Llywodraeth Cymru
Welsh Government

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

Delivery of the Gwên am Byth programme from 1 April 2018 to 31 March 2019

 WG39399 Digital ISBN 978-1-83933-454-2
Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh.

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Executive Summary

- 52.3% of care homes have been targeted to participate in Gwên am Byth (GaB).
- 340 homes targeted compared with 229 targeted homes last year.
- Of the targeted care homes 287 are participating fully and 33 are participating in part. 3 homes have not yet started to participate. 12 homes decided not to continue and 5 were withdrawn by the CDS for lack of engagement.
- 5,670 residents have a mouth care plan which is being delivered.
- Some 7 WTE staff are employed by the Community Dental Service (CDS) using specific Welsh Government funding to deliver the programme, although a few health boards have used their resources to further support programme delivery (see page 3).
- There has been positive feedback from care home staff, residents carers and CDS staff who deliver the programme.
- Care home staff are engaging with the programme, and they have a more positive view of the importance and value of good mouth care.
- There are examples of innovative practice, although barriers to programme delivery remain.
- Some CDS have identified challenges to programme expansion without additional staffing.
- A number of next steps have been identified.

The programme is now an integral part of the *Care Home Improvement Cymru* programme which is funded by Welsh Government with delivery led by Public Health Wales/1000 Lives Service improvement. This integration has allowed the *Care Home Improvement Cymru* programme to benefit from the learning and experience of GaB, while further strengthening GaB as an integral part of Wales's national care home improvement work.

A number of health boards are using other CDS staff and funding steams to support the GaB programme and Welsh Government now expects the programme to be available in / offered to all care homes for older people. This current report shows good progress and outcomes, and supports the case to increase service capacity and ensure the programme is offered to all care homes for older people.

1. Introduction

1.1 Welsh Government issued Welsh Health Circular WHC/2015/001 in February 2015 – *Improving Oral Health for Older People Living in Care Homes in Wales.* The WHC included a total annual recurrent funding of £249,750 to be shared across 7 health boards. The WHC can be accessed at this link: http://gov.wales/docs/dhss/publications/150210whc001en.pdf

1.2 The key aim of the programme is to improve oral hygiene and mouth care for older people living in care homes through the development of a consistent all-Wales approach. In this context 'care home' encompasses both nursing and residential homes for older people – including those for people living with dementia. The programme principles are that care homes will ensure:

- an up-to-date mouth care policy is in place;
- staff are trained in mouth care (including at induction) and the home keeps a register of training ;

  - oral risk assessment is carried out which leads to an individual care plan;
  - the mouth care plan is delivered and documented;
  - residents have appropriate mouth care resources for their care plan (e.g. toothbrush and high fluoride toothpaste);
  - care home staff can identify local dental services for their residents; and
  - residents (and relatives if appropriate) are asked for feedback on their mouth care.

1.3 This is the fourth annual report on delivery of the programme. Readers are advised to refer to the third annual report for additional details.

1.4 This report includes some relevant issues which came to light in June 2019 - particularly the Care Quality Commission (CQC) report - although the delivery data and good practice examples cover the period April 1st 2018 to March 31st 2019.

1.5 In June 2019 the CQC published *Smiling matters: oral health care in care homes*

https://www.cqc.org.uk/publications/major-report/smiling-matters-oral-health-care-care-homes#case1

1.6 The report shows what the CQC found from a review on the state of oral health care in care homes across England. The report reveals an extensive lack of awareness of NICE guidelines and concludes that residents are not supported to maintain and improve their oral health. There are examples of very poor mouth care for vulnerable residents which include "…. a blind, 93-year-old woman with advanced dementia whose dentures had become stuck in her mouth because they had been left in for weeks and her gums had grown around them. She was taken to A&E and the dentures had to be surgically removed."

1.7 The British Association for the Study of Community Dentistry (BASCD) welcomed "this important review which highlights the ongoing need for work to improve fundamental care and dignity for people living in care homes in England."

1.8 There is a real commitment to improving oral health for people in care homes from BASCD members who have been involved in the development of the programmes in Scotland and Wales.

1.9 The British Society for Gerontology also welcomed the report and noted “there are funded national programmes in Wales (Gwên am Byth) and Scotland (Caring for Smiles).”

1.10 There was extensive national media coverage and comments on social media and Twitter identified the value of care home oral health programmes in both Wales (GaB) and Scotland (Caring for Smiles) and the importance of national funding for these programmes.

Care homes on twitter June 2019.pdf

1.11 Feedback from a dentist in Cwm Taf health board reinforces the need for effective programmes such as GaB: *I recently visited this home and was shocked to see the poor brushing- or lack of it - for the home’s residents (*comment on a home which is not yet participating in GaB).

1.12 Another example from Wales shows the impact of poor oral care: in 2018 the North Wales coroner concluded that “poor oral hygiene was partly to blame for death of an elderly care home resident”. The Pathologist gave the cause of death as *partial respiratory tract obstruction and pneumonia, with poor oral hygiene a contributory factor.* The care home concerned subsequently approached the local GaB team and is now a committed participant in the programme.

2. Data collection and delivery to date

2.1 All CDS in Wales submitted data and a short written qualitative report on the year’s activity to Cardiff University’s Welsh Oral Health Improvement Unit (WOHIU).

