily available.

A major concern of care homes is the issue of dental service providers not willing or able to treat people with dementia or other additional needs.

Recommendation 4

We recommend that NHSE provide information to care homes on the location and availability of those dentists who have the capacity and are able and willing to treat people with additional needs - or to signpost to the information if it is already readily available. We also recommend that NHSE clarify the position on the commissioning of services for people with dementia, including the training and awareness provided to dental staff to support people with dementia and other needs.

Recommendation 5

We recommend that the findings and recommendations contained in this report be taken forward through the Enhanced Health in Care Homes work currently being undertaken through the NHS Dorset Clinical Commissioning Group (CCG).

Recommendation 6

We recommend that NHS Dorset CCG take forward the feedback provided through this survey on issues relating to access to other primary care services (see the full list below).

7. Responses to our report

Before its publication, we shared our report with NHS England, NHS Dorset Clinical Commissioning Group, Public Health Dorset and the three Local Authorities.

Below are the responses (verbatim) from:

- NHS Dorset Clinical Commissioning Group
- NHS England
- Dorset County Council and Public Health Dorset (joint response)

(No response was received from either Poole or Bournemouth councils.)



Dorset
Clinical Commissioning Group

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Dorset
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www.dorsetccg.nhs.uk

Supporting people in Dorset to lead healthier lives

20 December 2018 **Via email to** Mr Martyn Webster Manager Healthwatch
Dorset

Dear Martyn

Re: Dental Services and Care Homes

Thank you for sending me a copy of the Dental Services and Care homes report.
As requested please see below my response to this report;

As the CCG is not the lead commissioner for dental services, this response will primarily cover recommendation 5 and 6 within the report:

Recommendation 5: - Dorset CCG is working collaboratively with partners across the Dorset Integrated Care System to work through the Enhanced Health in Care Homes Framework and implement this across Dorset. The CCG will ensure that recommendations contained in this report are taken forward through this programme of work.

Recommendation 6: - Dorset CCG is leading on the element of the Enhanced Health in Care Homes Programme that specifically relates to Element One - "Enhanced Primary Care Support" and will ensure that issues identified in relation to flu vaccinations, audiology, podiatry, physiotherapy and occupational therapy are addressed within this work stream.

If you have any queries regarding this matter, then please do not hesitate to contact me.

Yours sincerely
Vanessa Read

Director of Nursing and Quality



Martyn Webster
Healthwatch Dorset

Sent by email:
martyn.webster@healthwatchdorset.co.uk

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Oakley Road
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Hampshire
SO16 4GX

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Telephone Number – 0113 824 7268

24 December 2018

Dear Martyn,

Re: Access to NHS dental services in care homes in Dorset

Thank you for the opportunity to comment on the draft copy of the Healthwatch Dorset report on access to NHS dental services in care homes in Dorset.

Some services for patients in care homes are provided by the Special Care Dental service. The contract for this service is due to expire at the end of March 2021 and the re-procurement process has recently commenced. The first part of the process will be patient and stakeholder engagement to understand how well the service is provided at present and where the gaps in service are from all perspectives – patients, service providers and those who refer into the services. To this end, the report is timely and very helpful and will be shared with the patient engagement group supporting the procurement process.

The recommendations will all be considered by the NHS England (Dorset, Hampshire and Isle of Wight) Dental Commissioning Group and Local Dental Network for actions to be agreed for implementation.

It is encouraging that the report is positive with respect to the Browning Centre given that this is the Special Dental Care service based in Boscombe. We will share the recognition of good service with the service provider.

We are concerned by the findings relating to dentists not willing or able to treat patients with disabilities or dementia.

The dental contract states that “a contractor shall only refuse to provide services under this Contract to a person if it has reasonable grounds for doing so which do not relate to a person’s age, sex (reassigned or otherwise), religion or belief, sexual orientation, race, cultural and linguistic background, any disability they may have, or medical or dental condition”. However in some cases specially designed chairs or moving equipment is required and it is not feasible for all dental practices to have these facilities. The Special Care Dental Service is commissioned to meet the needs of patients who are unable, for a variety of reasons, to use “normal” dental services.

The report highlights the need to work to understand what the barriers are for dental practices – whether these can be overcome by training or making reasonable adjustments

High quality care for all, now and for future generations

or whether there are issues relating to referral to the Special Care Service. This will be included as part of the engagement to prepare for procurement of the Special Care Service.

Work is currently being planned to develop a Dementia Friendly Framework for dental practices in Dorset and as part of that training needs will be considered and addressed.

We are aware that there are currently some gaps in the service provision especially regarding access to home visits which may also be related to the need to access urgent care in the homes. There are currently a number of practices available to provide urgent care during the day by contacting NHS 111. This may mean taking the patient to the provider, but in many cases patients can and should be taken out of the care home environment to access services.

