



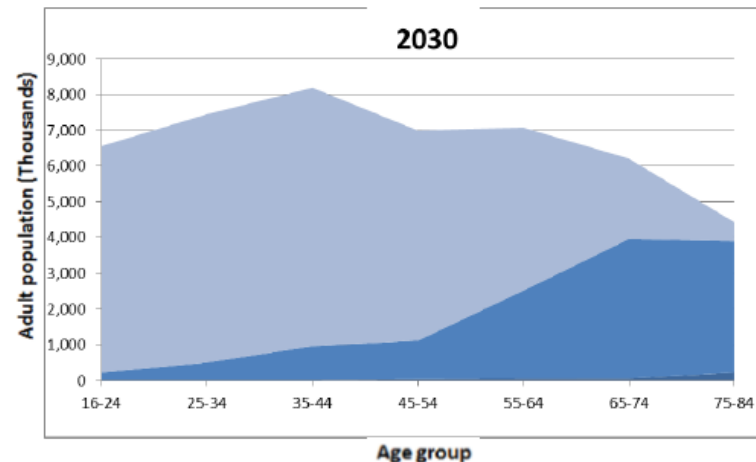
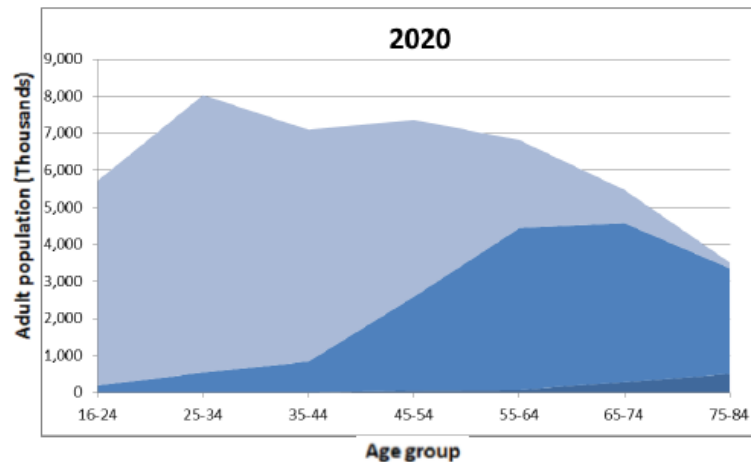
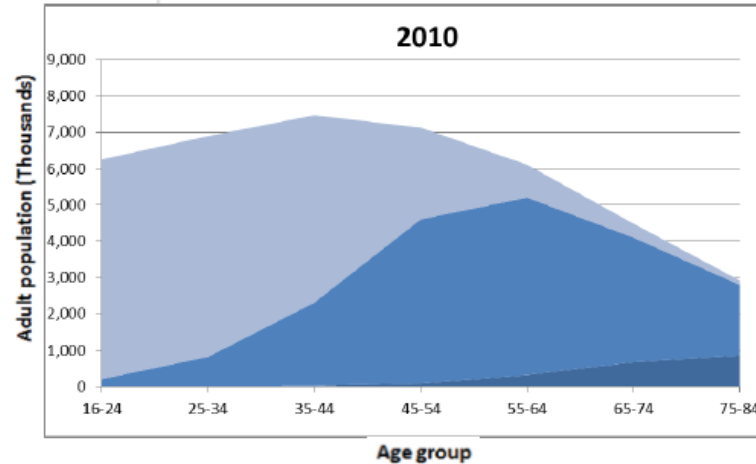
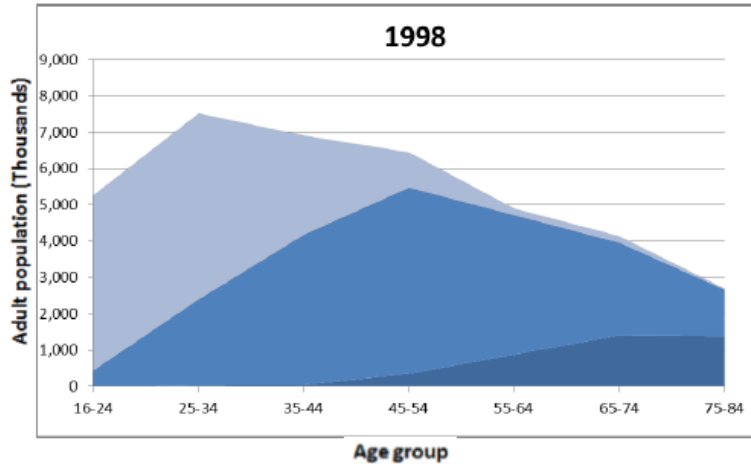
ORAL HEALTH IN CARE HOMES

Janie Buchanan and John Milne

- Look at some of the reasons why oral health care is so poor in residential and nursing homes
- Understand some of the genuine challenges care staff face when trying to deliver mouth care
- Provide you with useful and practical prompts you may use on inspection to assess the quality of residents' mouth care

Time series and future projection of adult dental health: 1998-2030

■ No natural teeth ■ Less healthy teeth⁴ ■ Healthier teeth⁴



[4] Healthier is defined as those having 18 or more sound, untreated teeth.

Less healthy is defined as those with less than 18 sound, untreated teeth.