2.2 The total number of care homes has changed from the original baseline of 697 in April 2015, to 673 in 2016 / 17, 657 in 2017 / 18 and 650 in 2018/19. This reflects care home closures or consolidations.

i) Full collated data is shown in Appendix 1. A summary below includes last year’s figures in brackets where meaningful like for like comparisons can be made. It shows progress and increased delivery in all areas:

- 52.3% (34.9%) of care homes have been targeted to participate in the programme - *staff capacity is the main limiting factor on the number of homes that have been targeted*
- 340 homes have been targeted compared with 229 targeted homes last year.
- Of the targeted care homes;

- 287 are participating fully and 33 are participating in part. 3 homes have not yet started to participate. 12 homes decided not to continue and 5 were withdrawn by the CDS for lack of engagement.
- 288 (208) have an up to date mouth care policy.
- 282 (210) can identify local dental services available to their residents.
- 524 (489) training sessions have been provided by CDS staff to 5,211(3,510) care home staff.
- 780 (487) oral care champions have been trained by the CDS, and a number are now training staff in the care homes where they work.
- 10,228 residents live in the 287 homes which are participating fully. Of these, a total of 5,645 (55%) have had an oral assessment. Last year 3,176 residents had oral assessments.
- 5,670 (3,211) residents have a mouth care plan which is being delivered.
- 7 of the participating homes have had an external inspection or review which has highlighted good or excellent mouth care, while 2 external reviews have highlighted inadequate mouth care. Care homes where mouth care has been identified as inadequate receive additional support from the CDS, and assurance is sought by local nurse assessors.

ii) Staff employed using WHC/2015/001 funding

Health Board	**Staff employed using WHC/2015/001 funding (WTE)***	**Additional CDS staff capacity funded by Health Board (WTE)***
Abertawe Bro Morgannwg	1.0	None (June 2019: health board report additional funding has been allocated using Cwmtawe Transformation Funding to employ a Dental therapist and Dental nurse to support programme delivery)
Aneurin Bevan	1.0	1.2 WTE
Betsi Cadwaladr	2.8 (including 0.2 dental therapist)	1.9 WTE
Cardiff & Vale/Cwm Taf (joint CDS)	1.32	None
Hywel Dda	0.8	Supported by other CDS oral health promotion staff as part of an integrated team delivering all oral health promotion programmes
Powys	0.2 (dental therapist)	Supported by other CDS staff on an occasional basis

*****All staff are oral/dental health educators unless specified. Some have additional duties as well as GaB programme delivery.

2.3 Funding for the programme allows the CDS to employ staff to support programme delivery. During the year there have been staff on long term sickness absence, and others have moved to new posts. In ABM the only staff member delivering the programme moved to a new role in February 2018 and was not

replaced until November 2018. Under these circumstances programme delivery and Local Implementation Group meetings stall unless the health board can identify other staff to sustain the work. Staff capacity impacts on programme delivery.

3. Feedback

3.1 There has been positive feedback on GaB and associated training:

BCU

From the Manager of a Care Home:

Care home staff and I attended the Oral Health Training with Hannah.
I would like to compliment Hannah on her delivery and how informative and enjoyable the session was. I initially thought this would not be relevant to me but I admit I was wrong as I also learnt and felt I benefited from the session…. we can be too quick to criticise and not give positive feedback.

Aneurin Bevan

The All Wales documentation is very well received although there are Local Authority and corporate care homes which are obliged to use their own documentation

Cardiff and Vale - Hygienist

XXX care home, things have improved there – I could see care plans

Hywel Dda

The team are working with the local care home support team at an event delivering a talk about GaB.

Powys

Feedback from training session
Feedback from our sessions regularly compliments our staff on their '*approachability'* and '*non judgemental*' manner and also how the sessions are *'very interactive'.*

BCU

The recording systems have been welcomed by the majority of participating homes.

4. Impact of the programme

4.1 As with other health care interventions it can be a challenge to measure outcomes. We know that care home staff training alone doesn't improve oral health as evidenced by Fundamentals of Care audits and other research, so GaB goes a great deal further than staff training alone. To date (and in line with the WHC requirements for Assurance, Monitoring and Evaluation) the CDS and care homes

are assessing compliance with process and standards (as happens with other quality improvement programmes).

4.2 Although “pre and post” programme clinical oral assessment for residents has been considered, senior clinicians have advised of difficulties if we ask programme leads to review the cleanliness of mouths of frail older people who lack capacity (over and above the process that is required by the programme).

4.3 Impact to date includes:

a. The programme aligns with all but one of the NICE quality standards on oral health promotion in care homes (seeking feedback from residents, care home staff and carers). Programme leads have tested a number of ways to seek this feedback. All allow care home staff, residents and their families to give feedback easily and anonymously if preferred. Initial results include BCU where 22 respondents commented on the programme – it is very welcomed and suggestions have been made for simple ways to “make it even better”.

b. Positive feedback and evaluation of training provided, and widespread use of the all Wales training resources, particularly the *Improving Mouth care Manual.*

c. Anecdotal reports from care home staff continue to suggest residents have fewer chest infections and episodes of oral thrush since introducing the programme. At present there is no accurate data to confirm this and this would appear to be a potential area for research. (There is sound evidence that effective oral hygiene reduces the risk of Ventilator Acquired Pneumonia, and good oral hygiene is associated with reduced risk of Community Acquired Pneumonia.)

Stories and feedback from residents, care home staff and CDS illustrate the impact:

Aneurin Bevan

One corporate company care home has put the All Wales GaB documentation in place in their care homes in Wales after … their managers reported the GaB documentation was much improved on what they were currently using.

