NIHR | School for Social Care Research

SORTED: Improving SOcial care pRactice in integrating mouth and Teeth care in personal care for pEople living with Dementia

BACKGROUND

In England, the Care Act 2014 sets out the local authority's role in helping people with care and support needs to live as well as possible. A Care Act assessment and an individual support plan will be developed for people living with dementia, eligible for publicly funded support, to help promote their wellbeing.

Having dementia is a risk for poor mouth and dental health. If this aspect of personal care is not covered consistently, it risks negative effects on people's health and wellbeing. There is Health Education England guidance for care homes but not for homecare providers.

FINDINGS SUMMARY

- Mouth and teeth care is important for people living with dementia because they're at higher risk of dental problems. However, this aspect of personal care can be overlooked.
- Care assessments do not consistently address oral care needs and risks of poor oral hygiene. Social workers and homecare providers should discuss this with people living with dementia and their families. Details of a person's dentist, if any, should be recorded.
- Support plans could provide more details on good oral hygiene, alternative strategies and to whom to tell when oral care is missed.
- There are systemic barriers to encouraging social workers' and providers' attention to oral care. Oral health care guidelines and skills training for good practice in homecare may be timely.

Our findings have implications for practitioners, educators, and commissioners engaging with people affected by dementia.

Although this was a small exploratory study, we have built a better understanding of how assessments and care plans are developed with individuals and carers by local authority adult services departments and private homecare agencies to help promote mouth and dental care for people living with dementia.

AIMS AND METHODS

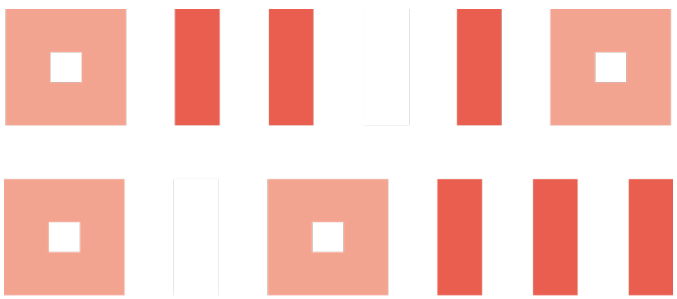
The overall aim of thi study was to explore ways of improving social care practice in integrating mouth and dental care into personal care for people living with dementia at home.

Our four objectives were:

1. To explore individual Care Act assessments and care plans to understand if and how they mention mouth and dental care
2. To explore the views of people living with dementia and their family carers on the content and process of addressing mouth and dental care in assessments and care plans
3. To explore the views of practitioners (social workers, homecare staff) on the content of care plans and care practices
4. To co-produce an accessible output.

To meet these objectives, we used the following methods:

- a randomly sampled documentary analysis of care assessments (objective 1),
- individual semi-structured interviews with family carers, homecare providers and social workers (objectives 2 and 3),
- two co-production workshops to design our two main study outputs (objective 4).



FINDINGS

Importance of oral care in dementia

Practitioners, homecare providers and family carers commonly declared that mouth and teeth care is very important for people living with dementia. It can affect eating and drinking, and there may be risks to mental and physical health if problems are not addressed. However, there are missed opportunities to address oral health care. Dental needs and risks associated with them are not generally discussed during an assessment unless there is a problem or a crisis. Some exceptions were mentioned by participants, such as when a person wears dentures, is at the end stage of dementia, or living in a care home. This was also evidenced in the care assessments and care plans that we obtained from two different local authorities.

Challenges to addressing and delivering oral care

Participants reflected on various factors that impeded discussions around oral care. For example:

- It is not always seen as a priority and overshadowed by other tasks (e.g. assistance with the toilet)
- Assumptions about the ability to carry out dental care (e.g. homecare workers know how to brush someone's teeth, or that the person living with dementia can complete oral care independently)
- Perceptions of responsibility and role restrictions (e.g. it is a health and not a social care matter, or families are responsible for spotting difficulties and contacting the dentist)
- Limited training (e.g. homecare carers not feeling confident to spot oral problems)

