

Oral Health in Care Homes: A Patient and Public Involvement Project in the Local Community

Phoebe Purcell, Hygienist.
Dr Camille Cronin, School of Health and Human Sciences.
(Project completed as part of the Undergraduate Research Opportunity Placement (UROP), University of Essex).

Objectives

- To collect views and opinions from service users, their carers, healthcare workers and care home managers to guide future research for those working and living with dementia.
- To work in partnership with care homes in the community.
- To develop oral health care projects for those living with dementia in primary and secondary care prevention.

Methods

- Phase 1 (June 2015): Survey on Mouth Care was sent out to all care homes in the Southend Borough.
- **Phase 2: PPI work with care home managers, carers and those living with dementia.** This involved a qualitative design which included a number of focus groups (n=12).



Sample

A total of 66 care homes were contacted. During the contact phase, 24 care homes expressed an interest. The table below breaks down the sample and who participated.

Sample	N = Interested	N = Focus Groups	N = participated
Care Home Managers	24 (CH)	3	6
Healthcare Workers	6 (CH)	5	27
Service Users	3 (Organisations)	4	29

Results

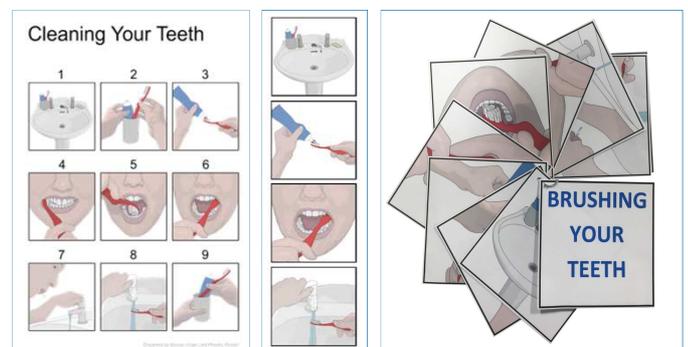
All the information collected from the focus groups was transcribed and entered on to a spread sheet to organise the data. Data was reviewed independently line by line to identify themes.

- Teeth are cleaned with toothpaste and a toothbrush but there are different levels of ability.
- The most common barriers were time, refusal, pride and dementia.
- The most common challenges were dementia, depression, difficulties with mouth care in end of life and dementia.
- Difficulty accessing Dental Care Professionals (DCPs) is a big challenge.
- Dental practices need to have "dementia friendly" notes so staff are more aware.

Outputs



Discussion with service users, their carers and healthcare workers in the care homes led to the development of picture guides to help with the tooth brushing process. The guides are a result of including PPI as part of the research process.



Conclusion

- The outputs of the PPI work will contribute to further research in this area.
- The outputs of this project would suggest that a community based participatory approach is the best way forward for any future research in this area.
- There is clearly a role for DCPs to work in the community with those living with dementia.
- There is a need for a change in the oral health approach used by care home staff towards those living with dementia.

References

1. Cronin C, Cannell P, Peters K & Metcalfe A (2015) *Mouth Care Survey of Care Homes in Southend-on-Sea* Southend: University of Essex
2. INVOLVE (2015) *What is public involvement in research?* Online at: <http://www.invo.org.uk/find-out-more/what-is-public-involvement-in-research-2/> [Accessed on: 18 July 2016]
3. National Health Service (NHS) England (2016) *Dementia Friendly Dentistry: Advice and Guidance for the primary dental care team* Online at: <http://healthwatchwirral.co.uk/wp-content/uploads/2016/07/Dementia-Friendly-Dentistry-Book-May-SOV.pdf> [Accessed on: 15 August 2016]
4. Oral Health of people with Dementia (2006) *Journal of Gerontology* **23**(S1): 3 – 32
5. Wang TF, Huang CM, Chou C & Yu S (2015) 'Effect of oral health education programs for caregivers on oral hygiene of the elderly: A systemic review and meta-analysis' *International Journal of Nursing Studies* **52**: 1090 – 1096