Care home Deputy Manager

“*We have noticed a big difference since implementing the All Wales documentation as every month we now actually look in the resident’s mouths to assess for changes or problems. For example one of our residents had a problem with a tooth it had become very loose. We were able to call the relevant Dental team to help with this. Our resident had to have the tooth taken out but the assessment aided us to ensure a timely referral was carried out*”

Carer

‘Oral care in the older adult often gets neglected. So refreshing to have a training session on this”!

Dental Therapist

"When I go into the care homes to see the residents the care staff seem a lot more motivated and more aware of the oral health problems that may affect the person they are caring for and understand the importance of good oral hygiene.
Staff persevere with mouth care and not just simply record "refused" the carers understand the importance of trying again. They document that they have gone back and tried again at another time of day"

Community Dentist

'I was really pleased when I visited xxxx care home. One of the carers highlighted that the mouth assessment and care plan showed a resident was high risk as they were on prescribed nutritional supplementation and would need high fluoride toothpaste. The documentation is enabling care staff to identify individual's mouth care needs.'

BCU

A care home manager relayed *very positive feedback from the GDP after carrying out check-ups.*

A resident at another commented how thrilled she is with the provision of mouth care at the care home, commenting *'Before I came here I never took my dentures out at all but since I have been here they are taken out every day and cleaned and popped into a pot over night. My grandchildren now visit me and sit on my lap and tell me my mouth doesn't smell anymore.'*

A registered nurse at a nursing home was pleased to have successfully referred some residents to the dentist where treatment was necessary. One resident in particular wasn't eating or drinking but unable to communicate why. She has now had some teeth extracted and is back to her usual happy self.

Cwm Taf

An email from a member of staff at Cardiff and Vale CDS about a Cwm Taf Care Home.

My Mother in law resided in XXXX for approximately 6 months. I was impressed with the level of care she received throughout her stay. This included her oral care with attention being given to the fact she had many of her own teeth and a partial denture. There was also dental treatment offered by a visiting Dentist.

Her end of life care was exemplary and even at this late stage the staff ensured her mouth was clean and free from anything that may cause further pain or suffering.

5. Examples of Good / Innovative practice

5.1 As with Designed to Smile, Gwên am Byth is very largely led and delivered by Dental Care Professionals (DCPs) in line with prudent health care. The programme will support delivery of *the Oral Health and Dental Services Response to A Healthier Wales* https://gov.wales/sites/default/files/publications/2019-03/the-oral-health-and-dental-services-response.pdf and there is effective joint working across health boards.

5.2 Further examples have emerged this year:

- The mouth care assessment tool has been developed, validated and introduced.
- A Quality assurance tool to support safe and effective programme delivery in all health boards has been developed and introduced.
- Care home staff are starting to appropriately refer residents to the dental team rather than a GP.
- Integration with other health and social care professionals and liaison with CIW.
- Care home staff mentored and "buddy up" until they are confident to assess residents and deliver care.
- Local Implementation Groups are working well in 5 health boards with multi-professional and multi-organisational representation. GaB teams with effective LIGs are advising those where the group is less effective.
- Sharing our good practice with a similar programme in England (Mouth care Matters) and learning from them – eg. practical ways to deal with tenacious secretions in the mouth.
- Together with the lead for Mouth care Matters a detailed response was prepared to the Oral Health Foundation Denture Care Guidelines. The response highlighted the risk to vulnerable people (such as care home residents) of ingesting denture soak solutions and the need to guard against this.

NICE guidance and standards

5.3 NICE has recently appointed a NICE Implementation Facilitator for Wales (Julie Vile). A meeting was held to discuss implementation of the NICE standards and guidance as they relate to dental services and oral health. The GaB programme was described: NICE colleagues welcomed the programme and acknowledged the ongoing work in Wales to meet NICE guidance. NICE noted their work with the CQC to highlight the importance of mouth care for residents in care homes.

The GaB resource and validated tools

5.4 Wales has drawn on experience from the *Caring for Smiles* programme in Scotland whose lead clinician highlighted the value of an evidence based teaching resource for use in care homes.

5.5 Caring for Smiles uses an all Scotland training resource which care home staff have found very valuable. Caring for Smiles generously allowed Gwên am Byth to use their resource to inform a similar resource for Wales.

5.6 The national resource for Wales was developed by GaB teams working closely with care home staff. Its' development was guided by Consultants / specialists to ensure it promotes evidence based care. Public Health Wales funded publication – initially in English although it will be translated and made available in Welsh once care home staff have had chance to use it and provide any final comments/ feedback.

5.7 The programme will use a validated oral assessment tool. When GaB started there was only one readily available validated tool for oral assessment of care home residents: the Australian Institute of Health and Welfare, Oral Health Assessment Tool (2009). This tool is included in NICE guideline *Oral health for adults in care homes,* July 2016.

5.8 Using a robust validation process guided by Welsh Oral Health Information Unit and Cardiff University the GaB team have worked closely with care home staff and other healthcare professionals to develop and validate the all Wales mouth care assessment tool. Use of the tool leads on to an evidence based and individual care plan for the resident.

5.9 The validation process took longer than anticipated, and testing the tools during PDSA cycles added to the work required for both GaB teams and those care homes where staff agreed to test the tools. Feedback from GaB teams suggested that the process of testing and modifying the tools may have led some care home staff to think the process "is complicated". However the final tool is now available and has been well received by care home staff.