The report highlights the need for dental practices to understand the needs of carers and to be more aware when appointments are being arranged. We will work with the CCG and other organisations to help carers feel more confident when booking any appointment for health care.

We are pleased that the report highlights the responsibility that providers of care homes have to offer complete care for their residents as well as a duty to have staff trained and skilled to provide good oral care. As part of the holistic approach to addressing the needs of patients in care homes, we will also work with the Local Council's Public Health officers to ensure that there is sufficient oral health promotion as well as training for care staff.

Thank you once again for the helpful and informative report which will be used to improve the quality of NHS dental services and to inform commissioning of services for patients who require special dental services.

Yours sincerely,



Olivia Falgayrac-Jones
Director of Commissioning

cc Julia Booth, Head of Primary Care, Wessex



Dorset County Council together with Public Health are grateful to Healthwatch for carrying out this research about access to dental healthcare for people resident in care homes in the area. This is an important issue in terms of equality and continued effort to ensure the voices and experience of people with disabilities/ older people in care homes is brought into the field of dentistry and dentistry research.

Whilst it is encouraging news that care homes reported some people living in care homes have good access to dental check-ups, with 17% of homes rating the dental care as 'excellent' and 24% as 'good', it is clearly an issue that the majority of homes in the survey rated dental services overall as 'average' or 'poor'. Of concern is the potential impact of lack of access to dental health on nutrition and consequent impact on the general health and wellbeing of people resident in care homes.

As longevity increases, services at home improve and more people are enabled to live at home for longer, care homes are now often catering for high levels of complex needs. The report by Healthwatch helps to highlight and share understanding about the specific barriers to access that some residents experience as a result of their physical and/ or mental health e.g. severe dementia, mobility.

We think this issue can also potentially affect people living in a wide range of community settings where they and their carers may face similar challenges, due to physical disability / learning disabilities.

We support the recommendation that findings from the report be brought into the programme for Enhanced Care in Care Homes, which lays out a clear vision for joining up primary, community and secondary and social care to residents of care and nursing homes, via a range of in reach services.

We think it may also be useful to look at how other providers of care and support, e.g. providers for support of people with learning disabilities, have enabled people to have access to dental checks and treatment, even in challenging situations.

We agree with the need for care homes to have up to date and relevant information about dentists which allows them to develop positive working relationships with dental practices who can help to address unmet need. It

is helpful to hear about what is working well to help share best practice in promoting good oral health for groups at risk of being excluded.

Eryl A Balazs
Commissioning Manager, over 65s & Carers
Adults & Communities
Dorset County Council

