# Improving the oral health of older people in care homes: a feasibility study (TOPIC)

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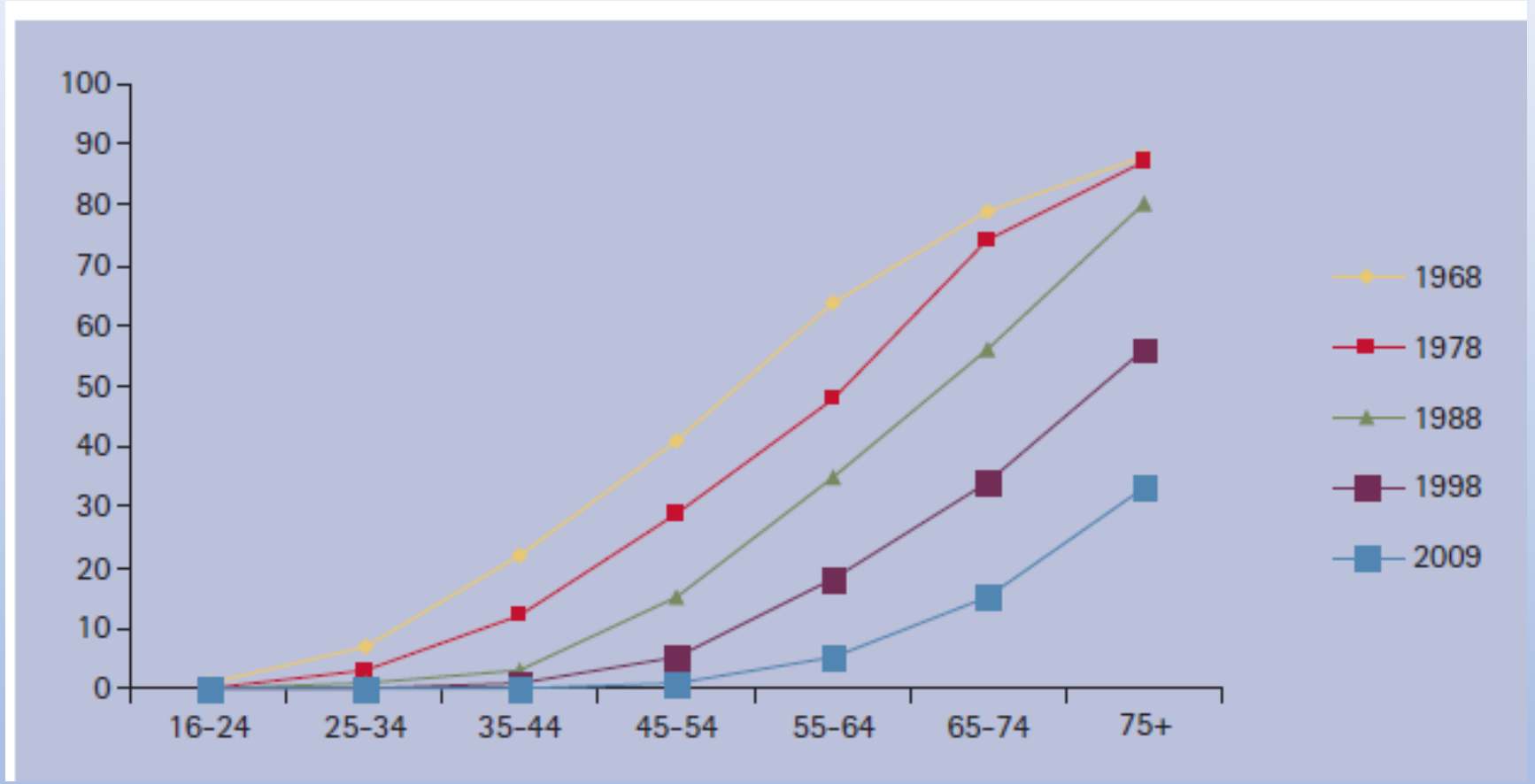
Centre for Public Health

# Outline – key issues

- Defining the problem – oral health in older adults in care homes
- TOPIC: A study to understand how feasible the NICE guidelines are to implement in practice
- What we did
- What we found
- What we learnt