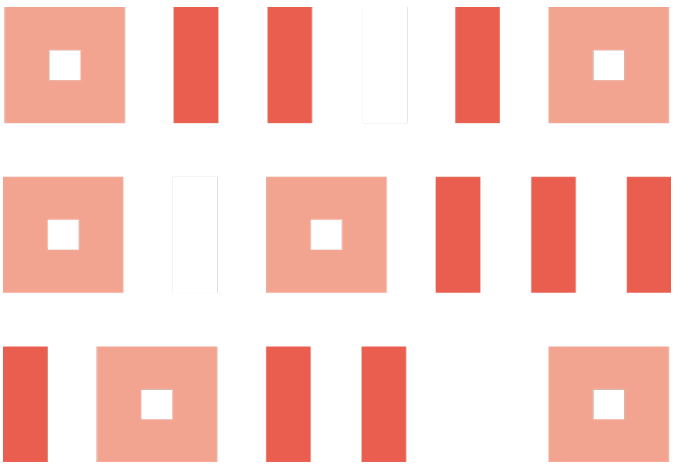
- Poor links with and access to dental services (e.g. unsure how to refer to community dental teams)
- Shortage and consistency of care workers (e.g. busy sector with high turnover)
- Person's variable oral care routines and willingness to accept support
- Time and funding allocated to homecare visits.

Proposed solutions for better integration

Some of the proposed ideas on how to further integrate oral care in social care practices included (a) regularly discuss dental needs in care assessments, reviews and support plans, and (b) raise awareness around the risks of not maintaining good oral hygiene and importance of promoting preventative oral care practices.

More emphasis could be given to the training and skills of homecare providers to identify and prevent dental problems and to assist family carers. There are strategies and tools that could be used to support this aspect of personal care for people living with dementia but these are often not known.

Streamlining of dental care and support was also suggested, as many practitioners were unsure how to refer or what services are available to support people living with dementia at home.



CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

- Mouth and dental care needs for people living with dementia at home may be overlooked
- Oral care could be more regularly discussed and included in assessment and care planning practice.
- There are now various ways to promote oral care and several tools to facilitate daily oral care routines. Practitioners should encourage homecare providers and family carers to think strategically and practically about oral health care and its place in overall care planning as disabilities develop.
- The development of oral health care guidelines for good practice in homecare may be timely and would mirror those available to residential settings
- The domains of Care Act assessment might be extended to ensure the subject is covered during this important conversation and in care planning.

Our findings have implications for practitioners, educators, and commissioners engaging with people affected by dementia. Although this was a small exploratory study, we have built a better understanding of how assessments and care plans are developed with individuals and carers by local authority adult services departments and private homecare agencies to h promote mouth and dental care for people living with dementia.

COMMENTS

"The findings from this study focused on the importance of a more structured approach to often neglected oral care, for people living at home with dementia. Failing to regularly care for and monitor oral health can lead to pain and problems eating. If the person is unable

to communicate their pain or discomfort it can manifest in poor nutrition or behaviours that we find challenging.

This in turn causes distress for family members and can result in greater need for ongoing medical attention or hospital admissions.

The excellent accessible outputs from this study enable time-poor care workers to focus on this area of personal care with a better understanding of the person's needs, whilst also developing their own knowledge. If used as part of care plans and ongoing support, these 'support tools' can also highlight issues to some care staff, who may have limited access to dementia care training"

Comment from Mrs Christina Newton (carer and member of the study advisory group)

"that's why I wanted to get to be a participant, because it was only when I thought, I thought, "Oh, yes, that's something we don't do very well," so... it wasn't until I saw your study that I thought, "Oh actually that's a big, a big gap in my thinking and my knowledge."

social worker (study participant)

"I've never thought about teeth, never! And that's appalling. That will change from this day forward, it will indeed"

social worker (study participant)

RESOURCES

- Mouth Checklist for Care Managers
- Maintaining a Healthy Mouth Guide for Home Care Workers

Also available to download from the project page on the SSCR website (sscr.nihr.ac.uk).

STUDY INFORMATION

Research team

Dia Soilemezi
Jill Manthorpe
Kristina Wanyonyi
Valerie Hill

University of Portsmouth
Portsmouth
PO1 2UP

Contact
dia.soilemezi@port.ac.uk

Partners

Queen Mary University of London
King's College London

NIHR | School for Social Care Research

The NIHR School for Social Care Research (SSCR) is a research and capacity-building partnership between leading centres for social care research across England.

To find out more visit:

sscr.nihr.ac.uk