



Public Health
England

Protecting and improving the nation's health

Dental public health intelligence programme

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

Report 1: 'Care in your home' services

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Preface

Oral health surveys in England are undertaken with various population groups as part of the PHE dental public health intelligence programme. Prior to the 2013 re-organisation such surveys came under the umbrella of the NHS dental epidemiology programme. The survey reported here is one of three undertaken over the time of transition and was initiated by a working group comprising dental public health practitioners who now work within PHE in the operations and chief knowledge officer's directorates.

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

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

This report is 1 of a series of 3 and tells of the findings of oral health related questionnaires run with managers of 'care in your home' services.

Introduction

Care in your home services (CIYHs) provide support for dependent older people who are living in their own homes. The level of support provided varies widely dependent upon the client's needs. They may be provided by local authorities or in private contract with the client or their family. A far greater number of older people receive support from CIYHs than live in residential care and there are far more services to meet this demand than there are residential homes. It is possible that the impact of such services on general and oral health could be substantial both in the short and long term.

The results of this survey of CIYHs are given here.

Summary

The results show a wide range of practice among CIYH services. Some of these could reflect the variations in the types of clients each service provides services for.

Differences are evident with regard to initial assessments of oral care and hygiene needs with many services undertaking these, but 37% not undertaking them at all.

Most responders said that they have a system to ensure they can help clients clean their own teeth but others commented that this was limited to soaking dentures and that responsibility for arranging treatment was left to family members because of confidentiality issues.

When asked about accessing services for clients there was a repeated theme of difficulties accessing suitable services, particularly domiciliary services. Many clients would have problems travelling to dental practices and climbing stairs to upstairs surgeries. It was commented that there were costs associated with sending a staff member with a client for dental treatment at a practice.

The survey prompted many managers to note gaps in their services in relation to policy, training and knowledge. They commented on the shortcomings of their service simply in considering oral health and about providing assistance with hygiene. There was a clear demand for training by professionals and provision of leaflets and guidance.

Section 1 - Methodology

A survey containing 13 questions was used to gather the views of managers of 'care in your home' services for elderly people (aged 65 years and over) living in the North West. The survey was observational and involved only questionnaires of service managers, not patients or individual service users. A copy of the full questionnaire is provided in appendix A.

Lists of agencies that provide care in people's homes were provided by the dental public health epidemiology team (DPHET) using Care Quality Commission (CQC) information. Teams from community dental services were commissioned to undertake the fieldwork. A random sample of at least 6 agencies, or 10% of the total (whichever was larger) was taken in each local authority area. The sampled agencies were contacted and visits arranged to allow the fieldwork team to meet with the CQC registered manager.

A total of 198 agencies took part in the survey across North West local authorities (plus the Isle of Man). The surveys were conducted face-to-face and by telephone between October 2012 and May 2013.

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

Section 2 - Results

Participation in the survey

Two-thirds of agency managers (66.5%) reported receiving an information letter about the survey prior to participating (table 1). Almost all had been given the opportunity to ask questions about the survey (94.5%) and freely agreed to take part (96.7%).

Table 1. Participant background questions

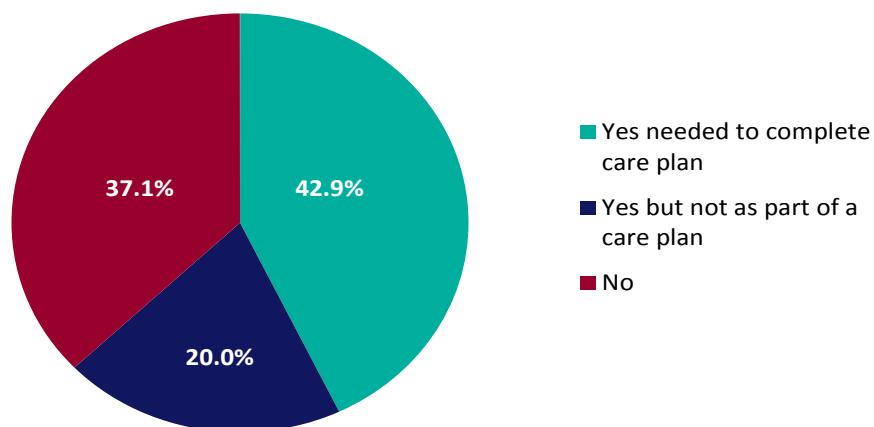
Has the agency manager...	Yes	No	Not sure	N
received the information letter	66.5%	26.4%	7.1%	182
been given chance to ask questions about the survey	94.5%	5.5%	~	181
freely agreed to take part	96.7%	3.3%	~	181