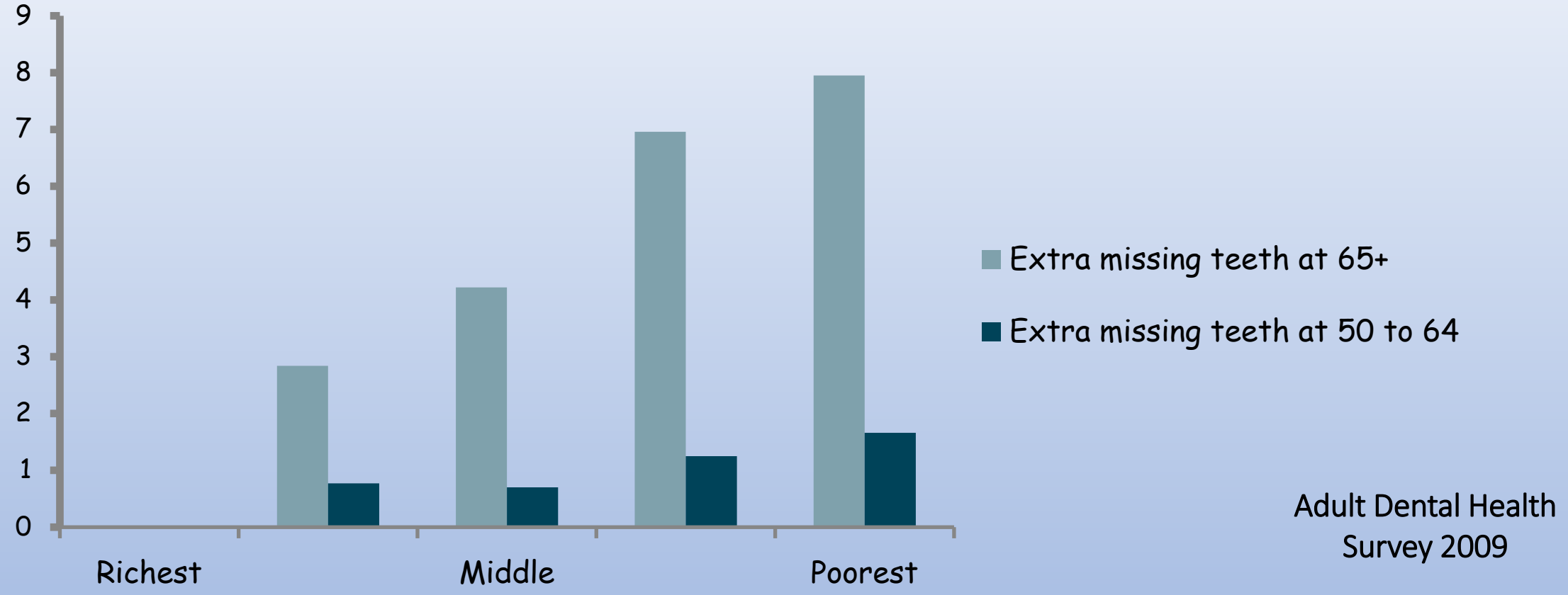
# Trends in edentulousness prevalence in UK




- Dramatic decline: overall prevalence of 6%
- Vast majority are dentate, even among the very old

Steele JG, Treasure ET, O'Sullivan I, Morris J, Murray JJ. BDJ 2012; 213: 523-527.

# Excessive inequalities in oral health




Adult Dental Health Survey 2009

**This shows what has happened, that there is a problem.**

**It does not show why it happened or what we should do.**

Steele JG, Shen J, Tsakos G, Fuller E, Morris S, Watt RG, Guarnizo-Herreno C-C, Wildman J. The interplay between socioeconomic inequalities and clinical oral health. Journal of Dental Research 2015; 94(1):19-26.

# Cliff-edge of inequality in oral health of older adults: care homes

- Around 430,000 people live in care homes in the UK
- Around 50% with some natural teeth …
- … with much worse oral health than independently living older adults
- Excessive comorbidity burden – cognitive impairment / dementia
- Large proportion with dependency for oral hygiene practices
- Sugar rich diets
- Variable access to dental care
- Haphazard if not negligible oral health promotion practices
- Challenging for staff (without training)
- Current and future cohorts of residents with more natural teeth, therefore increased oral health needs


McKenna G, Tsakos G, Burke F, Brocklehurst P. Managing an ageing population: challenging oral epidemiology. Prim Dent J 2020; 9: 14-17.