PART 2

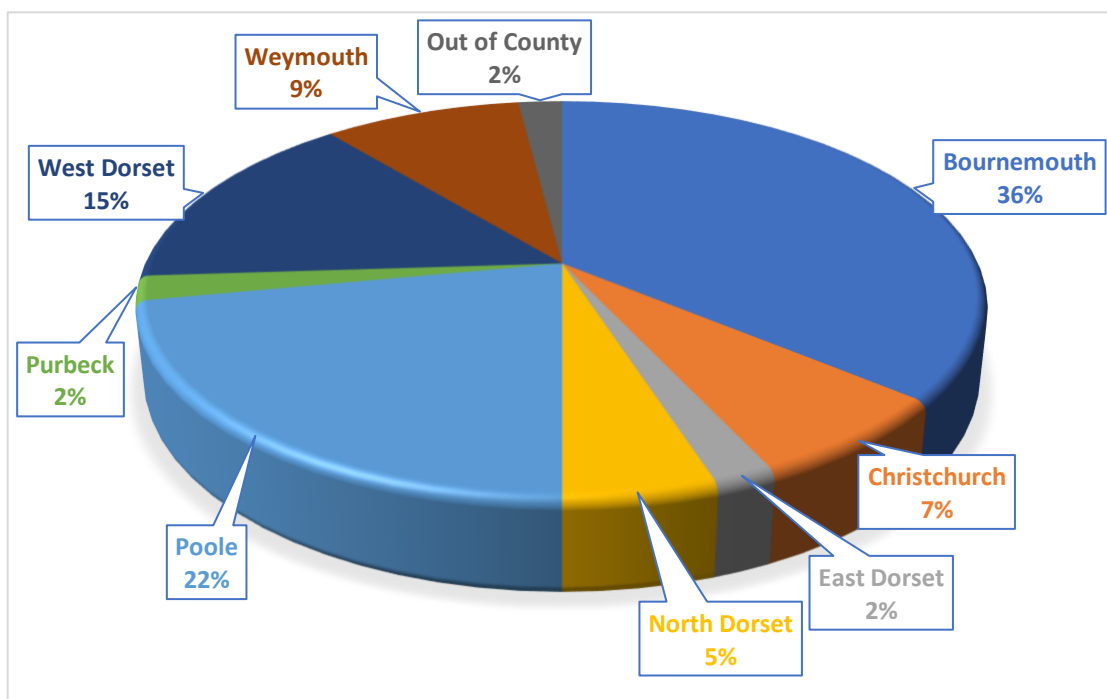
1. Our methodology

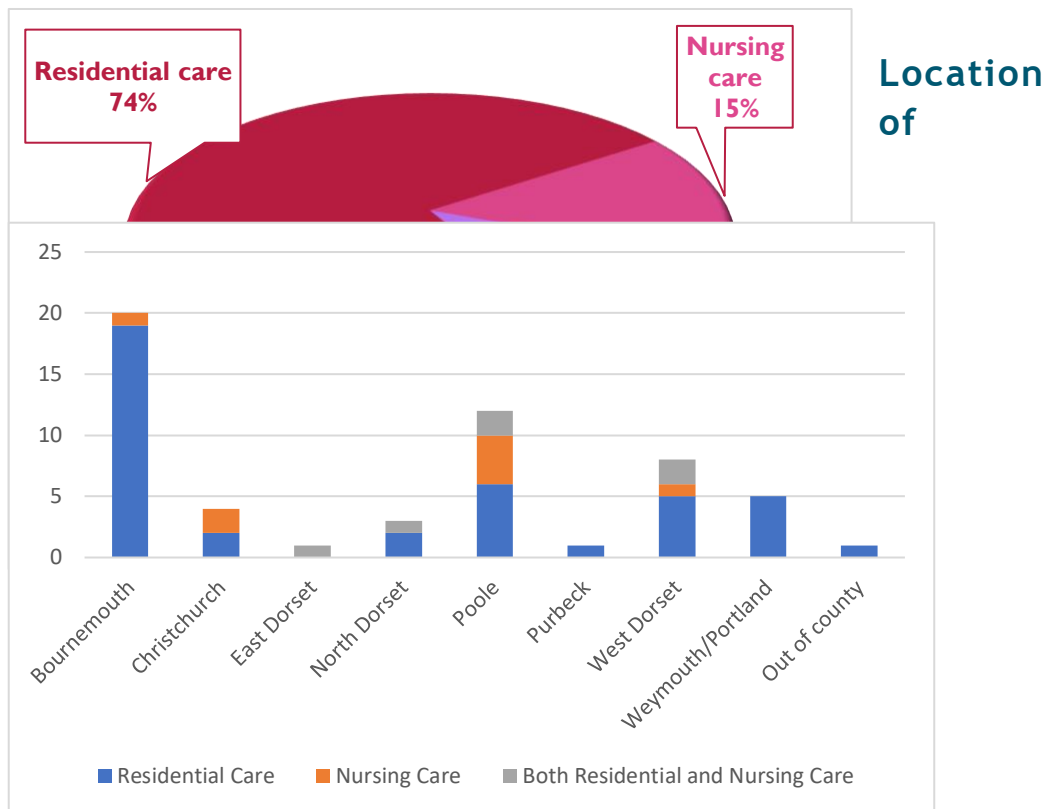
- We developed a short survey (using questions already tested through other Healthwatch nationally) and requested email addresses through the Care Quality Commission.
- During October 2018 emails were sent to 305 homes/organisations with a brief overview of Healthwatch Dorset, our objectives for undertaking the work and a link to the survey. Homes were also offered the chance to be entered into a prize draw if they completed the survey (monetary prize to be used for an activity of resident's choice). We wanted to give every home across the county the opportunity to tell us their views, so we chose not to send paper copies of the survey due to the high cost involved. From previous experience and research, we believe paper surveys are also less likely to be completed.
- The survey was also promoted through the networks of the Dorset Care Homes Association and Partners in Care (supporting training and development for people working in the adult social care sector).

- 56 homes/organisations responded to the survey. Having contacted a number of care homes and checking the list of email addresses provided by the CQC we believe that two factors were instrumental in preventing a higher response rate:
 - Many email addresses were incorrect or out-of-date.
 - Many emails went to the organisations “spam” or “quarantine” folders and so were potentially missed.

