



Oral Health Care in Care Homes Survey Report

August 2026



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healthwatch
Sandwell

Introduction

Healthwatch Sandwell is an independent organisation that listens to the views and experiences of people who use health and social care services. It uses this feedback to help influence and improve how local services are planned, delivered and reviewed. Healthwatch is part of a national network and shares insight with organisations including the Care Quality Commission, which regulates health and social care services in England.

Context

Preliminary evidence indicates that oral health inequalities remain a significant issue within Sandwell, particularly amongst children and residents living in more deprived communities. Poor oral health can have a substantial impact on health, wellbeing, education, and quality of life. An oral health needs assessment will provide up-to-date local intelligence on oral health status, unmet need, access to dental services and population inequalities. The findings will establish a robust evidence base to inform the development of a Sandwell Oral Health Strategy and ensure that future interventions are targeted towards those communities most at risk of poor oral health outcomes.

What We Did

Healthwatch Sandwell supported Sandwell Public Health's Oral Health Needs Assessment by consulting with local care homes to review oral health policies and identify barriers to accessing oral health services for residents.

A total of **89** Sandwell care homes were contacted by email, with survey responses received from **29** care home representatives.

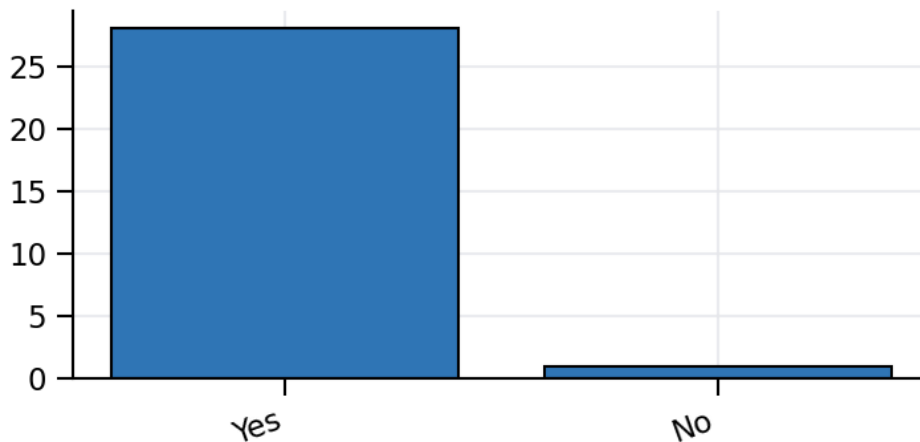
Executive Summary

The survey provides a useful overview of oral health care practices among the **29** care home representatives who responded after **89** Sandwell care homes were contacted by email, representing a response rate of approximately **33%**. The findings demonstrate strong adoption of oral health practices across participating homes: most have an oral health policy or routine, support residents with daily oral hygiene, and provide access to dental care primarily through NHS services. Staff training levels are also high, and respondents mainly rated the overall quality of oral health care as Good or Excellent. However, access to dentists and transport remain important barriers for some residents and may affect timely access to routine and urgent treatment. Although the findings reflect the experiences of responding to homes rather than every care home contacted, they provide a helpful basis for identifying areas of good practice and opportunities for further support. The results indicate that continued staff training, stronger links with local dental providers, practical support for transport and mobility, and ongoing monitoring of oral health procedures should remain priorities.

