



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 2019 to 31 March 2020

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

### **Delivery of the Gwên am Byth programme from 1 April 2019 to 31 March 2020**

#### **Executive Summary:**

The number of homes fell by 16 from 657 in 2017/18 to 641 in 2019/20, mainly due to closures.

- 67.7% of care homes have been targeted to participate in Gwên am Byth (GaB).
- 434 homes were targeted compared with 340 in the previous year.
- Of the targeted care homes 91.5% are fully/partially participating.
- 37 homes in Wales have not yet started to participate. 19 homes decided not to continue and 14 were withdrawn by the CDS for lack of engagement.
- Since the programme was launched in 2016, the number of homes participating fully has increased from 16 to 310.
- 7,597 residents have a mouth care plan which is being delivered.
- 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.

The programme is now an integral part of the *Care Home Cymru* programme which is funded by Welsh Government and delivered by Improvement Cymru, Public Health Wales. This integration with Improvement Cymru has further strengthened GaB as an integral part of Wales's national adult oral health improvement work.

From 1<sup>st</sup> January 2020 Welsh Government increased the total funding to health boards from £249,500 to £500,000 to support the GaB programme. Welsh Government will expect the programme to be available in, and offered to all care homes for older people in Wales. This current report shows good progress and outcomes despite being faced with a difficult and challenging year. It also supports the case to increase service capacity and ensure the programme is offered to all care homes for older people.

**1. Introduction** - COVID-19 has created a significant disruption to the delivery of General Dental Services and population-based oral health programmes across Wales. Given the need to shield vulnerable residents in care-homes, Welsh Government paused active face to face engagement during the initial phase of the pandemic. The situation is under regular review and local teams will be guided by service providers on the level of activity in each care home. GaB teams have maintained regular contact with care homes throughout the pandemic, whilst monitoring and managing emergent needs, where appropriate.

1.1 The annual report recognises the significant impact on care homes across Wales from the COVID-19 pandemic. Infection control and isolation in care homes is much more difficult than in a controlled, clinical environment of a hospital or dental clinic. People receiving social care often have underlying conditions that make them more at risk of infection and death from COVID-19. Some people require physical help with aspects of daily living such as eating, washing and mouthcare, making complete isolation very difficult.

In addition, social care workers are often poorly paid with insecure contracts. The sector is also fragmented within organisations that provide care and concerns are being raised about adequate provision of personal and protective equipment (PPE) for staff in care homes. Social care workers often need to have very close physical contact with those they care for, and in care homes many people live in the same building or facility. This makes transmission of the virus among staff and residents more likely.

Oral hygiene practices may not seem a key priority for residents during a pandemic, however, good oral care will improve not only resident's oral health and prevent oral pain and infection but will also impact on dignity, overall health and wellbeing. For medically compromised residents, oral health problems significantly affect their wellbeing and is key for those with respiratory problems. GaB needs to ensure care homes are fully empowered to carry on with the delivery of good mouthcare in the event of a second wave.

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 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 fifth annual report on delivery of the programme. Due to the impact of the pandemic, readers are advised to refer to the fourth annual report for additional details.

<https://gov.wales/oral-health-older-people-care-homes-report-2018-2019>

1.4 This report includes the delivery, data and good practice examples for the period April 1st 2019 to March 31st 2020.

## 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. The number of homes fell by 16 from 657 in 2017/18 to 641 in 2019/20, mainly due to closures.

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

- 67.7% (52.3%) 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
- 467 homes have been targeted compared with 340 targeted homes last year.

Of the targeted care homes;

- 310 are participating fully and 87 are participating in part. 37 homes have not yet started to participate. 19 homes decided not to continue and 14 were withdrawn by the CDS for lack of engagement.