2. The full responses to our survey

Location of homes/providers





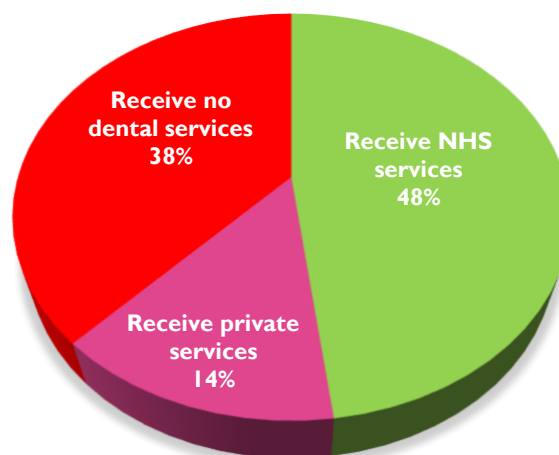
homes/providers and type of care provided

- Of the responding homes, 22% provided care for residents with Learning Disabilities.
- The largest number of responses came from homes with 20 residents or less (45%). These were followed by medium-sized homes with 21 to

40 residents (33%). Responses from homes with more than 40 residents was 22%.

Dental services received

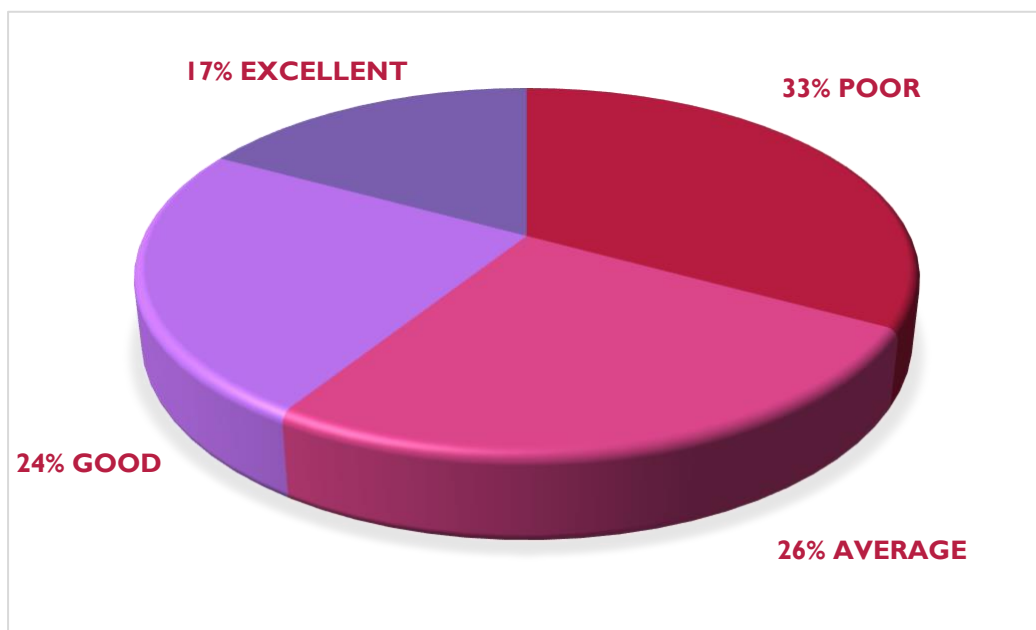
- The total number of residents supported by responding homes was approximately 1227. Of these:
- The survey asked homes to indicate which of a variety of dental services residents receive:
 - 64% said residents receive regular check-ups (71% of those through NHS and 29% through private providers)
 - 49% said residents receive oral hygiene services (63% of those through NHS and 37% through private providers)
 - 87% said residents receive treatment only when needed (67% of those through the NHS and 33% through private providers)
 - 62% said residents receive denture repair services (59% of those through the NHS and 41% through private providers)



- 33% said residents receive denture maintenance and support services (55% of those through the NHS and 45% through private providers)
- Only 18% of homes advised their residents received all of the services.

Overall rating of dental services

Homes were asked to rate the dental services received by their residents:



As a follow up question, homes were asked to explain the reasons for their answer. The following comments were received:

Comments for “Excellent” ratings

“Our residents are registered with Browning Centre. Boscombe. For couple of years now. They are excellent and cope very well with our residents who suffer with dementia and some have challenging behaviour. They also do domiciliary visits for those who are unable to attend. They are very helpful. Always respond to our call in good time.”

“The community dentist in New Milton is amazing. The service listens to our requests for the additional support our residents need. They share training ideas for our staff with us. They proactively manage our appointments and will telephone us to book check-ups. They come out to visit our home for those that cannot visit them. They work hard to provide treatment even for the most challenging residents who require best interest and GA to access their treatment. **(Comment from out of county home)**”

“Most of our residents use dentist practice at the Browning Centre in Shelley Road and receive an excellent service from the dentists and dental nurses there. The other people use a local dentist in Southbourne. At times it feels a bit rushed and since it changed hands it would appear that their preference is for private clients.”

“We use The Browning Centre and they are very good, they always phone us to remind us of upcoming appointments etc and we can then double check we have the support staff to accompany. They are very

accommodating when a resident declines, to go at last minute and will provide a new appointment.”

