Oral health in care homes and hospitals quality standard

NICE National Institute for Health and Care Excellence

Consultation on draft quality standard – deadline for comments 5pm on 3 February 2017 **email:** QSconsultations@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on these questions: 1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Healthwatch Birmingham
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
Name of commentator person completing form:	Chipiliro Kalebe-Nyamongo
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.	Yes
Type	[office use only]

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Comment number	Section	Statement number	Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
Example 1	Statement 1 (measure)		This statement may be hard to measure because…
			Questions about the quality standard
1			**Does this draft quality standard accurately reflect the key areas for quality improvement?** Yes
2			**Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?** Most care homes have this information and should ideally be included in an individualised care plan as part of a health assessment. However, the following issues need to be considered: a) The varied nature and quality of services provided by each care home, would make it difficult to audit implementation. At Healthwatch Birmingham we receive feedback on services from the public, patients and service users. Adherence to care plans by care home staff has not been very good. In one feedback, a relative said *"This used to be a good care home but in recent years the care of my very close family member has been shocking. As a result of neglect my family member has been very unwell.* ***The care plans are neglected beyond belief and complaints fall on deaf ears".*** Generally, there has been feedback that express concern about staff attitudes towards residents and relatives as well as cultural insensitivity. b) There is variation in the way that care homes put in place arrangements for assessing residents on admission. c) The procedures for recording everyday activities around oral health are weak or non-existent in some homes which will make auditing the implementation of stated objectives of the guidance difficult. Ideally daily care notes should include brushing of teeth or dentures. d) There is also variation in the way that care homes collaborate with dental professionals to ensure regular checks etc.
3			**Example from practice of implementing the NICE guideline(s)** None
4			**Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them?**

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			Assessing the mouth care needs of residents and recording this in care plans is achievable. Most homes carry out a health assessment as part of the care plan and it is possible to include a dental element to this assessment, with specific questions around any dental problems, registering with a dentist, daily oral care needs, etc. It is however, more difficult to assess the extent to which plans are being implemented, especially on things like brushing teeth twice a day. That said, most homes have a morning and evening routine to which brushing of teeth can be added and this activity recorded in the daily handover notes that staff write following each activity. Generally, a standardised and reliable oral assessment tool can be developed and used for initial as well as ongoing assessments. In terms of resources, the following will be essential: • Human resources - Accessing dental needs will require collaboration between care homes and local dental services as this will assist care homes to draw up policies, procedures and referral processes for the residents. • Human resources – training will be required for care home staff so that they effectively support the residents but also understand the importance of oral health and how this relates to overall health and dignity. In addition, training is needed on how the diet of the residents has an impact on oral health. • Financial resources – There might be a need to pay for assessments when registering with a dentist. Depending on ability of residents, those attending dental services might need money for transport as well as for any services provided. Those that have home visits need money to pay for home visits as well as services provided unless this is funded. • Financial resources – cost for staff training.
5			**The committee identified variability in access to dental services for adults in care homes. Is there a specific, measurable action that will improve access to dental services for adults in care homes?** • Ensure that oral health policies, procedures and care plans are developed using service user insight, experience and involvement to ensure that they are shaped by the needs of residents. This would ensure ownership by residents of the plans and lead to better outcomes for residents. • Homes should have written down policies, procedures and referral policies for oral health: these should have specific and measurable objectives such as registering with a dentist, name of and contacts for dentist stated in care plan, visiting a dentist twice a year, and procedures for recording dentist appointments (with clear indications on when the last appointment was and when another is due) etc. • Include dental access arrangements in the home. • Periodic reviews of dental policies and activities in the home i.e. annually • Periodic training or refresher courses for staff in oral health would ensure continuity considering the high

			turnover of staff in the care industry.
6			**For draft quality statement 4: Is there a particular group of people in hospitals for whom quality improvement is most needed in this area?** The elderly Older patients with complex medical issues People with mental health issues Dementia, learning disability Patients with complex health needs and at higher risk of infection Critical care patients End of life patients
General Comment			
			A recent report by Healthwatch England identifies cost of dental visits as a deterrent for residents of care home accessing dental services. The report also observes that it is harder to access dental services for care home residents especially for those that need hoist facilities, suffer from dementia and have poor mobility. The report can be found here: http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/access_to_nhs_dental_services_-_what_people_told_local_healthwatch.pdf

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include section number of the text each comment is about eg. Introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons).We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

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Comments received from registered stakeholders and respondents during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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