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<b>Total number of homes in LHB during as on 1st April 2019</b>	641
<b>Total number of homes targeted for the programme</b>	467
<b>Participating fully in all aspects of the programme</b>	310
<b>Participating in part*</b>	87

<b>Not participating yet</b>	37
<b>Care home has decided not to continue with the programme</b>	19
<b>CDS Lead has withdrawn from the care home due to lack of engagement</b>	14
<b>% TARGETED (Denominator = all homes)</b>	67.7
<b>% Participating fully and in part as a % of ALL homes</b>	61.9
<b>% Participating fully and in part as a % of TARGETED homes</b>	91.5

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- 331 (288) have an up to date mouth care policy.
- 352 (282) can identify local dental services available to their residents.
- 1086 (524) training sessions have been provided by CDS staff to 7,555 (5,211) care home staff.
- 1202 (780) oral care champions have been trained by the CDS, and a number are now training staff in the care homes where they work 435 (336).
- 12,476 residents live in the 310 homes which are participating fully. Of these, a total of 7,728 (61%) have had an oral assessment. Last year 5,645 (55%) residents had oral assessments.
- 7,728 (5,645) residents receive a regular mouth assessment
- 7,597 (5,670) residents have a mouth care plan which is being delivered.
- 15 (8) of the participating homes have had an external inspection or review which has highlighted good or excellent mouth care, while 8 (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.

### 3. Feedback

#### *Uplift in funding for Gwen am Byth:*

The uplift of funding for Gwen am Byth announced in December 2019 was greatly appreciated across all Health Boards. Conversely, the repercussions of the urgent nationwide response to COVID-19 brought any immediate plans to rapidly expand the programme into hibernation mode. The majority of dental care professionals were unable to directly access care home staff and residents for face-to-face contacts at the time. However many local community dental teams remained in contact with the care homes by email and phone call contact. The 'Care Home Cwtch' a peer support network for care home managers was set up by Care Home Cymru, Public Health Wales to help and assist care home managers during and beyond the pandemic. This platform provides the opportunity for Gwen am Byth

leads to integrate with care home staff to deliver oral health and hygiene information and skill building sessions. With reference to the additional funding it is expected that Health Boards will report later in the year on their expenditure.

#### *Resource manual:*

“Care Home Cymru” funded the cost of the Gwen am Byth resource manual for all Care Homes across Wales. Since the release of its publication there has been a significant increase in the number of care homes that have signed up to be part of the programme. One care home manager commented that the resource manual:

*“Fits in perfectly with a training package that I have purchased where each month we focus on a particular area such as falls, pressure sores etc. so now we will have a mouthcare focus month. I will then get the staff to complete the induction workbook.” Care Home in ABUHB*

#### *Training:*

Overall, the CDS continue to receive positive feedback from the training sessions they deliver to care home personnel. They are as interactive as possible and care home staff are encouraged to ask questions and carry out practical elements, such as brushing their colleagues’ teeth and/or use dental models.

*“Really enjoyed the training session, so interactive and informative. All my staff that attended and came away feeling positive and keen to make changes. The file I received is great and I can't recommend the programme enough.”*

Lead Nurse in CVUHB.

*“A manager recently attended the foundation and champions training with her staff. She commentated that she had learnt more about mouth care in the two sessions than she had ever known in the 40 years she had worked in care.”*

Care Home in BCUHB

The GaB teams have networked with wider older care teams at health events, for example Speech and Language Therapists (SALT), Dysphagia Nurses, Palliative Nurses, Community Nurses and Occupational Therapists. This networking has provided opportunities for participation in shared training events such as extending the training to other disciplines such as ‘The All Wales Induction Framework for Health Care Support Workers.’

*‘We were contacted by Rhondda Cynon Taf Council to support in the delivery of The All Wales Induction Framework mouth care sessions to their staff. These*

*staff work in both council run and private care homes. We deliver four sessions per year and the feedback from the sessions have been extremely positive. In total 26 Quality Assessors and 9 HCSW were trained.'*  
CDS, CMTUHB

In some health boards this included considerations for those providing training in domiciliary care settings.

### **Care Inspectorate Wales Reports:**

There are strong links with Care Inspectorate Wales (CIW). CDS teams across Wales are liaising and supporting inspectors to ensure mouthcare is part of the reporting process. To date, where mouthcare has been reported, it is very positive:

*'An oral health professional visited the home during the inspection and showed us the new training pack for the oral health champions to use to train new care workers. She was very positive about the oral care being provided and enthusiasm of the oral health champions.'* ABUHB

*'We read training records that identified care workers attended regular training including ..... This was corroborated when speaking to care workers, one of whom told us that she had received training through 'improving mouth care – for people in health and care settings in Wales' by 1000 lives NHS Wales and was now an oral health champion responsible for training new care workers about good oral care.'*  
ABUHB

*'We also spoke to the senior care worker who was one of the homes "Oral Health Champions". She informed us of the assessments and on-going oral health monitoring she undertook. She was also responsible for training new care workers around Oral Care. We saw that oral health was monitored and recorded in peoples care record's.'*