# NICE guideline NG48: “formal” recognition of the problem & recommendations

NICE National Institute for Health and Care Excellence

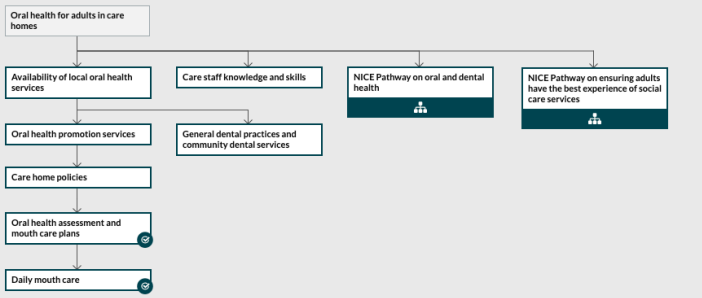
NICE guideline

- **care home policies on oral health and providing residents with support to access dental services**
- **oral health assessment and mouth care plans**
- **daily mouth care**
- **care staff knowledge and skills**
- **availability of local oral health services**
- **oral health promotion services**
- **general dental practices and community dental services**

## Oral health for adults in care homes

NICE guideline
Published: 5 July 2016
www.nice.org.uk/guidance/ng48

**Oral health for adults in care homes overview**

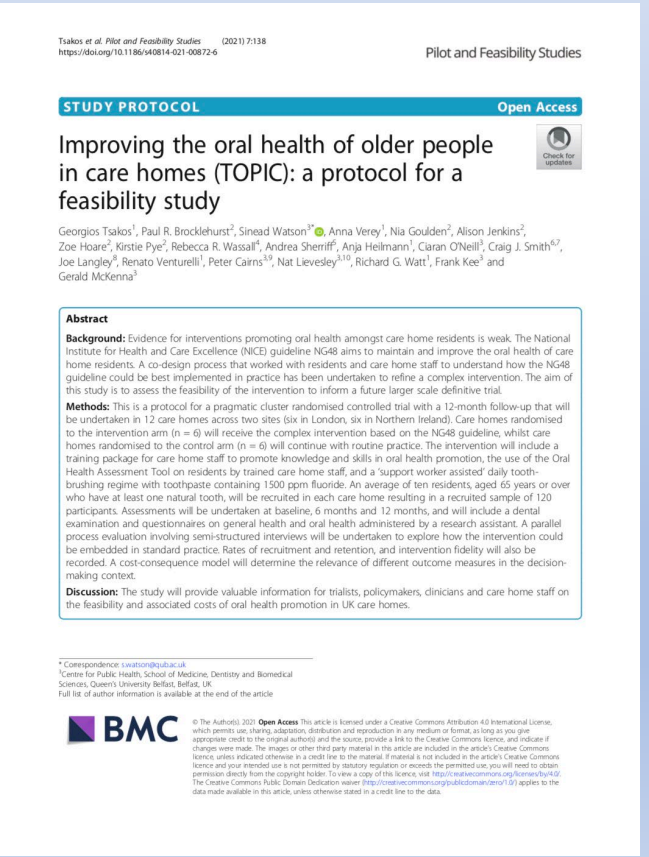


# Improving the Oral Health of Older People in Care Homes (TOPIC): a Feasibility Study

FUNDED BY NIHR | National Institute for Health Research


- NICE guideline NG48 aims to maintain and improve the oral health of care home residents
- Focus on promoting oral hygiene and preventing oral diseases in older people in care homes
- Determine whether a pragmatic cluster-randomised controlled trial is feasible

- The project is funded by the National Institute for Health Research (NIHR) Public Health Research Programme [PHR17/03/11]. The views expressed in this publication are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.



