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# VIEWS OF HOME CARE STAFF ABOUT ADDRESSING MOUTH AND TEETH CARE FOR PEOPLE LIVING WITH DEMENTIA: THE SORTED STUDY

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(on behalf of the SORTED study team)



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# IMPORTANCE OF ORAL HEALTH

- Relationship between poor oral health and poor general health (dementia)
- Serious consequences
  - pain and discomfort → mood and behaviour changes, sleep
  - speech, smile and communication
  - chewing and swallowing → hydration and nutrition
  - dignity and self-confidence → social isolation
  - risk of infection
  - impaired well-being and mood → poor general health



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# HOME CARE

- Initial Care Assessment
- Care plan




**How do the home care staff assess and implement mouth or dental care?**

**Are there any challenges?**

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# SORTED PROJECT

- **Funder:**  NIHR | School for Social Care Research
- **Aim:** to explore ways of improving social care practice in integrating mouth and dental care into personal care for people living with dementia at home
- **Duration:** 16 months (June 2021-Sept 2022)  
--> **Nov 2022**

## WP1 CARE ASSESSMENTS

We are gathering care assessments and care plans from 3 local authorities to understand how oral and dental care is addressed



## WP2 INDIVIDUAL INTERVIEWS

We are conducting interviews with:

**people living with dementia, family carers,  
social care practitioners, homecare managers,  
& care workers** to find out their views and challenges

## WP3 CO-PRODUCTION WORKSHOPS

Stakeholders will attend 2-3 workshops to discuss the findings and ideas on how care assessments, care plans and oral care might be improved for people living with dementia



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# METHODS FOR WP2

- Social Care Research Ethics Committee (SCREC) approval
- Semi-structured individual interviews (pilot → main)
- Online/telephone/face-to-face
- Recruitment strategy
- Transcribed → thematic analysis



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# PARTICIPANTS

## ● 9 Homecare Workers

Female: 9

Online: 9

Asian:1 / White British:4/ Black: 3/ White Other:1

AVE: 27 mins (44/18)

## ● 15 Homecare managers

Female: 14 / Male:1

Online: 12 / Telephone: 3

White British: 14 / Asian:1

AVE: 28 mins (41/19)



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# EMERGING FINDINGS I

- Oral care is important but sometimes is...

“you just have to sort of leave it because you don't want to get them anymore agitated”  
HCW02

“tricky task... not a specific task that I would chase up every visit”  
HCW07

“nothing about the teeth in there [care plan]”  
HCW02, HCW04

“none of us really know how to properly do it”  
HCW02, HCW03

“You can't brush, no, at times you can't... You don't even try it”  
HCW04

“knocked off the list”  
HCM04

“on the back burner or just not thought about as much”  
HCM15

“needs to be brought more to the forefront ... actually it warrants more input”  
HCM14

“overlooked”  
HCM05, HCM12

“not on the priority list”  
HCM10

“it does get missed”  
HCM11



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# EMERGING FINDINGS II

- Assumptions, expectations, 1

“I’m hoping that it gets flagged up real the oral care. I mean it’s not really something that a lot of carers would remember to do but we should, really...”

HCM11

“when someone’s behaviour changes or they start acting a bit differently or showing signs of being in discomfort or pain especially with a dementia diagnosis, we do jump straight to a UTI and speak to the doctors. You never think straight “could it be their teeth?””

HCM12

“we leave a lot of it to their common sense. ... No, it wouldn’t be on the care plan”

HCM10

... is almost like we make the assumption that that’s just been done as part of the routine”

HCM06

“just do a quick kind of mouth check to check that their teeth are still looking healthy and that they were looking like they were being brushed”

HCM01

“we almost assume that we all brush our teeth, we all look after our mouth. We all go to the dentist, and I think it’s an area where we do actually not focus on

properly”

HCM05

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# EMERGING FINDINGS II

- Assumptions, expectations, barriers...