It is encouraging to report that some GaB teams are able to capture the benefits of providing good oral health to the residents and that the documentation is received positively:

*"My teeth finally feel clean so I'm happy to flash them."*  
Resident in a care home in C&VUHB

*"Feedback from finalised paperwork being introduced to care homes over the last year has been positive. Care home staff recognise the need and importance of documenting when and if mouth care has been achieved and if*

*not why not. This is a significant improvement on last year where staff initially thought of the paperwork as daunting and were very reluctant to take on more paperwork.”*

*“There were inconsistencies with oral care before; care staff were not evidencing that such care is being provided twice daily as required.”*

Care Home in ABUHB

### **Electronic Documentation:**

Care homes that are engaged with the programme are taking ownership of the GaB programme by ensuring that assessments and care plans are embedded into all health care monitoring. This is reinforced by the GaB team who ensure that Quality Assurance (QA) of the documentation meets Welsh Government’s objectives. Some Health Boards are finding more care homes are moving towards electronic monitoring and that there are many different systems in place. Corporate companies still continue to use their own documentation. The National Implementation group of GaB have and are working with digital software companies to ensure the assessment and care plans are uploaded into their systems for care homes to access.

### **Local Implementation Group:**

GaB teams report on the interest and support of their local implementation group. Continued pro-active meetings of regional implementation groups include discussions on how to demonstrate health gains for residents. Participants are from a wide range of multi-disciplinary health and care professionals attend.

### **Quality Assurance:**

At the heart of Gwen am Byth are the residents themselves and as such a fundamental part of the programme is to ensure the programme is not simply a ‘tick box’ exercise. What happens day in day out is essential in capturing that residents receive the most appropriate mouthcare delivery to help support their general health and wellbeing. Health boards report that care homes fully engage with monthly quality assurance.

*“Quality assurance is carried out monthly by GaB teams for care homes new to the programme, quarterly for care homes that meet the appropriate quality assurance requirements.”* SBUHB

### **Links with the wider Primary Care Team:**

Strong links continue with the local authority contracts and monitoring officers. Regular invites and contacts are made to GaB leads to attend team meetings and



give updates on the programme. The monitoring officers ensure that mouthcare is embedded during inspections. Mouthcare assessments care/ plans and training followed by recommendations are often included in their inspection reports.

One report mentions :

*“It was positive that the home manager had organised oral health care training for staff, the accompanying documentation is being used regularly by staff. The Home are encouraged to explore the introduction of oral Health “Champions” also to further enhance the service.”* Care Home in ABUHB

### **Links with dental teams:**

Communication is key to the success in the delivery of this programme and both Community and General Dental Service Teams are in regular contact with the GaB teams.

*“I saw one of their residents as a domiciliary today. She said that she likes to brush her teeth regularly but sometimes she isn’t given her toothbrush, and that it doesn’t feel like there’s enough emphasis on oral care. I fed this back to the manager today.”* Community Dentist

### **Barriers**

Unfortunately, there continues to be an issue in training sessions being cancelled at short notice and an increasing number of sessions cut short due to disturbances mid-session. On some occasions care home staff are called back on duty to ‘help out’ on the care home floor. Frustratingly, low staff turn out at training sessions is common although GaB teams have ensured robust efforts in liaising with care home beforehand.

The sector is recruiting an increasing number of agency staff. This can cause problems with engaging some care home teams and motivating staff to attend the training sessions. However, one GaB team in North Wales noted a reduction in the cancellation of training and support sessions. Other GaB teams need to learn from this team to try and replicate across other Health Board areas. High care home staff turnover remains problematic. Similarly some CDS teams have experience their own staffing pressures with staff turnover. One Health Board reports difficulty in backfilling staff posts during maternity leave.

Home closures and care staff not having sufficient allocated time to complete paper work continues.

