
VIEWS OF HOMECARE 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)



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



SORTED PROJECT

- **Funder:** NIHR SSCR
- **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)

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



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



PARTICIPANTS

● 9 Homecare Workers

Female: 9

Online: 9

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

AVE: 27 mins (44/18)

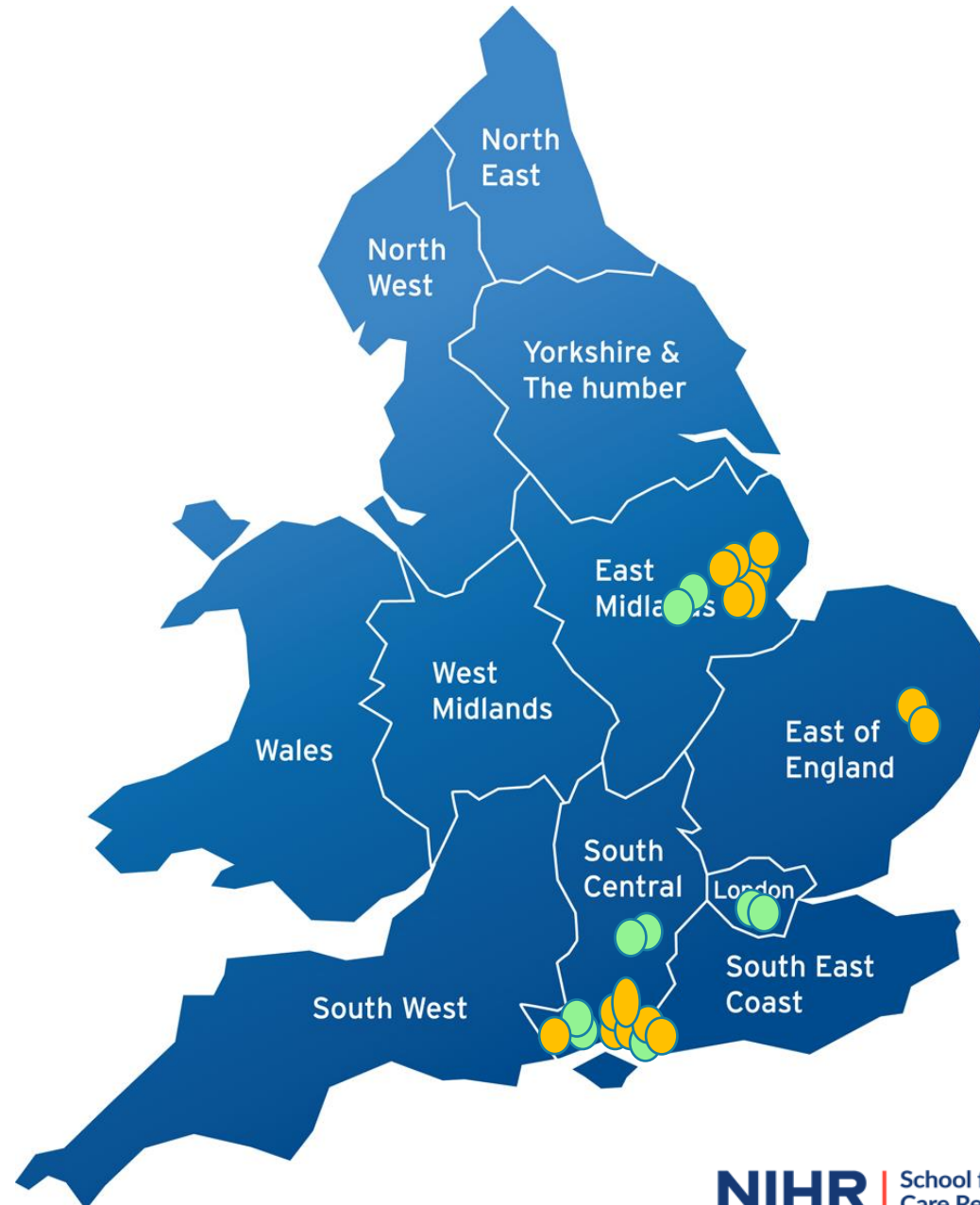
● 15 Homecare managers

Female: 14 / Male:1

Online: 12 / Telephone: 3

White British: 14 / Asian:1

AVE: 28 mins (41/19)



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

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

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

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 Kaye-Jones et al. (1993) by Chalmers (2004).

CONCLUSIONS

- Missed opportunities to address oral care
- Revise guidance and training (are guidance and training the solutions? what format they should take to be effective and sustainable?)
- 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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Participants

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Study Advisory Group



lay co-applicant

