



Insight Report

Smiles Fading:

The Challenge of Dental Care in Care Homes

May 2025

healthwatch
Leicester

healthwatch
Leicestershire

Introduction

We conducted a survey of local care home managers to understand the state of dental care for residents. The findings reveal gaps in access to NHS dentistry, reliance on emergency treatment and the need for a structured dental service for care homes.

Survey Overview



- **13 care homes** responded, representing **328 residents**.
- Access to dental care varies widely:
 - Some care homes report **100% NHS dental coverage**.
 - Others report **89%–97% of residents without a dentist**.
- **Dementia, mobility issues and lack of visiting dental services** were identified as major barriers to access.

“Nothing is working because we can't get NHS dentist and residents are not always able to leave their home.”

Key Findings

1. Limited access to routine NHS dental care

There is a need for dentists who do annual visits to care homes for check-ups.

- Many residents are not registered with an NHS dentist. One care home reported, **"No dental practices are taking on new registrations."**
- Private dental care is often the only option, which is financially unviable for many. A manager noted, **"Residents in the home are having to pay privately to be seen if they wish to, or in emergency situations just to get an appointment and treatment."**
- Care home staff struggle to arrange NHS appointments due to lack of availability. Another respondent shared,



"We have had to use hospital dentists. I have spent hours trying to find a dentist since COVID-19."

2. Emergency-driven care

A roaming dentist or hygienist who visits every 6–12 months would be invaluable.

- Residents often only see a dentist when an urgent issue arises. One care home manager said, **"We have got increased difficulty in accessing a dentist at regular intervals for all residents in the home, most dentist appointments have to be completed as an emergency and pay privately to be seen in a dentist as needed."**
- Emergency visits are mostly private, requiring families to cover costs. **"Some residents have dentures, others do not have either dentures or teeth. If a problem arises, we arrange a Private Dentist because that is all we can get,"** another home reported.
- Some homes rely on hospital dentists in severe cases. **"We are supported by our local GP who will make referrals to Ear, Nose and Throat (ENT),"** noted a manager.

3. Challenges for residents with dementia and disabilities

Oral health should be treated with the same priority as eye and hearing tests.

- Care homes lack dental professionals who understand these needs. A manager stated, **"Dentists having a better understanding of the needs of residents with a Learning Disability and autism, for example -we cannot force residents to clean their teeth as expected. We can only coax them to open their mouth and brush teeth for them. We have to do it gradually for them to tolerate it."**
- Staff assist with oral hygiene, but this does not replace professional care. **"Residents in the home should not have to pay private fees to dental services just to get an appointment and should have regular access just as they have regular eye tests, hearing tests. Oral health is also important to all,"** one care home suggested.
- Many residents with dementia cannot tolerate dental visits.

A close-up photograph of an elderly person's mouth, showing their teeth and dentures. The person has a white beard and mustache. The image is used as a background for a quote box.

'All of our residents suffer from some form of dementia and refuse to go to a dentist and would not understand or be able to sit through an examination procedure.'

4. Staff play a crucial role but need more support

Staff are more trained now, but need more support from professionals.

- Some care homes have oral health training programmes. One care home stated, **"We have a 'train the trainer' who supervises and trains staff level of competency, we have achieved the oral health champion award for this."**
- Staff monitor residents' oral health and intervene when needed. Another home noted, **"In-house, we are doing all we can, however, the outside service is appalling as there is no support for the residents who lack mental and physical needs to attend a surgery."**
- However, they are not trained dental professionals and need specialist support. **"We as care staff do all we can; however, it is not our specialist field and there should be a service like there is for chiropody and opticians where the residents have this health check as a human right at the very least,"** one manager urged.

5. Families bear the burden

Visiting dental service, as residents cannot always be transported.

- Many care homes rely on families to arrange and transport residents to appointments. One home said, **"Nothing works really well; it is up to families to access dental care this can prove to be very stressful for them with appointments and transport."**

What is working well?