## Appendix 1

### CARE HOME MONITORING TABLES and FIGURES 2019/20

Table 1 TARGETING

LHB	Total number of homes in LHB during as on 1st April 2019	Total number of homes targeted for the programme	Of the targeted homes how many are:					% TARGETED (Denominator = all homes)	% Participating fully and in part as a % of ALL homes	% Participating fully and in part as a % of TARGETED homes
			Participating fully in all aspects of the programme	Participating in part*	Not participating yet	Care home has decided not to continue with the programme	CDS Lead has withdrawn from the care home due to lack of engagement			
Aneurin Bevan	94	85	64	2	19	0	4	90.4	70.2	77.6
Betsi Cadwaladr	217	128	94	34	0	11	6	59.0	59.0	100.0
Cardiff & Vale	61	36	36	0	0	0	0	59.0	59.0	100.0
Cwm Taf	48	34	30	2	2	0	0	70.8	66.7	94.1
Hywel Dda	101	52	24	22	6	3	3	51.5	45.5	88.5
Powys	32	14	9	2	3	2	1	43.8	34.4	78.6
Swansea Bay	88	85	53	25	7	3	0	96.6	88.6	91.8
<b>WALES</b>	<b>641</b>	<b>434</b>	<b>310</b>	<b>87</b>	<b>37</b>	<b>19</b>	<b>14</b>	<b>67.7</b>	<b>61.9</b>	<b>91.5</b>

\*The number of homes fell by 16 from 657 in 2017/18 to 641 in 2019/20, mainly due to closures

Figure 1 Number of care homes for older people and number targeted by LHB and Wales, 2019/20

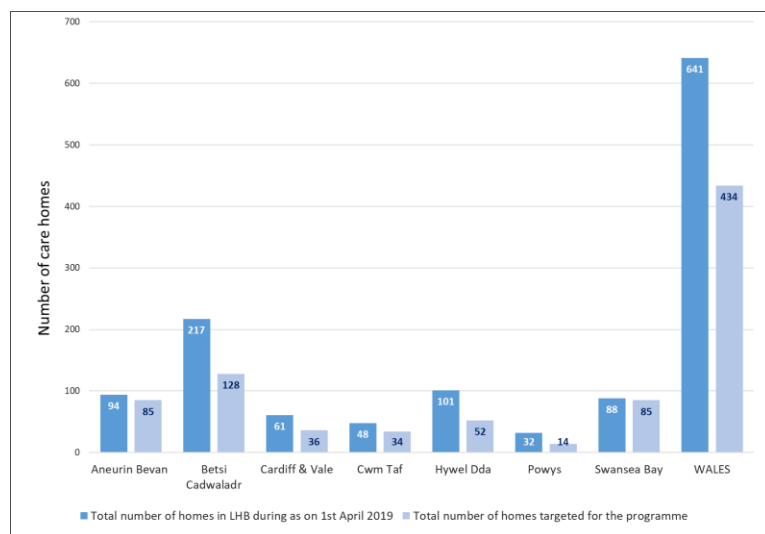
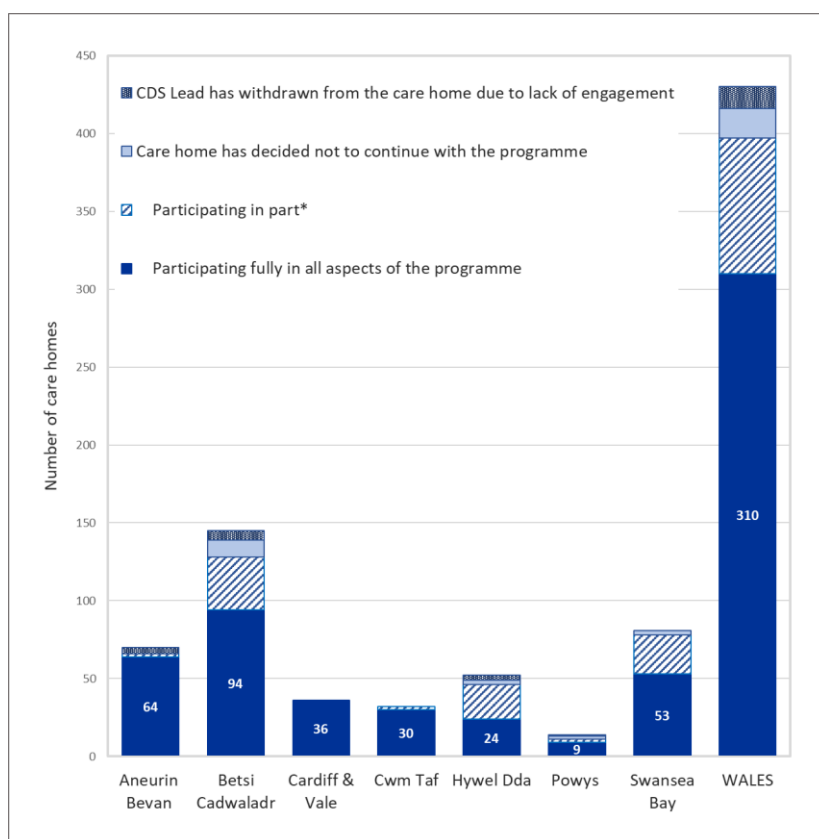