Less of these



The Heavy Metal Generation



NICE National Institute for
Health and Care Excellence

Studies show

- that many residents have oral health problems, owing to an inconsistent approach to care
- Care staff are reluctant to help clean patients mouths and lack the appropriate training

NICE: Oral health for adults in care homes (NG48) 2016



WHY?



- Many residents have difficulty brushing their teeth due to poor manual dexterity, limited mobility, vision problems and cognitive difficulties.
- Long-term conditions such as Parkinson's disease, MS, dementia, can make it harder to hold and use a toothbrush, and go for dental treatment.
- Many medicines reduce the amount of saliva and leave residents with a dry mouth.

WHY ? (2)

- Some antipsychotics cause involuntary repetitive tongue and jaw movements, making it difficult to wear dentures.
- Denture loss is common when people with dementia are in an unfamiliar environment. Residents may not be able to cooperate with the dentist for a new set, or may have trouble adjusting to a new set
- If medication is syrup based (e.g. lactulose) there is an increased risk of tooth decay
- Lots of sugary tea and cake every day

Tea, biscuits and cake!



- One study covering 22 care homes in England found that while $\frac{3}{4}$ of residents had difficulty or were unable to clean their teeth- NONE received daily support, and only 2.5% received occasional support.
- Even when residents receive it, it often isn't adequate.
- Infection control issues

CHALLENGES FOR STAFF



- Not enough time/ inadequate staffing levels
- Lack of provision of hygiene aids and cleaning materials E.G. toothbrushes, mouthwash
- Resistant behaviour from residents
- Perception of oral health as a low priority for residents daily activities. Accountability with the dentist not them.

CHALLENGES (2)



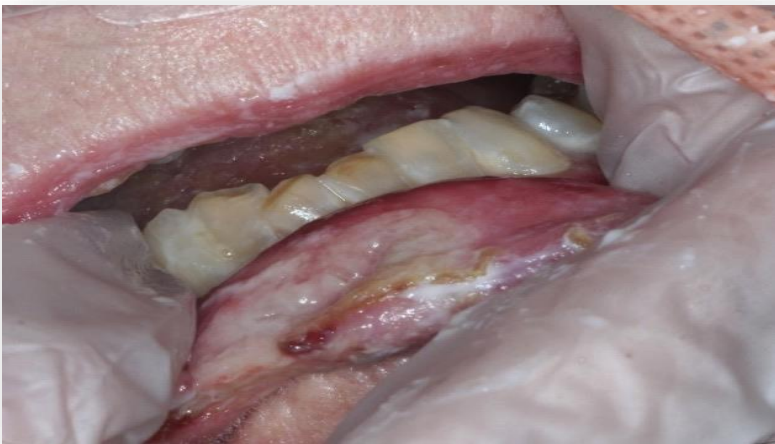
- Dislike of task.
- Staff belief that once a resident has dentures they no longer need regular dental check ups.
- Inability to access dental visits for residents. Study in Avon area found that 71% of residents had not seen a dentist in the last five years.
- Perceived barriers - cost, lack of transport to surgeries. Care homes and residents confusion around exemption charges.
- Lack of staff education and training on oral health. Little guidance available about how to clean dentures.

- Studies show a clear link between poor oral health care and malnutrition in care homes.
- Ill fitting dentures cause pain and ulcers.
- Oral cancer is rapidly increasing and half of new cases are in people age 65 and over. If not identified quickly can have serious consequences
- Poor oral health and periodontal disease have a relationship with diabetes, respiratory infections pneumonia and cardiovascular disease.

Healthcare associated pneumonia



CONSEQUENCES



- **Adults who move into care homes have their mouth care needs assessed on admission.**
- **Adults living in care homes have their mouth care needs recorded in their personal care plan.**
- **Adults living in care homes are supported to clean their teeth twice a day and to carry out daily care for their dentures.**

Effective By **effective**, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

In **residential care**, this means that people are supported to live their lives in the way that they choose and experience the best possible **health and quality of life outcomes.**

QUESTIONS FOR RESIDENTS



- Do staff help you take care of your teeth, dentures, how often, when
- When did you last see a dentist for a check up
- When were your dentures last cleaned/ checked
- Do you have easy access to toothpaste, denture cleaning tabs, toothbrushes etc.

- Tell me how you assist residents to maintain good oral hygiene
- Have you received any training in oral health care for older people/folk with learning disabilities
- Are you given enough time to assist residents to brush their teeth twice a day
- What are some of the difficulties you face in providing oral health care (e.g. lack of time, equipment, education, resistant behaviour from residents, dislike of the task etc.)
- You are the key worker for resident X- can you tell me when they last saw the dentist, what their oral hygiene routine is?- (then check this against the care plan)

QUESTIONS FOR STAFF



- Do you have easy access to dental care products for residents
- How do you manage lost dentures (e.g. on a dementia unit)/ How do you ensure residents wear their own dentures
- How would you know if a resident with advanced dementia/struggles to communicate was in pain because of their teeth
- what additional oral hygiene measures do you put in place for a residents at the end of their life

ENVIRONMENT CHECK



- Check residents' bedroom/ ensuites- are there actual signs of toothbrushes, toothpaste/denture care tablets and other oral hygiene products