Tsakos *et al. Pilot and Feasibility Studies* (2021) 7:138
https://doi.org/10.1186/s40814-021-00872-6

Pilot and Feasibility Studies

STUDY PROTOCOL Open Access

Improving the oral health of older people in care homes (TOPIC): a protocol for a feasibility study

Georgios Tsakos[1], Paul R. Brocklehurst[2], Sinead Watson[3*], Anna Verey[1], Nia Goulden[2], Alison Jenkins[2], Zoe Hoare[2], Kirstie Pye[2], Rebecca R. Wassall[4], Andrea Sherriff[5], Anja Heilmann[1], Ciaran O'Neill[3], Craig J. Smith[6,7], Joe Langley[8], Renato Venturelli[1], Peter Cairns[3,9], Nat Lievesley[3,10], Richard G. Watt[1], Frank Kee[3] and Gerald McKenna[3]

**Abstract**

**Background:** Evidence for interventions promoting oral health amongst care home residents is weak. The National Institute for Health and Care Excellence (NICE) guideline NG48 aims to maintain and improve the oral health of care home residents. A co-design process that worked with residents and care home staff to understand how the NG48 guideline could be best implemented in practice has been undertaken to refine a complex intervention. The aim of this study is to assess the feasibility of the intervention to inform a future larger scale definitive trial.

**Methods:** This is a protocol for a pragmatic cluster randomised controlled trial with a 12-month follow-up that will be undertaken in 12 care homes across two sites (six in London, six in Northern Ireland). Care homes randomised to the intervention arm (n = 6) will receive the complex intervention based on the NG48 guideline, whilst care homes randomised to the control arm (n = 6) will continue with routine practice. The intervention will include a training package for care home staff to promote knowledge and skills in oral health promotion, the use of the Oral Health Assessment Tool on residents by trained care home staff, and a 'support worker assisted' daily tooth-brushing regime with toothpaste containing 1500 ppm fluoride. An average of ten residents, aged 65 years or over who have at least one natural tooth, will be recruited in each care home resulting in a recruited sample of 120 participants. Assessments will be undertaken at baseline, 6 months and 12 months, and will include a dental examination and questionnaires on general health and oral health administered by a research assistant. A parallel process evaluation involving semi-structured interviews will be undertaken to explore how the intervention could be embedded in standard practice. Rates of recruitment and retention, and intervention fidelity will also be recorded. A cost-consequence model will determine the relevance of different outcome measures in the decision-making context.

**Discussion:** The study will provide valuable information for trialists, policymakers, clinicians and care home staff on the feasibility and associated costs of oral health promotion in UK care homes.

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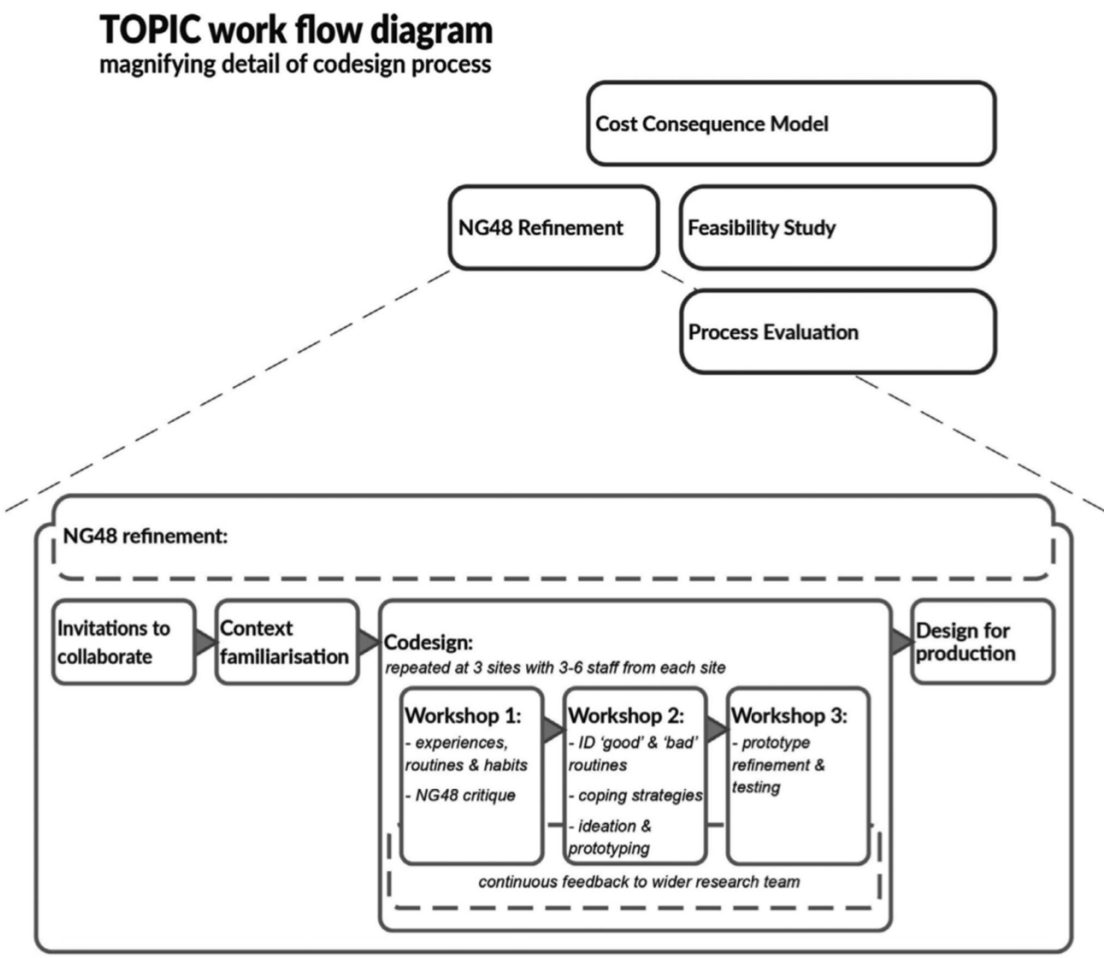
# TOPIC Study: What we did?