“They are registered with the Browning Centre which specialises in providing services for people with a learning disability and they are excellent.”

Note - 3 of the comments above relating to the Browning Centre are from providers of learning disability, sensory impairment and physical disability services.

Comments for “Good” ratings

“We have only just been able to access Dental Services on the NHS which will visit our Home and do 'check ups' for our Residents. Treatments may have to be carried out at a surgery which some of our Residents will not be able to access. It is difficult to give an accurate overall picture until the Dentist has visited our Home which is scheduled for next month.”

“Prefer the NHS service. Which you have to wait long time for appointment and registration.”

“No issues we follow very strict oral hygiene measures to try and eliminate problems.”

“Residents attend dental services at the Yeatman in Sherborne, and at DCH in Dorchester. They are very efficient at sending appointments and ringing to confirm attendance, and there is rarely a wait whilst at the dentist. The dental staff have a grasp of the mental capacity act when it comes to consent, which is refreshing when many GP practices still do not understand their role in decision making in best interest. With the adults

with learning disabilities that we support, the staff are kind, patient and inclusive of the person when discussing any care or treatment with the resident and staff member.”

“On the whole we are happy with the service provided, the main thing for us is that appointments can be early and when you have limited staff/drivers, getting them for 8.30am can be hard, if you ask for a later appointment, there is often nothing available.”

“The dentists are very supportive of the service user, they ask relevant questions such as medication and after care. We can contact them at short notice if a service user requires treatment ahead of appointments. We do not have any complaints with the services we use.”

“All registered with the Browning centre who are fantastic with the residents. Wait times for appointments though are really long.”

“Our Care Home resident's mostly have Dementia. Most of the Dentists in this area choose not to take on Dementia clients due to unpredictable behaviour. If any of our residents do experience dental issues, we request an appointment at Dorchester Hospital.”

“Dentist does check ups and sends email to remind about appointments.”

“We are a pilot service at present. We are part of the NHS England pathway with Salisbury NHS Foundation Trust and provide rehabilitation support to people who have sustained a spinal cord injury. So far, when we have needed to get a dentist, we have been successful.”

Comments for “Average” ratings

“Few dentists will not attend the home and residents find it difficult to go to a surgery. Families reluctant to pay for dentures.”

“None of our residents with dentures have access to this service. It is difficult to find sources when needed.”

“Extremely difficult to register service users with a dentist that will do home visits. Albeit the Care Home is sited opposite an NHS dentist. We have now managed to register with a practice a few miles away that will visit but that has been less than good as service users wait months to be seen.”

“Residents would be more likely to uptake the dentist should the service come through an NHS dentist who comes to visit the home. The price of private dentists puts a lot of residents off and NHS services are few and far between (in terms of those that can visit the home).”

“It is extremely difficult to source dental care for the residents living in our Home, especially as all are living with dementia. Due to their cognitive impairment and varying abilities and understanding, the dental services lack an understanding of how to support people who are experiencing these difficulties.”

“It takes a long time for a resident to get NHS care, the waiting list is long, particularly if the resident is not able to visit the surgery.”

“Long wait times for NHS patients.”

“Weymouth area is very limited with Dental Registration, and support for people who live and experience Dementia. When our residents require treatment, we will refer to Special Dentistry Care at County Hospital, however the appointment wait time is also challenging.”

“Waiting list is too long and residents must wait for a dentist.”

“Our residents struggle to access any of our local dentists. The one they prefer to go to has a significant number of steps that they find very difficult to ascend and descend. There are no travelling services which would make a big difference to our residents and families. We also struggle to get appointments that work around our staff getting residents

to appointments - there are only certain times of the day that we can do this, and this is not always understood.”

“Most residents can access the NHS dentist as required, referrals usually made through the GP. We do have some residents with Private dentist services, also we have a dental practice who we can refer to and they will come to the home to see patients as required.”

“I have to say average because there's often a 'string' of admin. issues to sort through! Also, often, original appointments can be cancelled & re-arranged two, or even three times. And, for some reason, the reception staff, either on the phone or face-to-face are sometimes not so courteous - this is a general issue care staff have to deal with throughout the wider community, sadly. The actual Dentist care our residents receive is 'Good' to 'Very Good'”.

Comments for “Poor” ratings

“It is difficult for our residents to access dentist treatment as many have complex health issues, e.g. advanced dementia or physical limitations which mean they are unable to attend a dentist's clinic. We do have the contact details of a private company who can visit the home, but this can be expensive for the resident/next of kin.”