Oral care needs assessment

Over a third of agencies did not undertake a formal assessment of a client's oral care needs at the start of their care provision (37.1%, figure 1). A number of additional comments were made in relation to this question (n=31), mainly providing information about who conducts the assessments and when.

A range of agencies were reported to undertake needs assessments including managers of the care in your home services, social workers, council employees, community nurses and hospital personnel prior to the service being engaged.

Figure 1. Responses to the question: 'Is there a formal assessment of each client's oral care needs at the start of care provision by your agency?'



n= 175

Of those who conducted assessments, the presence or absence of dentures and the ability of the patient to eat food was checked by 83.9% of agencies (table 2). The ability of the patient to clean their own teeth was checked by 85.7%, while the presence of oral conditions requiring urgent attention was assessed by 55.4%.

Additional comments in relation to this question were that in some agencies, assessment was only made if the client raises an issue (such as pain or problems eating), or that the agency would expect oral health issues to have already been picked up by other health care professionals prior to a client receiving 'care in your home' services.

Table 2. Type of oral health needs assessment

Assessment of...	Yes	No
presence/absence of dentures	83.9%	16.1%
ability of the client to eat food when they want	83.9%	16.1%
ability of the client to clean their own teeth	85.7%	14.3%
presence of any oral conditions requiring urgent attention	55.4%	44.6%

n=112

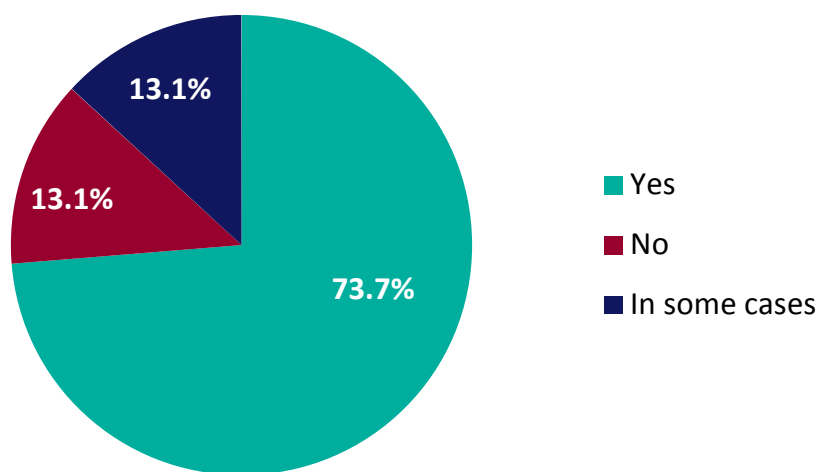
The variation in coverage of assessments was illustrated by the comment that a few services some simply ask about access to a dentist, while others reported just asking about self-care.

Help with oral hygiene

Almost three-quarters (73.7%) of agencies had a system in place to ensure that clients who required help with oral health received it (figure 2). Other comments in relation to this question were provided by fifty three respondents. The most common responses were:

- oral hygiene provided as part of general care/care plan (n=19)
- help/encourage where needed/requested (n=13)
- liaise with social worker or other health professional such as GP, GDP, hygienist or district nurse (n=9)
- liaise with family (n=5)
- other (n=7)

Figure 2. Responses to question: 'Is there a system to ensure clients who need help with oral hygiene receive this help?'



n=175

Staff training

Managers were asked whether their staff had received training in five different areas of oral health care (table 3). Across the five areas, agencies had most commonly provided training on taking care of a client's dentures (63.5%), while the least common was assessing a client's need for urgent dental treatment (40.6%).