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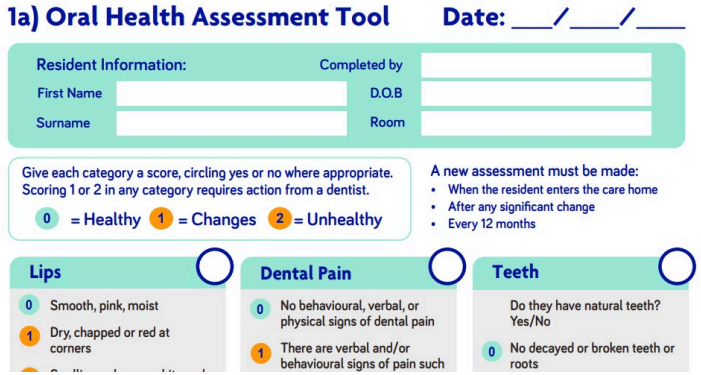
What does the **complex intervention** include?

- Oral Health Assessment Tool
- Assisted Tooth Brushing Regime
- Home staff training package

# TOPIC Study: What we did?

Co-designed materials

- Oral Health Assessment Tool
- Personal Oral Care Plan
- Weekly Oral Hygiene Record



1a) Oral Health Assessment Tool Date: ___/___/___

Resident Information: Completed by
First Name D.O.B
Surname Room

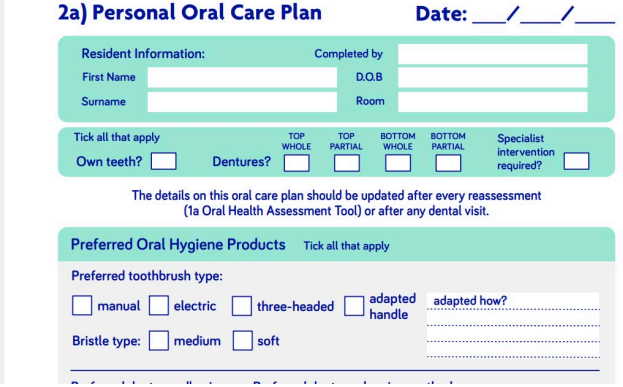
Give each category a score, circling yes or no where appropriate. Scoring 1 or 2 in any category requires action from a dentist.
0 = Healthy 1 = Changes 2 = Unhealthy

A new assessment must be made:
- When the resident enters the care home
- After any significant change
- Every 12 months

