

Appendix A: Questionnaire sent to residents



Survey: Maintaining dental health and access to dental care

Who are Healthwatch Central West London?

We are an independent charity and have statutory powers to “enter and view” publicly funded services in the Royal Borough of Kensington and Chelsea and the City of Westminster. This means that we can visit services like nursing and care homes to listen to people’s experiences and communicate issues affecting residents to the service providers, Adult Social Care commissioners and the Care Quality Commission.

Why do we want to hear about your experiences?

The COVID-19 pandemic has brought into clear view that there are many issues regarding access to dentistry and we’re keen to understand how maintaining the dental health and care of residents of care homes is managed.

Good dental care is key to everyone’s wellbeing. Regular brushing and dental check-ups can be key in avoiding dental decay and wider health issues.

What will we do with the information we gather?

We will use our findings to report outcomes as detailed above, share our insight into what is done well and give recommendations about what might be improved.

Thank you for sharing your experiences. Please answer the questions as fully as you can. Your answers will be used to help us write our report.

If you would prefer to talk to us about your experiences, please tell a member of staff who will organise this for you.

For more information

For further information or to speak to Jill directly, please contact her using the following

Ring: 07330 484 655

Email: jill.prawer@healthwatchcentralwestlondon.org

Website: www.healthwatchcwl.co.uk

Maintaining dental health and access to dental care

Name of Care Home:

Date:

Name (optional):

<p>1. Approximately how long have you been living here? (please write your answers in the box opposite)</p>	
<p>2. Do staff support you to maintain your dental health?</p> <p>Please tell us more about how your dental health is managed....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>3. Do you use the toothbrush/ toothpaste/mouthwash of your choice?</p> <p>If no, please tell us why not...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>4. Have you seen a dentist since you moved here?</p> <p>Please tell us why you have or haven't seen a dentist...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>

<p>5. Is this your preferred dentist?</p> <p>Please tell us why this is the case...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>6. Is your dentist a private dentist or NHS funded?</p> <p>Pease tell us if there is any particular reason for your choice....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>7. How often have you seen a dentist?</p> <p>Please tell us why you have or haven't seen a dentist...</p>	<p><input type="checkbox"/> Once <input type="checkbox"/> More than once <input type="checkbox"/> Never <input type="checkbox"/> Not sure</p>
<p>8. Have you seen a dental hygienist since you moved here?</p> <p>Please tell us why you have or haven't seen a dental hygienist...</p>	<p><input type="checkbox"/> Once <input type="checkbox"/> More than once <input type="checkbox"/> Never <input type="checkbox"/> Not sure</p>

<p>9. Do you have problems with eating and drinking that are related to your mouth and dental care?</p> <p>If yes, please tell us what are the problems...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>10.How do staff respond if you tell them you have a toothache or other problem with your teeth?</p> <p>Please give examples....</p>	
<p>11.Are you given enough liquid refreshment during the day?</p> <p>Please tell us what is provided...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>

<p>12. Do you take medication that affects the colour of your teeth?</p> <p>If yes, please tell us what measures are taken to reduce the discolouration...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>13. Do you think staff are aware of your dental health?</p> <p>Please give examples to illustrate your answer....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>14. Please tell us what is good about your dental health and dental care...</p> <p>Please give examples to illustrate your answer...</p>	

<p>15. Please tell us how things might be improved in regard to your dental health and dental care...</p> <p>Please give examples to illustrate your answer...</p>	
<p>16. Is there anything else you would like to share with us?</p>	

Thank you for completing this survey.

We may want to use anonymous quotations from your replies. If you would rather that we didn't use a quotation from you, please tick the box below.

I do not want my words used in the written report

Please use the stamped addressed envelope provided to return the completed survey to US.