“No NHS home visits available, many of the care home residents are not able to be transported to a dentist and even if we could get them there, they lack the equipment to move people for wheelchairs to the dentist chair (hoist/ stand aid)”

“There is a lack of appointments for sedation and I have had two residents wait in pain for months before they were able to have a general

anaesthetic. They were put through failed sedation appointments prior to this making them more distressed.”

“We struggle to find a dentist that will visit our home and we have some residents that are either unable or decline to leave the home for treatment/check-ups making it hard to manage.”

“Unless the person can attend the dentist, they do not receive any service.”

“There doesn't appear to be much provision for those that can no longer leave the home and/or sit in a dentist chair. There are domiciliary services available, but they are not easily and readily available. It appears to be a lengthy process to even register someone for domiciliary dental services.”

“Unable to access.”

“We use Dencare2U for the residents that use them, and I haven't had a very good response from them lately.”

“It is very difficult, nigh on impossible, to get a dentist to come to the home and not all our residents, very many of them in fact, are able to go to the dentist. We have a few residents able to attend a dentist that they had previously registered with, but it is impossible to register any of our other residents with a dentist, resulting in discomfort and ill-fitting dentures in many cases.”

“The Browning Centre require a huge amount of paperwork, then there's a waiting list, then there are things that can't be done in a care home.”

“We struggle with dentistry across the care industry. Dentist's don't always have disabled access at their practice or knowledge in dementia, so it can be difficult when taking them to appointments. NHS referrals take a long time causing the person to become frustrated and GP 's trying to treat 'blind'. As far as I am aware, there is no dentist willing to come out to care

homes and see people for general checks up or treatment due to lack of resources.”

“We are struggling to find regular ongoing dental support for our residents. Our residents can sometimes wait for up to 12 weeks before being seen for an initial consultation. The private Dentists will often decline to deliver treatment to our residents as most of them have a diagnosis of dementia, when treatment is offered the fees are terribly high. Our residents and their families would be so grateful for a regular visiting Dentist. We feel regular check-ups and oral hygiene are the very least that our residents should receive.

“We have two residents that are bed dependent we have recently accessed NHS dentist to visit the home. It has taken weeks after the initial referral form to then be sent another form and then weeks to get an appointment. One resident has no dentures and must have a soft diet until we get them, they have now taken moulds and we are waiting for the teeth to be fitted which we were told would take 6 weeks. So, from start to expect result will probably be about 3 months this has had an impact on the resident’s mental health and quality of life.”

“There are no dentists for elderly in care homes unless families are willing to pay. There is nothing for dementia patients at all and no NHS that is accessible.”

“Limited choice as few dental practices are suitable for people in wheelchairs.”

“Most of our residents are house bound, some have no family to take them. If we do a referral to the NHS dentist, it is often several months, and they do not do home visits. Only those able to get out to NHS/private dentist receives the treatment they need. It would be helpful to have a

list of local dentists who willing to come into care homes on a regular or emergency basis.”

“Local dentist no longer able to do home visits therefore we have to arrange visits to the dental practice. This can become problematic when a service user is a wheelchair user or does not have capacity. We have had times when the local dentist has been unable to carry out procedures due to lack of mobility or ease of access and therefore must wait an excessive period of time for the service user to be seen at the hospital.”

“The home just signed up with the local dentist surgery who is trailing a pilot scheme to buddy up with local care/nursing home to provide services on NHS treatments. The surgery staff are proactive and able to attend to the residents at the nursing home who is not able to attend the surgery. This is the major drive for our home to sign up with this scheme as we find that it is very difficult for people with dementia to attend the dentist. It is too distressing, and most surgeries are not equipped to deal with elderly with progress dementia, anxiety and severe cognitive impairment. Before signing up with the local surgery, the home struggled to find a dentist service that would offer treatment on the NHS. The home used the Dento2 U which had private treatment scheme in place. As a home manager, I personally struggled to get the families agreement to put this in place as there was a charge for the original assessment visit. I am very pleased to be one of the lucky Home managers who has the opportunity to work closely with the local dentist on the NHS”

Barriers to accessing dental services

Homes were asked to identify the barriers their residents experience in accessing dental services (from a list provided). 11% did not respond to this question.