6. Changing Attitudes and Improving Practice

6.1 CDS reports describe how care home staff respond to the programme:

Powys

Our persistence and hard work was recognised at a home we had initially struggled to get on board with the programme. *A resident's family thanked care home staff for the efforts being made to clean their mother's dentures. The care home staff then thanked us for showing them how best to clean dentures and for explaining the importance for not just improved oral hygiene but for patient comfort as well.*

Aneurin Bevan

The care home managers and staff are engaged and many contact the OHP team to request participation in the mouth care improvement programme
'The training has also been very beneficial for our team of carers. It has made them more aware of the importance of good mouth care and the role they have in being able to provide /assist with this.'

ABMU

"Palliative mouth care training is provided by ABMUHB Community Dental Service and this raises the profile of Gwen Am Byth which helps the programme to be well received by care home staff."

BCU

A care home was at the point of leaving the programme due to lack of support for mouth care champions..... a new approach was taken that led to the home having a ratio of 1 champion to 10 residents. Care Staff have been given protected time for GaB and now have full managerial support. The home is now doing particularly well and has featured in a National Smile Month report through BCUHB's communication team.

Care home staff have an increased awareness of how essential oral care is to residents' general health is a positive driver in improving uptake by homes. Training has shown to have a beneficial effect on the care home staff - they report increased knowledge and awareness of their own oral health and this then extends to the residents.

7. Barriers to Implementation

7.1 Barriers to implementation were identified at the outset and CDS staff have worked with Local Implementation Group members, nurse leads and Care Inspectorate Wales to identify ways to overcome barriers. However in many cases they remain a challenge to delivery:

- shift working and staff sickness;
- staff with limited use of the English language;
- high rates of staff turnover;
- last minute cancellation of training sessions;
- insufficient time to carry out effective mouth care for residents with challenging behaviour;
- mouth care resource lists are distributed but care homes sometimes fail to purchase essential non - prescription resources such as low foaming toothpaste; and
- data collection – staff in care homes do not always understand the importance of collecting data despite repeated explanations. E.G. Training records: Managers report verbally that care home staff have received induction or in-service training but this is often not recorded.

7.2 These issues were confirmed by a Care Home Manager who attended the National Advisory Group meeting in May 2019. She advised members that the programme is very valuable and welcomed by care homes but that staffing levels and changes can present a challenge in delivering all aspects of care for residents.

7.3 As part of her final year's dissertation for dental surgery at Cardiff University, Rystal Dib conducted a pilot study for a Qualitative Evaluation of GaB. Rystal conducted 3 semi-structured interviews in 3 health boards with 5 CDS staff members

(a mix of managerial and operational staff). The interviews revealed challenges to delivering the programme (consistent with those identified in section 7) as well as its value. The results have been shared with the National Advisory Group.

7.4 At present some homes use hard copy assessment forms while others use electronic systems for all their assessment processes and have placed the mouth care assessment and care plans on those. However a variety of electronic systems are in use so it has not been possible to date to ensure GaB resources are on all systems.

8. Capacity to deliver and expand the number of participating homes

8.1 The data shows that 52.3% of homes were targeted during 2018 / 19, and that 320 homes are participating in the programme either fully or in part. This is a greater number than last year but GaB teams identify staff capacity as the main limiting factors on programme expansion.

8.2 5 CDS mentioned staff capacity in their reports and it has been raised at the National Advisory Group. It is apparent that staff capacity will be a key factor in further roll out of the programme.

8.3 Experience from the Gwynedd pilot in Betsi Cadwaladr has shown that the maximum number of care homes feasible per Dental Health Educator is between 30 -35 homes. This number will be reduced for part time workers.

8.4 The report from Abertawe Bro Morgannwg health board (now Swansea Bay) shows a vacancy for the single individual responsible for programme delivery between February 2018 and November 2018. This had an adverse impact on programme delivery: in order to be sustainable, the programme ideally requires more than one staff member to be involved in its delivery.

Data suggests that programme delivery is more effective and sustainable where health boards have made additional investment in staff capacity.

8.5 The data and qualitative reports suggest that the programme is unlikely to reach more than 50% of care homes if staff capacity remains as it is.

9. Time frame for delivery

9.1 WHC/2015/001 identified a timeframe consistent with the National Oral Health Plan, 2013 – 2018 "*We do not expect all care homes to implement the programme immediately, but all care homes should be participating by 2018 in line with health board delivery of their LOHP."*

9.2 As noted in previous reports we have extended the timeframe to 2020. Experience from the first 4 years suggests that even this extended timeframe may not be realistic for this complex and demanding work, especially in light of comments about staff capacity as noted above. GaB drew on experience in the CDS and Caring for Smiles in Scotland, although to provide real improvement it needed to do more than simply train care home staff.

9.3 It is encouraging to see a number of health boards using additional manpower and financial resources to support the implementation and delivery of the programme. To help ensure the programme meets expected timeframes and to secure staff capacity, Welsh Government introduced a ring-fence of the Gwên Am Byth funding from 2019-20 for all health boards, similar to that in place for the Designed to Smile programme.

10. Next Steps

10.1 At the start of the programme a website was set up and hosted by PHW to support delivery and share good practice and learning. At present the website is only available in English but policy is that it must be available bi-lingually.

http://www.wales.nhs.uk/improvingoralhealthforolderpeoplelivingincarehomesinwales
This website also includes a How to Guide.