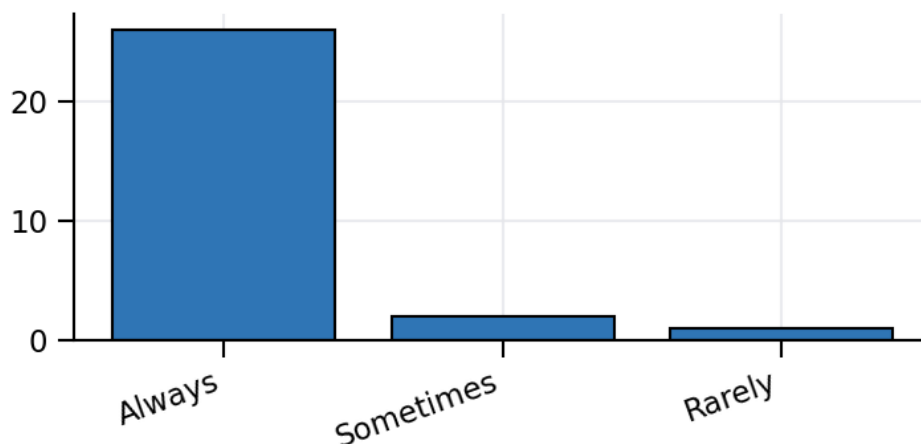
Key Findings

- 97% reported having a regular oral health policy or routine (28/29).
- 90% of reported residents are always supported with daily oral hygiene (26/29).
- Dental check-up frequency was evenly split between annual reviews and appointments only when needed.
- NHS dentists are the primary source of dental care and NHS funding is the most common payment route.
- Availability of dentists and transport were the most frequently cited barriers.
- 83% of respondents reported staff had received oral health training.