Table 3. Staff assessment skills

Are care staff trained to....	Yes	No	N
assess a client's need for assistance with oral hygiene	45.6%	54.4%	169
give clients assistance with oral hygiene	62.1%	37.9%	169
take care of client's dentures	63.5%	36.5%	170
assess a client's need for urgent dental treatment	40.6%	59.4%	170
obtain urgent dental treatment for clients from the correct source	58.8%	41.2%	170

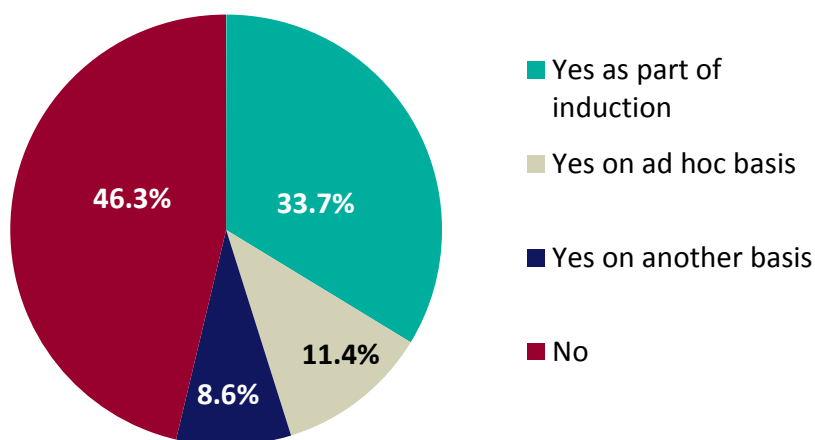
A number of respondents provided additional comments in relation to this question (n=100). The most common responses were that if a problem was spotted, a family member would be contacted or the client would be referred on to another health professional (such as a dentist or hygienist). The need for additional training on oral health and hygiene was also highlighted.

Respondents were asked 'what are staff taught about obtaining dental treatment for clients?' A wide range of responses were received (n=171), with key themes as follows:

- to contact relatives or social worker (n=59)
- to contact the client's dentist (n=33)
- to report to manager (n=29)
- basic care/information (n=14)
- to access external resources (e.g. dental helpline, dental access centre, training) (n=5)
- other (n=31)

Staff training about oral care for clients was provided by over half of agencies, the majority as part of the induction process (33.7%), whilst others provide it on an ad hoc (11.4%) or some other basis (8.6%; figure 3).

Figure 1. Responses to question 'Staff training: Is training about oral care for clients provided?'



n=175

Among those agencies that did provide training (53.7%), this was through various routes, the majority being in-house training by other staff or managers. Other sources of training included external agencies or on-line resources, while some agencies stated that staff had received this as part of their NVQ training.

The frequency with which training was provided varied across agencies. Ninety-two agency managers answered the question 'how often was training provided' with the majority (n=46) stating that it was provided as part of the induction process (ie one-off). The second most common response was on an 'ad hoc/as and when needed' basis (n=15). Responses were as follows:

- at induction (n=46)
- ad hoc/as and when needed (n=15)
- once a year or less (n=13)
- more than once a year/other (n=10)
- on-going (n=8)

Just 16% of agencies made training materials or advice leaflets about oral care available to staff. A number of respondents stated that such materials would be useful (n=47).