In order to share the work widely the National Advisory Group is working with the British Society of Gerontology to explore hosting the programme on its website.

10.2 In 2017 Social Care Wales introduced an all Wales Induction Framework for Health and Social Care. This will be used as part of the training for care home staff. CDS colleagues have welcomed this and are pleased to note it includes a section on oral care. However the Induction Framework does not include information on how to assess effective delivery and whether the care home staff member has achieved the necessary competencies.
GaB programme leads are developing a package to underpin the Framework and support care home staff to achieve the core competencies.

10.3 Care homes use agency staff – programme leads are developing a training programme for agencies so their staff have an understanding of the oral health programme. The *All Wales induction framework for health and social care (*Social Care Wales, 2017) sets out learning outcomes for carers joining the social care sector, a new organisation or taking on a new carer's role. This includes carers working for domiciliary and bank staff agencies. The framework sets out the educational pathways with the knowledge and skills carers need to practice safely. It provides a structure for a common induction in health and social care across Wales and outlines the knowledge and skills new carers need to gain in the first six months of employment. The induction programme includes oral health care and programme leads are developing a training programme to support the delivery of the framework.

10.4 Links with GDS teams - At present GaB is delivered by CDS in Wales. However with 4 years experience of delivery it is timely to consider how GDS teams can become engaged with the programme and support its aims. GaB teams report good feedback from GDS teams on resources available to them (Improving Mouth care for people in health and care settings in Wales, 2016) and are interested in programme delivery locally. Many GDS teams have some links with local care homes and it's important to ensure a consistent and evidence based approach. Provision of

domiciliary care remains limited in some health boards but others (notably Aneurin Bevan) have invested in these services including employing a DCP as the Oral Health Improvement Practitioner to support the GDS domiciliary care service.

As with the refocus of Designed to Smile, GDS engagement is likely to include:

- Development of training resources and courses for GDS teams.
- Active liaison across local GaB personal and GDS teams which visit care homes.
- Health board leadership (and possible investment) in domiciliary care services for care homes residents and the pre care home cohort of vulnerable older people.

Welsh Government will liaise with CDS and health boards over the next year to consider how best to take this forward.

10.5 NICE endorsed tool - At the meeting with NICE Implementation Facilitator, she explained that NICE endorses tools which support organisations to comply with NICE guidance in a safe, efficient and effective way. The National Advisory Group has suggested the validated assessment tool should be put forward to NICE to become an endorsed tool. Plans are in hand to take this forward

11. <u>External inspections and support from Care Inspectorate Wales.</u>

Inspectors are increasingly noting mouth care and we hope this will continue to drive up standards.

Examples of joint working and responses from CIW, Local Authorities and other organisations include:

ABUHB

We have strong links with the local authority contracts and monitoring teams and communicate regularly regarding GaB. The monitoring officers ensure that mouth care is focused on during inspections. The new ABUHB contract for care homes will have a section on delivering mouth care for all residents.
There is anecdotal evidence that Oral Care is evolving into a more detailed area of inspection by third party inspectors such as CIW and contract monitoring, rather than being merely a “tick box” within the personal care section.

Cwm Taf

CIW Inspection– inspector stated *he /she was very impressed with oral hygiene at the home (xxxx).*

Hywel Dda

… the health board Infection Prevention Lead is currently auditing the effects of the programme in some of the participating homes; this hopefully will provide us with some meaningful data around outcomes.

10 homes have not engaged although efforts have been made to bring them on board. The GaB team has strong links with the care home support team and our discussions have confirmed that some of those 10 homes are failing in other areas of care.

Aneurin Bevan University Health Board

A response to a presentation on GaB - Feedback from the Senior Improvement Manager, 1000 Lives Improvement:

“I wanted to let you know the feedback from your presentation …. it was very informative in highlighting the importance of oral care. From your presentation we hope to further explore the possibilities of ensuring access to prescription (high) fluoride toothpaste for people diagnosed with a dementia through either developing a standard around this or whether this could be considered within the GP annual health checks.”

12. Showcasing the programme

Maria Morgan gives a talk on *Nutrition and oral health for older adults* to 10 dental post graduates at Chiangmai University (via Skype) for Dr Patcharawan Srisilapanan (Pat). At the request of the Thai government Pat is establishing the first programme in Thailand on dental care for older people (gerontology).

Maria noted “It’s good that we are spreading good practice outside of Wales!”

Pat wrote to say -

“Thank you so much for the lecture today. The students were very interesting and could catch the meaning of nutrition in a more holistic approach.

All the faculties were quite impressed with our first innovative Thailand- Wales connection.

Many thanks for your hard work preparing such a wonderful lecture.”

Acknowledgements

Welsh Government would like to acknowledge:

- The commitment and skill of all those who are delivering the programme, in particular care home staff, the CDS, health board nurse teams and other stakeholders.
- The Caring for Smiles clinical lead for permission to draw on their training resource.
- 1000 Lives service improvement and Public Health Wales for funding printing of the national resource and supporting its development.
- Betsi Cadwaladr health board for permission to use *Gwên am Byth.*
- Maria Morgan, WOHIU, for data collation and presentation, and supporting the validation process.
- Ilona Johnson, Senior Clinical Lecturer and Honorary Consultant in Dental Public Health, Cardiff University, Dental School for advising on and supporting the validation process.
- Members of the National Advisory Group and Local Implementation Groups.