Table 2 Homes participating in the programme since 2015/16 to 2019/20, Wales

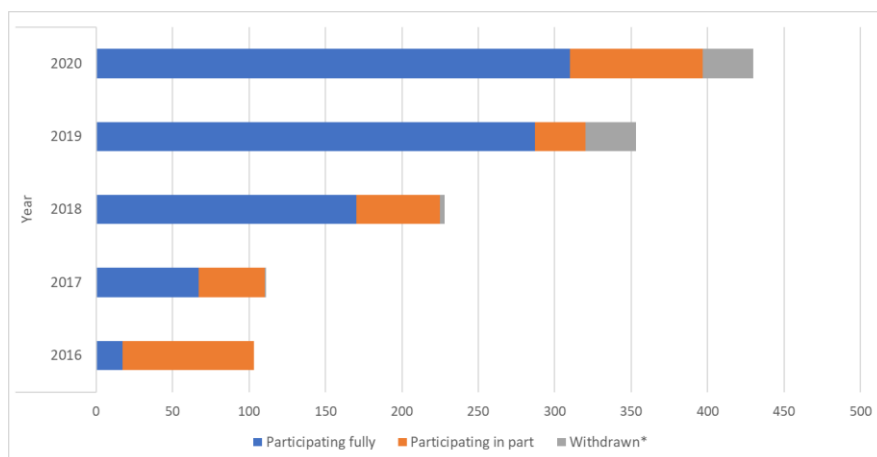
	Year				
	2016	2017	2018	2019	2020
Participating fully	17	67	170	287	310
Participating in part	86	43	55	33	87
Withdrawn*	0	1	3	33	33

\*Includes both: "Care home has decided not to continue with the programme" and "CDS Lead has withdrawn from the care home due to lack of engagement"

**Figure 2 Homes participating in the programme, by level of participation, 2019/20**



**Figure 3 Number of homes participating across Wales in the programme, 2015/16 – 2019/20 (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 2018	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
ANEURIN BEVAN	94	85	83	94	88%	100%	98%	111%
BETSI CADWALADR	217	128	101	101	47%	47%	79%	79%
CARDIFF AND VALE	61	36	36	36	59%	59%	100%	100%
CWM TAF	48	34	31	31	65%	65%	91%	91%
HYWEL DDA	101	52	17	25	17%	25%	33%	48%
POWYS	32	14	9	11	28%	34%	64%	79%
SWANSEA BAY	88	85	54	54	61%	61%	64%	64%
<b>WALES</b>	<b>641</b>	<b>434</b>	<b>331</b>	<b>352</b>	<b>52%</b>	<b>55%</b>	<b>76%</b>	<b>81%</b>