- Some care homes have trained staff to monitor oral health. **"The promotion of oral hygiene in care home and staffs' knowledge around smiles matter is ensuring residents are supported with this area and the monthly checks ensure vigilance around oral health unfortunately it is a lengthy complicated process of sourcing a dentist via the community dentist service, meeting criteria and then waiting months to finally get seen at a dentist an hour away! If a resident with dementia has anxieties or behaviours or mobility issues after all of that, sometimes it's not even possible to coordinate transport or encourage the resident to attend!"**
- A few homes successfully use specialised dental services, but access is limited. **"Most use specialised services (e.g. Westcotes dental practice). Easy to access and very good with supporting people with complex needs."**

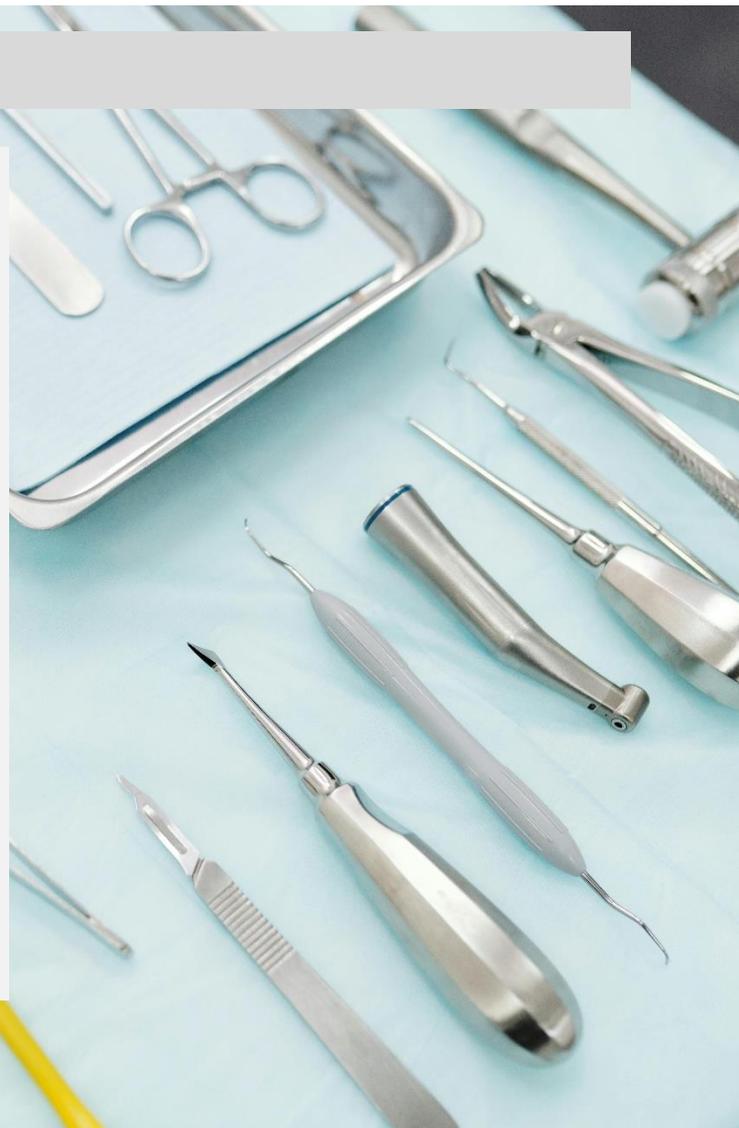
- Care homes are proactive in supporting residents' oral hygiene within their capacity. **“Staff are more trained (sent them on training on Dental Health) to spot problems.”**

Areas for improvement

1. **Regular NHS dental visits to care homes**, similar to optometry and hearing services.
2. **Improved access to community dental services**, especially for residents with dementia and mobility issues.
3. **Training and support for care staff** to better maintain oral hygiene. More support is needed to assist residents with learning disabilities or dementia.
4. **Stronger integration between GPs, dentists and care homes** to ensure oral health is not overlooked.
5. **A dedicated dental service for care homes** to provide **routine check-ups and preventive care**.

Conclusion

Dental care in care homes is inadequate, with many residents struggling to access routine check-ups and treatment. While staff are doing their best, the absence of consistent dental support leaves many residents at risk of poor oral health. Implementing a dedicated, visiting dental service for care homes would greatly improve outcomes and ensure that oral health is not neglected in later life.



healthwatch
Leicester

healthwatch
Leicestershire

Healthwatch Leicester
Healthwatch Leicestershire

9 Newarke Street
Leicester
LE1 5SN

www.healthwatchll.com

☎ 0116 257 4999

✉ enquiries@healthwatchll.com

✂ @HealthwatchLeic

📘 HealthwatchLL

📷 HealthwatchLL

Healthwatch Leicester and Healthwatch Leicestershire is looked after and managed by Voluntary Action LeicesterShire (VAL).

Voluntary Action LeicesterShire is the trading name of Voluntary Action Leicester registered charity (No. 509300) Company Limited by Guarantee (No. 1357513) Registered in England and Wales.