Lisa Howells
Chair of National Advisory Group

Appendix 1

CARE HOME MONITORING TABLES and FIGURES 2018/19

Table 1 TARGETING

			Of the targeted homes how many are:						
LHB	Total number of homes in LHB during as on 1st April 2015	Total number of homes targeted for the programme	Participating fully in all aspects of the programme	Participating in part*	Care home has decided not to continue with the programme	CDS Lead has withdrawn from the care home due to lack of engagement	% TARGETED (Denominator = all homes)	% Particpating fully and in part as a % of ALL homes	% Particpating fully and in part as a % of TARGETED homes
ABMU	104	41	32	0	2	0	39.4	30.8	78.0
Aneurin Bevan	95	74	72	2	0	0	77.9	77.9	100.0
Betsi Cadwaladr	205	110	101	9	2	1	53.7	53.7	100.0
Cardiff & Vale	63	35	35	0	0	0	55.6	55.6	100.0
Cwm Taf	50	26	26	1	0	0	52.0	54.0	103.8
Hywel Dda	97	42	12	20	7	3	43.3	33.0	76.2
Powys	36	12	9	1	1	1	33.3	27.8	83.3
WALES	**650**	**340**	**287**	**33**	**12**	**5**	**52.3**	**49.2**	**94.1**

**The total number of homes has reduced by 7 between 2017/18 and 2018/19 due to closures*

Figure 1 Number of care homes for older people and number targeted by LHB and Wales, 2018/19

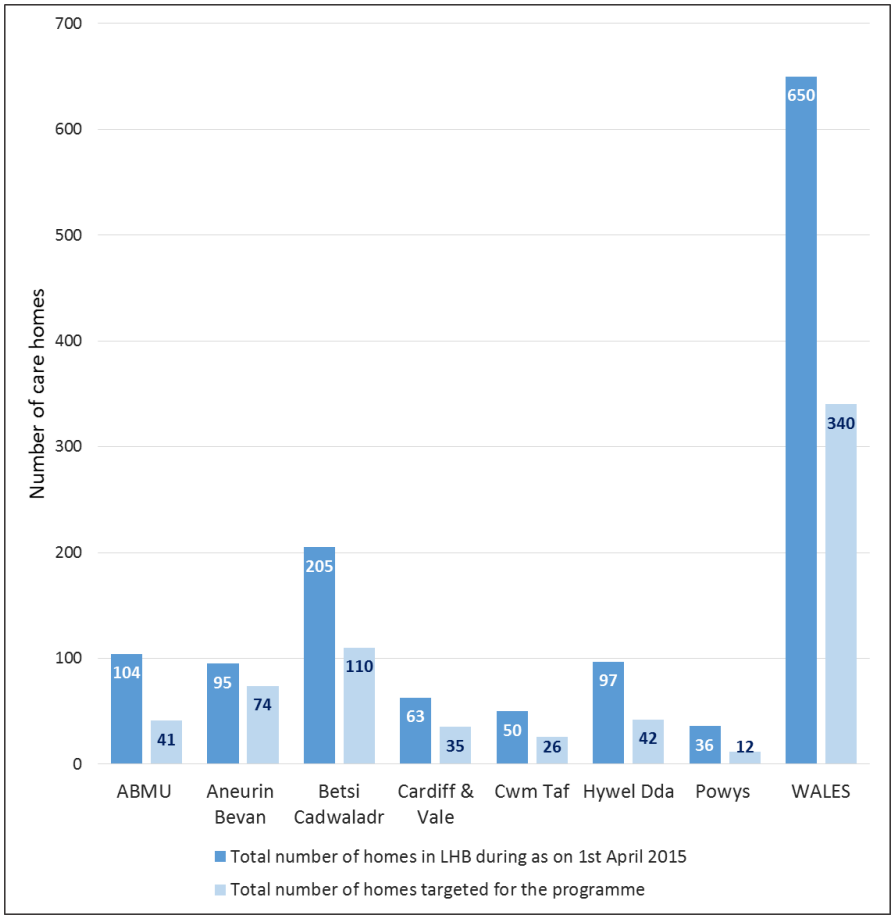


Table 2 Homes participating in the programme since 2015/16 to 2018/19

	FULLY			PART			Decided not to continue		
	2017	2018	2019	2017	2018	2019	2017	2018	2019
ABMU	15	26	32	0	11	0	0		2
Aneurin Bevan	17	21	72	0	27	2	0	1	0
Betsi Cadwaladr	19	54	101	0	8	9	0		2
Cardiff & Vale	0	29	35	21	3	0	0		0
Cwm Taf	0	21	26	18	0	1	0		0
Hywel Dda	12	14	12	4	4	20	0		7
Powys	4	5	9	0	2	1	1	2	1
WALES	67	170	287	43	55	33	1	3	12

Figure 2 Homes participating in the programme, by level of participation, 2018/19