**Table 4 Inspections**

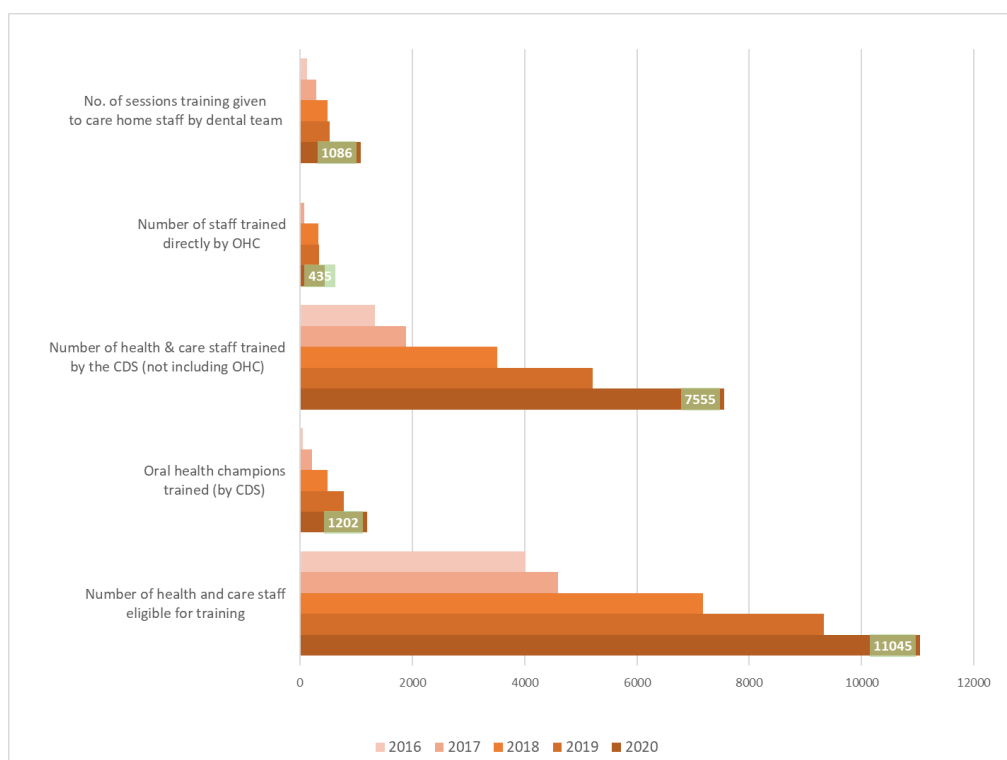
LOCAL HEALTH BOARD	Number of homes having an external inspection or review during the reporting period highlighting good / excellent mouth care	Number of homes having an external inspection or review during the reporting period highlighting inadequate mouth care
ANEURIN BEVAN	2	6
BETSI CADWALADR	0	0
CARDIFF AND VALE	0	0
CWM TAF	2	0
HYWEL DDA	5	blank
POWYS	0	0
SWANSEA BAY	6	2
<b>WALES</b>	<b>15</b>	<b>8</b>

## 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
Aneurin Bevan	2589	128	2308	0	183
Betsi Cadwaladr	2809	555	2224	0	661
Cardiff & Vale	1516	46	1014	0	15
Cwm Taf	1434	117	1255	15	50
Hywel Dda	679	86	328	71	91
Powys	276	5	15	0	7
Swansea Bay	1742	265	411	349	79
<b>WALES - 2020</b>	<b>11045</b>	<b>1202</b>	<b>7555</b>	<b>435</b>	<b>1086</b>
<b>WALES - 2019</b>	<b>9333</b>	<b>780</b>	<b>5211</b>	<b>336</b>	<b>524</b>
<b>WALES - 2018</b>	<b>7173</b>	<b>487</b>	<b>3510</b>	<b>328</b>	<b>489</b>
<b>WALES - 2017</b>	<b>4600</b>	<b>209</b>	<b>1892</b>	<b>73</b>	<b>290</b>
<b>WALES - 2016</b>	<b>4020</b>	<b>50</b>	<b>1338</b>	<b>0</b>	<b>121</b>

**Figure 4 Training in 2019/20 compared with previous years**



## CARE HOME RESIDENTS

**Table 6 Care Home Residents assessments and care plans**

	CARE HOME RESIDENTS in homes participating fully			
LHB	Number of residents	Number of residents risk assessed	Number residents who have a Mouth care plan	Number residents who have had their mouth care plan delivered
ANEURIN BEVAN	2979	2284	2284	2284
BETSI CADWALADR	3530	2156	2156	2156
CARDIFF AND VALE	1739	106	30	30
CWM TAF	1259	510	510	505
HYWEL DDA	806	662	666	612
POWYS	294	218	218	218
SWANSEA BAY	1869	1792	1792	1792
<b>WALES - 2020</b>	<b>12476</b>	<b>7728</b>	<b>7656</b>	<b>7597</b>
<b>WALES - 2019</b>	<b>10228</b>	<b>5645</b>	<b>5670</b>	<b>5670</b>
<b>WALES - 2018</b>	<b>5983</b>	<b>3176</b>	<b>3211</b>	<b>3211</b>
<b>WALES - 2017</b>	<b>4082</b>	<b>1308</b>	<b>1349</b>	<b>1349</b>
<b>WALES - 2016</b>	<b>3723</b>	<b>110</b>	<b>133</b>	<b>133</b>

**Figure 5 Care Home Residents assessments and care plans**