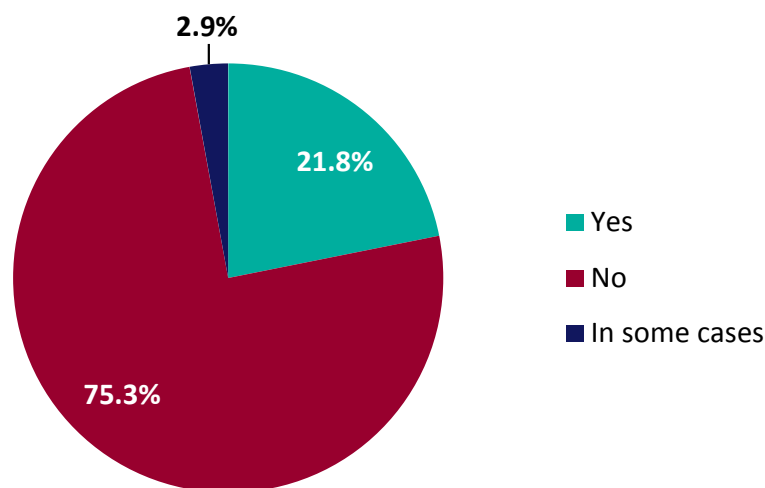
Oral care policy

Agencies were asked whether they had a policy about oral care for clients in place. Three-quarters of agencies (75.3%) did not have a policy in place (Figure 3). A number of respondents stated that they didn't have a specific policy in

relation to oral care but that it was included as part of a client's general care plan or as part of general policy (n=29).

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

Figure 4. Responses to question 'Does the agency have a policy about oral care for clients?'



n=174

Additional comments

At the end of the survey, respondents were given an opportunity to provide additional comments. A total of eighty three respondents provided comments with two key themes emerging; requests for additional training and training materials (leaflets, online resources etc.) and requests for more domiciliary dental care services (and clear pathways for referral).

This report forms part of a series of three surveys of services for dependent older people;

1. 'Care in your home' services provided by agencies, for care of adults over 65 years.
2. Adult hospices and care homes, with and without nursing, in which adults over 65 years were resident.
3. Wards in hospitals providing in- patient care for adults over 65 years.

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

Appendix A:

Questionnaire about 'care in your home' services

1. Has the agency manager received the information letter?		
Yes		
No		
Not sure		
2. Has the agency manager been given the chance to ask questions about the survey?		
Yes		
No		
3. Has the agency manager freely agreed to take part?		
Yes		
No		
4. Is there a formal assessment of each client's oral care needs at the start of care provision by your agency?		
Yes, it is needed to complete each client's care plan		
Yes, usually this is done but not as part of a care plan		
No - go to question 6		
Comment:		
5. If 'yes' - Is there an assessment of:		
The presence or absence of dentures		
The ability of the patient to eat the food they want		
The ability of the patient to clean their own teeth		
The presence of any oral conditions requiring urgent attention		

Comment:		
6. Is there a system to ensure clients who need help with oral hygiene receive this help?		
Yes		
In some cases		
No		
Comment:		
7. Are care staff trained to:		
Assess a client's need for assistance with oral hygiene?		
Give clients assistance with oral hygiene?		
Take care of client's dentures?		
Assess a client's need for urgent dental treatment?		
Obtain urgent dental treatment for clients from the correct source?		
Comment:		
8. What are staff taught about obtaining dental treatment for clients?		
9. Staff training: is training about oral care for clients provided?		
No – not provided for staff - go to question 12		
Yes - as part of induction for new staff		

Yes - on an <i>ad hoc</i> basis for all staff	
Yes – on another basis	
If the answer is 'Yes - training is provided –	
<p>10. Who provides training to staff?</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>11. How often is training provided?</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>12. Do you have any training materials or advice leaflets for staff about oral care?</p>	
Yes	
No	
<p>Comment:</p>	
<p>13. Does the agency have a policy about oral care for clients?</p>	
Yes	
In some cases	

	No	
Comment:		
If "yes" are you able to provide a copy?		
	Yes	
	No	
Any further comments you would like to make?		
.....		
.....		

Thank you for helping with the survey.