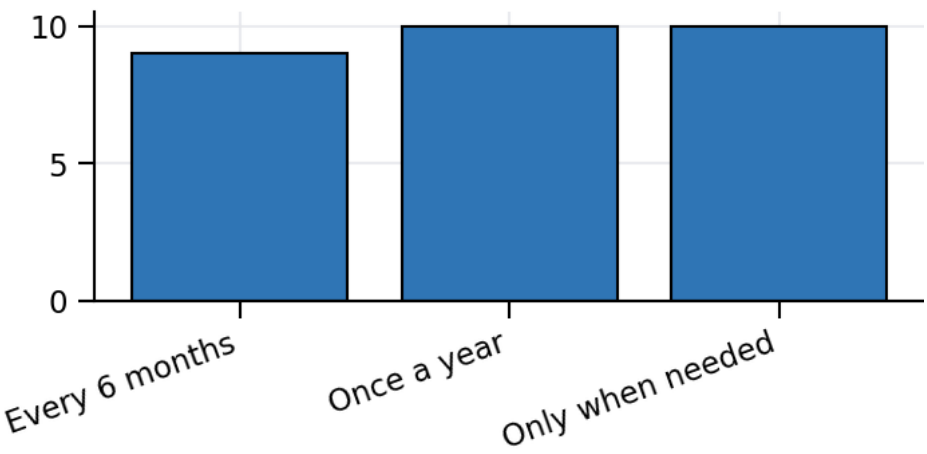
Oral Health Policy



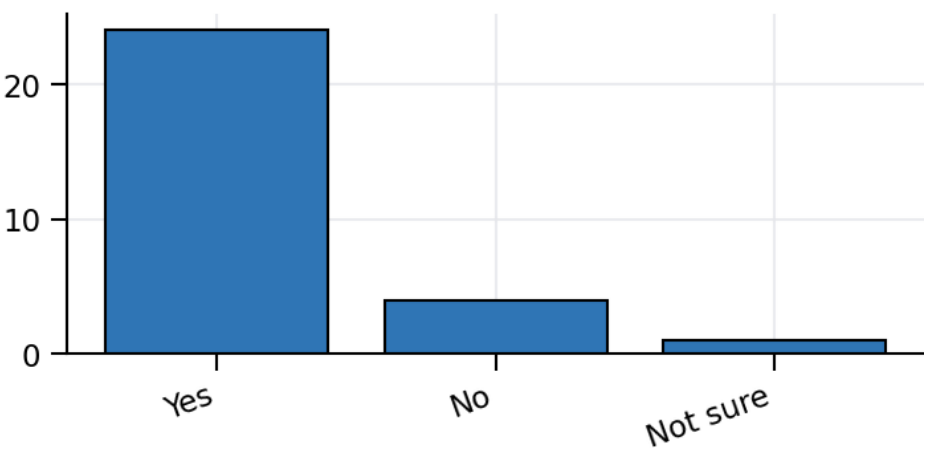
Daily Oral Hygiene Support



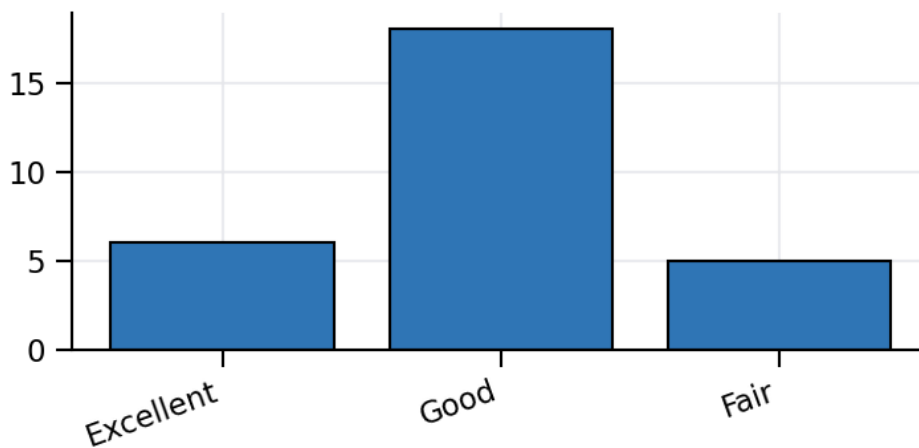
Dental Check-ups Frequency



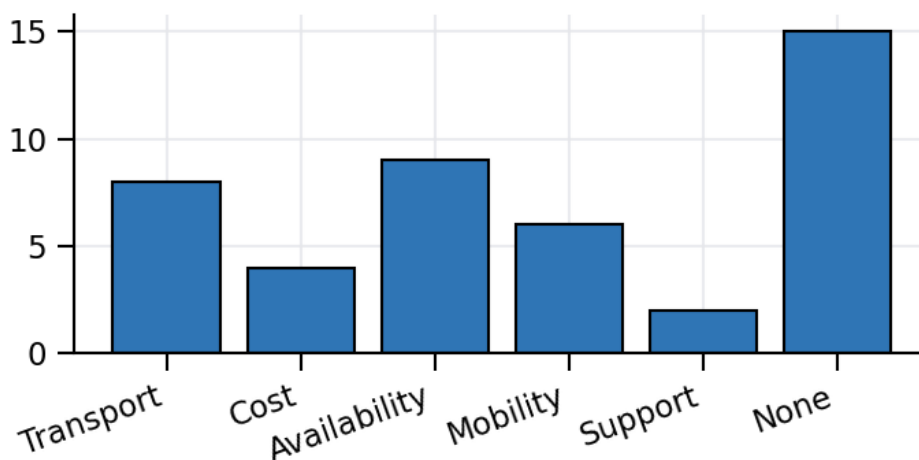
Staff Training



Overall Care Rating



Access Barriers



Recommendations

- **Maintain and review oral health policies:** As 97% of respondents reported having a regular policy or routine, care homes should review these arrangements annually and ensure they include mouth-care assessments, escalation procedures and clear staff responsibilities.
- **Strengthen daily oral hygiene support:** Build on the 90% of homes that always support residents with daily oral hygiene by identifying why support is inconsistent in the remaining homes and providing individual oral care plans where needed.
- **Promote preventive dental reviews:** Because check-up arrangements were split between annual reviews and appointments only when needed, homes should work with dental

providers to encourage risk-based, preventive check-ups rather than relying solely on treatment when problems arise.

- **Continuing and extend staff training:** Maintain annual oral health training and provide induction or refresher sessions for 17% of respondents who reported that staff had not received training. Training should cover daily mouth care, denture care, recognizing pain or infection, and referral pathways.
- **Improve access to dental services:** As dentist availability was a frequently reported barrier, strengthen links with local NHS dental providers, clarify referral routes and explore options for outreach or domiciliary dental care for residents who cannot easily attend practice.
- **Address transport and mobility barriers:** Develop practical arrangements for residents who need support to attend appointments, including coordinated transport planning, accessible services and appropriate staff or family accompaniment.
- **Monitor progress:** Introduce periodic checks of staff training, mouth-care assessments, daily care records, dental referrals and appointment outcomes, and repeat the survey to assess improvement and seek greater participation from the homes contacted.



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