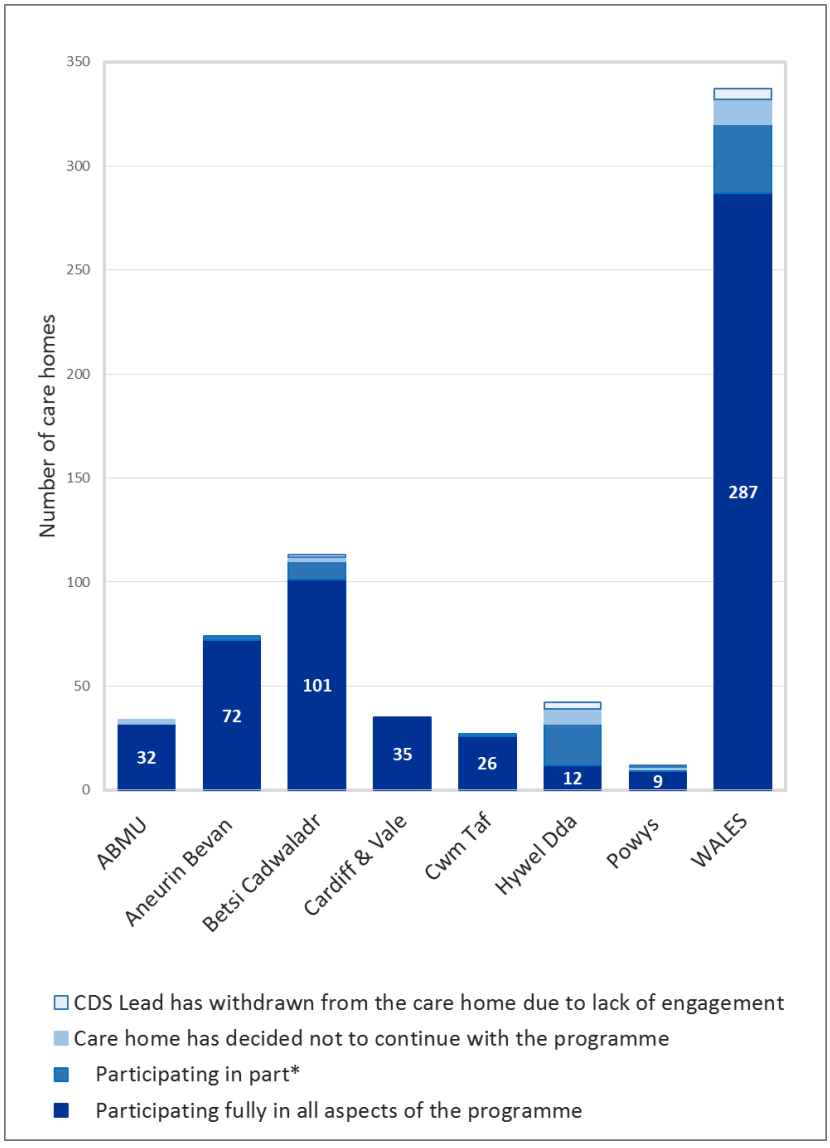


Figure 3 Number of homes participating across Wales in the programme, 2015/16 – 2018/19 (by degree of participation)

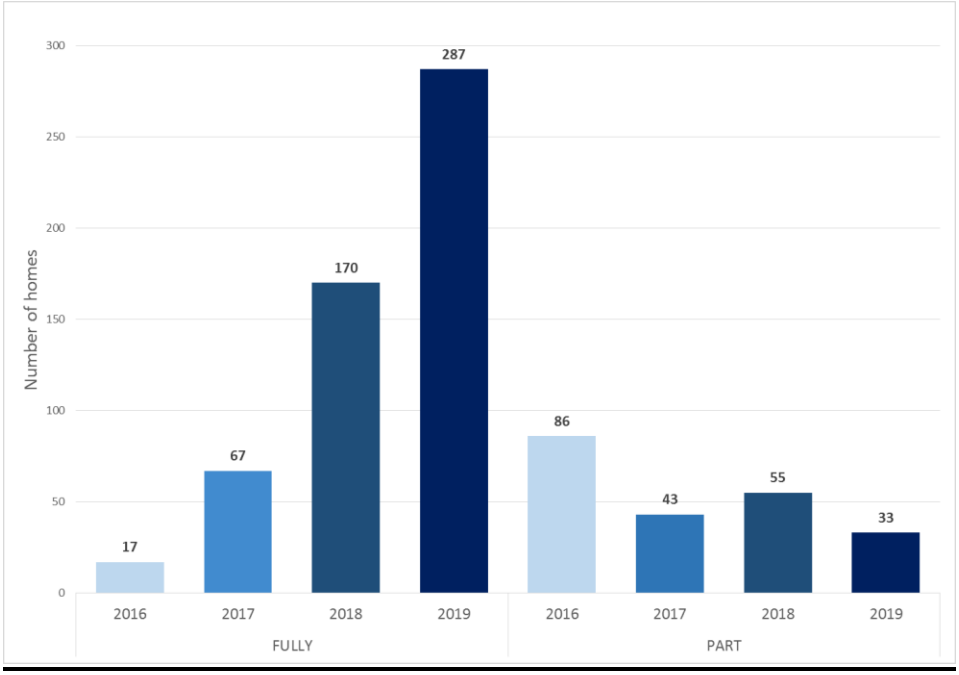


Table 3 Care homes with up-to-date mouth care policies and those able to identify local dental services