- 51% said they were unable to find dentists taking on new patients (96% of those through the NHS and 4% through private providers)
- 49% said dentists were not willing/able to treat residents with disabilities (75% through the NHS and 25% through private providers)
- 45% said dentists were not willing/able to treat residents with dementia (73% through the NHS and 27% through private providers)
- 65% said there were long waiting times for appointments (94% through the NHS and 6% through private providers)
- 61% said they were unable to access emergency dental services (93% through the NHS and 7% through private providers)
- 39% said family/staff/carers were not available to accompany residents to the dentist (all through NHS)
- 73% said there were no home visits available (80% through the NHS and 20% through private providers)
- 37% they had no suitable transport to get residents to the dentist (94% to NHS and 6% to private providers)
- 63% said there were no hoisting facilities at dental premises (74% through NHS and 26% through private providers)
- 61% said there was no or poor wheelchair access at dental premises (77% through NHS and 23% through private providers)

- 47% said there are no lifts or stairlifts to upper floors of dental premises (74% of through NHS and 26% through private providers)
- 49% said dentists had a lack of/limited understanding of available carer support when making appointments (i.e. not understanding there may be no carer support available at certain times of the day) (83% through NHS and 17% through private providers)
- As a follow up question, homes were asked to comment on any other barriers they experience. The following comments were received:

“General lack of empathy for persons with Dementia or physical ability”

“We are not given any information at all about how and where to access dental services. We have no signposting or support”.

“No hoisting facilities at NHS or private if people need treatment, we will source it”

“Admin.!! Is it not obvious that if a person who lives in a Registered Residential Care Home, receiving 24 hrs care - & has profound learning & physical disability from birth, that they will be in receipt of an exemption from paying for dental care? Yet, each time, Support Staff, already very, very busy workers have to have a raft of forms etc. to show the person they're accompanying is entitled to free care.”

“Because of our dentist’s workload it is difficult to get appointments sometimes, but they work hard with us to make sure we get treatment.”

“It can sometimes take a while to get an appointment but otherwise they support us well”

“The Browning Centre is great, however, as carers, we used to be able to access some training resources where oral hygiene staff would come in

and give an hours training to staff on good oral hygiene, but this is not available anymore.”

“Car parking is an issue for disabled access, and lack of parking spaces.”

Currently we have not encountered any difficulties. Should the needs of the person change, they would not be able to access this dentist due to no stair or lift available, not wheelchair access to upstairs”

“When you look after residents with dementia and mental health problems accessing a dentist can be very difficult due to several reasons, the person may have issues with going into the public or it may take lots of attempts to help people go outside and out of their comfort zones as they may become distressed. Due to the limited time and availability that dentists give this makes it hard to ensure services are available for these people.”

“Not had any problems. Will provide downstairs treatment rooms for residents who are unable to access stairs. Not had any patients with disabilities at this time. In the past have used the Browning Centre and they have visited patients who are not able to leave home”

“Keep emailing and get no response from visiting dentist”

“No facilities for residents who require stretcher transport.”

“It’s difficult to know who to call and if they can help.”

“There is nothing out there and this has been a problem for years”

“It’s very difficult for people with dementia to attend a dentist. It’s too distressing, and most surgeries aren’t equipped to deal with elderly with progressive dementia, anxiety and severe cognitive impairment. Before signing up with the local surgery, the home struggled to find a dentist that would offer treatment on the NHS. We used the Dento2 U which had private treatment scheme in place. As a manager, I personally struggled

to get families agreement to put this in place as there was a charge for the original assessment visit.”

Suggestions for improvement

Homes were asked if they had any suggestions for improving access to dental services. The following comments were received:

“Attending the home as opticians do regularly each year”

“Home visit would be more acceptable, we do not always have staff to take residents to outside appointments”

“It would be impossible for us to get service users to a dentist as they are mostly last stage of dementia and would be highly disturbed taking them off site from the care home”

“Return of the NHS Flying Dentist to the area”

“Specific service that enable residents living with dementia to be able to access dental treatment as and when needed.”

“Someone meeting the people, one contact for care homes would be positive move”

“More NHS dentists need to be dementia aware”

“More home visit services through either NHS or Private.”

“Annual check up delivery at Care Home would be ideal. Similar Service is delivered by NHS for Opticians”

“No, I don't know what the answer is as it is a difficult situation all round”

“Travelling dentist unavailable - this would help. Set times put aside for elderly residents in clinics.”

“Yes, to reduce admin. & time wasting - for those people who have profound & non-changing disabilities, they are issued with an ID for life to receive free dental care! Rather than having to apply each year, it is ludicrous!!!! And such a waste of resources!!”

“We will feel lost if the Browning centre decide to stop caring for our residents.”

“Continued training for our staff to support them in looking after our residents' teeth. Our residents need staff to clean their teeth for them.”

“They should consider that elderly people with dementia need to see the dentist the same as everyone else”

“No problems”

“For clients who can't go out due to dementia or bed bound need home visits which is not getting enough at present from the community and private home visits are charging too much money for home visits. NHS needs to take more patients to the local dental practices. Private charges are non-affordable for clients.”

“More dental services should be available with a faster response”

“No, they provide a wonderful service”

“No, we are currently happy with the dentist”

“A home visiting dentist would be much more appealing”

“There used to be a Flying Dentist but not any more. This would help people in Care settings”

“NHS dentists who visit nursing/residential care homes on a regular basis.”