“If I don’t know anything, I will go online and have a look, or I have phoned the dentist up for advice. Or if you’re at a meeting with a trained nurse, ask them. That’s the best way.”  
HCW08

“I don’t really feel that confident because obviously we’ve not really got it in the folder or we’ve not really been explained how to do it. We just sort of go in and because we focus on getting them fully washed, personal hygiene, we really have a bracket that says ‘teeth care’”  
HCW02

“His toothbrush is on the side in the kitchen, that I’m trusting that he’s doing that in the morning and evening; I’m assuming he is because his toothbrush is there.”  
HCW06

“sometimes, the personal care is a little bit woolly because it will say ‘assist in teeth, assist in...’ but if they’ve got capacity, we as carers aren’t allowed to overstep the mark if they say that they don’t want us to do anything.”  
HCW07

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# EMERGING FINDINGS II

Assumptions, expectations, barriers...

- **Person:** cognitive & physical ability and mood → resistance, no consent
- **Staff:** No confidence, skills, no detailed mention in assessments/care plans, role
- **System:** time, training, access to/sharing with other professionals, no mention in social care assessments

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# EMERGING FINDINGS III

Suggestions/considerations:

- Adding more question details on the care assessments (**oral health assessment tool**) → a separate **oral care plan** (not lumped under personal care) → regular reviews
- Providing oral specific **training**, regular meetings (**oral champion**, dementia champion) → sharing of tips, ideas, approaches, good practice
- Links with community dentists, district nurses, etc



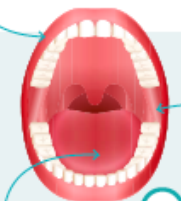
# ORAL HEALTH ASSESSMENT TOOL

## Oral health assessment tool

Resident: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Scores** – You can circle individual words as well as giving a score in each category  
 (\* If 1 or 2 scored for any category please organise for a dentist to examine the resident)  
**0 = healthy 1 = changes\* 2 = unhealthy\***

Lips:	Dental pain:	Natural teeth Yes/No:
Smooth, pink, moist <b>0</b>	No behavioural, verbal, or physical signs of dental pain <b>0</b>	No decayed or broken teeth or roots <b>0</b>
Dry, chapped, or red at corners <b>1</b>	There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression <b>1</b>	1-3 decayed or broken teeth or roots or very worn down teeth <b>1</b>
Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners <b>2</b>	There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression) <b>2</b>	4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth <b>2</b>
Oral cleanliness:		Dentures Yes/No:
Clean and no food particles or tartar in mouth or dentures <b>0</b>		No broken areas or teeth, dentures regularly worn, and named <b>0</b>
Food particles, tartar or plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath) <b>1</b>		1 broken area or tooth or dentures only worn for 1-2 hours daily, or dentures not named, or loose <b>1</b>
Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) <b>2</b>		More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named <b>2</b>
	Tongue:	Gums and tissues:
	Normal, moist roughness, pink <b>0</b>	Pink, moist, smooth, no bleeding <b>0</b>
	Patchy, fissured, red, coated <b>1</b>	Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures <b>1</b>
	Patch that is red and/or white, ulcerated, swollen <b>2</b>	Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures <b>2</b>
Saliva:		
Moist tissues, watery and free flowing saliva <b>0</b>		
Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth <b>1</b>		
Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth <b>2</b>		



Organise for resident to have a dental examination by a dentist  
 Resident and/or family or guardian refuses dental treatment  
 Complete oral hygiene care plan and start oral hygiene care interventions for resident  
 Review this resident's oral health again on date:

**TOTAL:** \_\_\_\_\_  
**SCORE:** 16 \_\_\_\_\_

With kind permission of the Australian Institute of Health and Welfare (AIHW). Source: AIHW Caring for oral health in Australian residential care (2009). Modified from Kayser-Jones et al. (1993) by Chalmers (2004).

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# CONCLUSIONS

- Missed opportunities to address oral care
- Revise guidance and training
- Raise awareness of the importance of **preventative** oral care for people living with dementia at home
- Better links between social care and dental services

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# ACKNOWLEDGEMENTS

Participants

**NIHR** | School for Social  
Care Research

Study Advisory Group



lay co-applicant