			Number		Percentage (based on all homes)		Percentage (based on targeted homes)	
	Total number of homes as at 1st April 2015	Numbers targeted	Number with an up to date mouthcare policy	Number homes who can identify their local dental services	% with an up to date mouthcare policy	% homes who can identify their local dental services	% with an up to date mouthcare policy	% homes who can identify their local dental services
ABMU	104	41	32	26	31%	25%	78%	63%
Aneurin Bevan	95	74	72	72	76%	76%	97%	97%
Betsi Cadwaladr	205	110	101	101	49%	49%	92%	92%
Cardiff & Vale	63	35	35	35	56%	56%	100%	100%
Cwm Taf	50	26	26	26	52%	52%	100%	100%
Hywel Dda	97	42	12	12	12%	12%	29%	29%
Powys	36	12	10	10	28%	28%	83%	83%
WALES	**650**	**340**	**288**	**282**	**44%**	**43%**	**85%**	**83%**

Table 4 Inspections

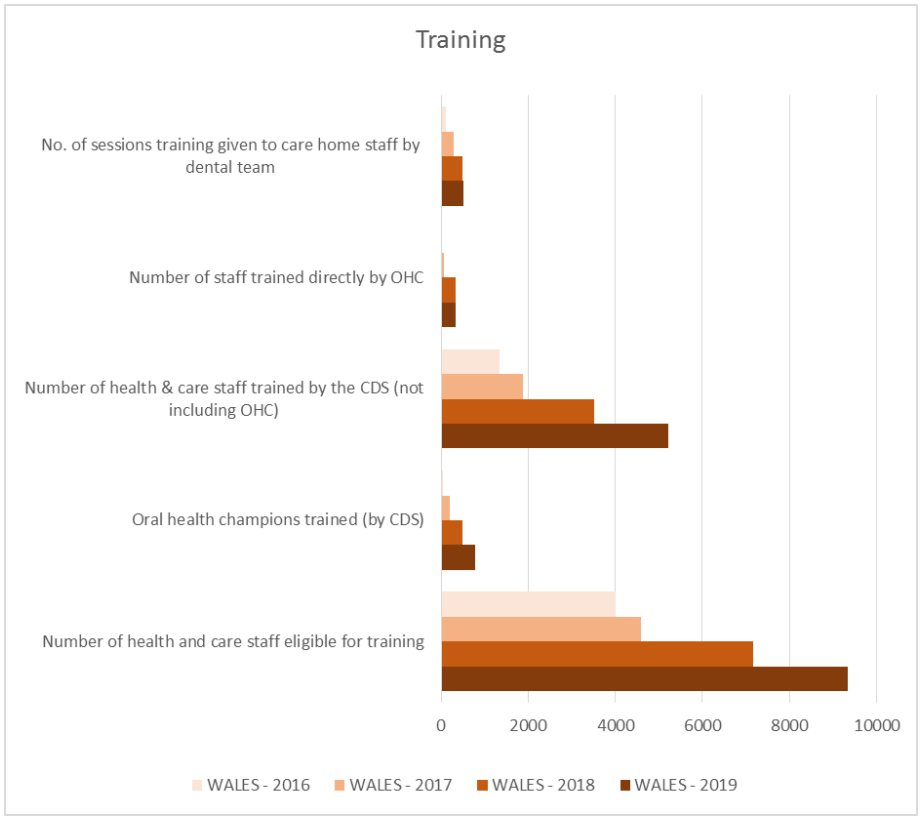
LHB	How many have had an external inspection or review during the reporting period which has highlighted good / excellent mouthcare?	How many have had an external inspection or review during the reporting period which has highlighted inadequate mouthcare?
ABMU	2	0
Aneurin Bevan	2	2
Betsi Cadwaladr	0	0
Cardiff & Vale	0	0
Cwm Taf	2	0
Hywel Dda	1	0
Powys	0	0
WALES	7	2

CARE HOME STAFF

Table 5 Training

	Number of health and care staff eligible for training	Oral health champions trained (by CDS)	Number of health & care staff trained by the CDS (not including OHC)	Number of staff trained directly by OHC	No. of sessions training given to care home staff by dental team
ABMU	1103	256	307	271	26
Aneurin Bevan	1994	55	1487	0	183
Betsi Cadwaladr	2809	290	1213	0	157
Cardiff & Vale	1487	36	911	0	35
Cwm Taf	1222	75	1033	0	46
Hywel Dda	444	63	196	56	63
Powys	274	5	64	9	14
WALES - 2019	**9333**	**780**	**5211**	**336**	**524**
WALES - 2018	**7173**	**487**	**3510**	**328**	**489**
WALES - 2017	**4600**	**209**	**1892**	**73**	**290**
WALES - 2016	**4020**	**50**	**1338**	**0**	**121**

Figure 4 Training in 2018/19 compared with previous years



CARE HOME RESIDENTS

Table 6 Care Home Residents assessments and care plans

	CARE HOME RESIDENTS in homes particpating fully			
LHB	**Total number of residents**	**Total number of residents risk assessed**	**Total number residents who have a Mouth care plan**	**Total number residents who have had their mouth care plan delivered**
ABMU	1340	1082	1107	1107
Aneurin Bevan	2444	2195	2195	2195
Betsi Cadwaladr	2905	1260	1260	1260
Cardiff & Vale	1707	30	30	30
Cwm Taf	1073	577	577	577
Hywel Dda	453	315	315	315
Powys	306	186	186	186
WALES - 2019	**10228**	**5645**	**5670**	**5670**
WALES - 2018	**5983**	**3176**	**3211**	**3211**
WALES - 2017	**4082**	**1308**	**1349**	**1349**
WALES - 2016	**3723**	**110**	**133**	**133**

Figure 5 Care Home Residents assessments and care plans