“A home visiting service, accessible premises with the equipment in place. Staff who understand dementia, and have an understanding on how to maintain dignity”

“More home visits available”

“Regular visit from community-based services”

“I suggest that there needs to be a service available that aims to help social care staff to support residents to maintain the current health of their teeth. Perhaps training for service providers to teach more about dental hygiene with dementia. Domiciliary services available to visit homes and check dentures etc. Easily accessible in the same way chiropody or opticians are.”

“More companies willing to visit homes”

“Could the NHS or any private dentist consider doing a domiciliary service, we are a nursing home so an extraction and dental hygiene and denture fitting should not be a problem. I can imagine that fillings may be an issue unless they had a portable drill”

“We need one visiting dentist who sees funded and private residents and can deal with dentures and own teeth.”

“Dementia training for dentists - NHS and Private. Disabled access for Private Dentists Cost of oral care too expensive, yet so important Regular checks up in the home Reduced waiting times”

“Previously when I worked in a home in Poole there was an NHS Dentist who worked in our area and was available to us every Wednesday, it was a fantastic service, the Dentist whose name escapes me retired in 2014”

“Dentist to visit the home to carryout check-ups”

“Improvement in home visits”

Someone needs to fill the gap in the market”

“A decent domiciliary dental service and a purpose-built NHS dental centre with disability access”

“As stated, have a list of dentists who will make home visits to do check-ups some treatments or denture repairs/replacements to support those unable to come to the surgery with is most of ours.”

“Providing some sort of service for home visits”

“Dentists to be trained to deal with patients with severe dementia, cognitive impairment.”

Other comments

Homes were given the opportunity to comment on any other primary care services. The following comments were received:

“It would be good to be kept in the loop for changes that affect us in the care homes and that would alleviate a lot of frustration. Currently asking for flu vaccine for service users and no one can tell us why it’s not happening and when it might happen. CQC has a take on it that the care home might be failing the service user. However, if we are not included in the politics of whose paying for flu vaccines, we don’t have the answers”

“The Home uses private services such as those listed in the above question with the exception of GP’s. However, can often be very costly for our residents and access to primary care services would be invaluable.”

“Long waiting lists for some of these services, particularly podiatry”

“Audiology telephone line at Dorset County Hospital very rarely gets answered which makes it near impossible to book appointment.”

“Audiology would be the same responses - difficult to get our residents there and to find an appointment that suits the carer support.”

“Physiotherapy access for people with profound learning & physical disability is appalling in Dorset - a county disgrace. CQC are presently promoting the 'constriction' issue - the seizing-up of in active limbs and loss of other skills because care staff no longer have the time to give attention to - corporate physical abuse! The overall crisis in Social Care funding is a major cause for this 'skill / physical' deterioration condition. Our service users used to have access to 'subsidised' physio. every two weeks - this was stopped by our company 2 years ago! Since then, physio appears to be yet another 'skill' that low paid care workers can be used for! Appalling!! Only in learning dis. though, where most customers 'cannot' complain - an utter disgrace!!!”

“Sadly physiotherapist, occupational therapy, dietician, podiatrist all need referral from GP. We are told they are short of staff themselves.”

“The referral process for seeing other professionals is complicated and the waiting time for physio was over 3 months for one resident in our home.”

“All excellent services from GP's Beaufort Road surgery. In the past when needed excellent services from Audiology at Shelley Road.”

“GP's- to come and assess residents and make appointments at the surgery. Physiotherapist- in LD team are great, just have to wait sometimes a while until residents assessed Dietitians- long waiting list”

“GP's difficult to get appointments, although this is the same for everyone.”

“We have a good relationship with GP's and any referrals are dealt with promptly”

“Physiotherapy needs to be referred by GP and the referrals takes long time to visit the clients.”

“On the whole very good GP should be aware if they register older residents in care homes, they are entitled to have the needs met without question”

“No, think we are quite lucky in this area.”

“We have a good relationship with our GP Surgery and can access most partner agencies quite quickly”

“GPs have a lack of understanding of learning disabilities and autism”

“Audiology appoints are hard to access and they do not offer community services”

“We find access in general through the NHS to primary care services are excellent with the exception of dental care and physio has an extremely long waiting list at present.”

“Accessibility. Appointment in good time could improve”

“A lot of surgeries have stopped syringing ears, and this is causing a lot of distress for residents who are deaf”

“They do their best but don't have the staff or resources”

“Long waiting times for audiology”

“Physio referrals can also take a long time. Audiology again Not many come into the care home or none known of that are NHSA based.”

“Very happy with local GP as the home has got regular GP round in the home once a week. Regular Podiatry visits are good as well”

Distribution list for this report

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