Lips
0 Smooth, pink, moist
1 Dry, chapped or red at corners

Dental Pain
0 No behavioural, verbal, or physical signs of dental pain
1 There are verbal and/or behavioural signs of pain such

Teeth
Do they have natural teeth? Yes/No
0 No decayed or broken teeth or roots



2a) Personal Oral Care Plan Date: ___/___/___

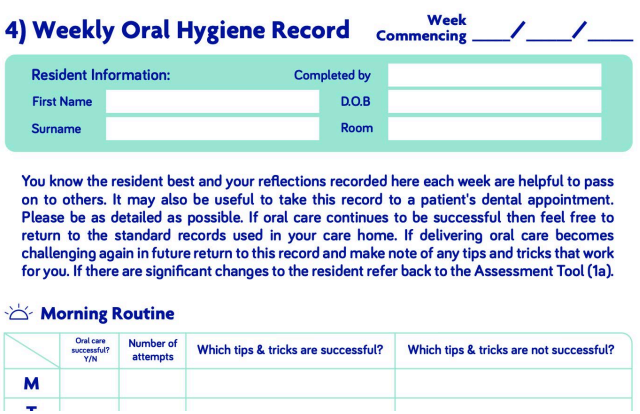
Resident Information: Completed by
First Name D.O.B
Surname Room

Tick all that apply
Own teeth? Dentures? TOP WHOLE TOP PARTIAL BOTTOM WHOLE BOTTOM PARTIAL Specialist intervention required?

The details on this oral care plan should be updated after every reassessment (1a Oral Health Assessment Tool) or after any dental visit.

Preferred Oral Hygiene Products Tick all that apply

Preferred toothbrush type:
manual electric three-headed adapted handle adapted how?
Bristle type: medium soft



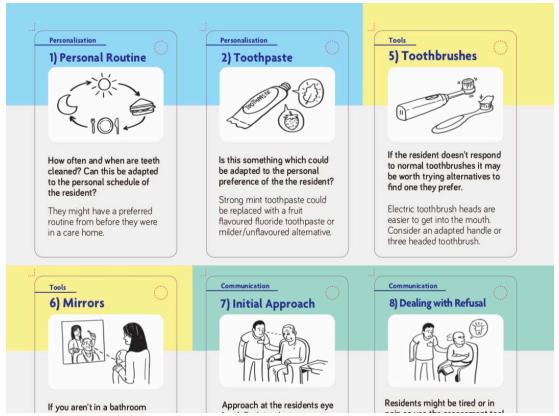
4) Weekly Oral Hygiene Record Week Commencing ___/___/___

Resident Information: Completed by
First Name D.O.B
Surname Room

You know the resident best and your reflections recorded here each week are helpful to pass on to others. It may also be useful to take this record to a patient's dental appointment. Please be as detailed as possible. If oral care continues to be successful then feel free to return to the standard records used in your care home. If delivering oral care becomes challenging again in future return to this record and make note of any tips and tricks that work for you. If there are significant changes to the resident refer back to the Assessment Tool (1a).

Morning Routine

| | Oral care successful? Y/N | Number of attempts | Which tips & tricks are successful? | Which tips & tricks are not successful? |
|---|---|---|---|---|
| M | | | | |



Personalisation 1) Personal Routine
How often and when are teeth cleaned? Can this be adapted to the personal schedule of the resident?
They might have a preferred routine from before they were in a care home.

Personalisation 2) Toothpaste
Is this something which could be adapted to the personal preference of the the resident?
Strong mint toothpaste could be replaced with a fruit flavoured fluoride toothpaste or milder/unflavoured alternative.

Tools 5) Toothbrushes
If the resident doesn't respond to normal toothbrushes it may be worth trying alternatives to find one they prefer.
Electric toothbrush heads are easier to get into the mouth. Consider an adapted handle or three headed toothbrush.

Tools 6) Mirrors
If you aren't in a bathroom

Communication 7) Initial Approach
Approach at the residents eye

Communication 8) Dealing with Refusal
Residents might be tired or in

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DOI: 10.1111/ger.12629

ORIGINAL ARTICLE

Gerodontology WILEY

**Putting guidelines into practice: Using co-design to develop a complex intervention based on NG48 to enable care staff to provide daily oral care to older people living in care homes**

Joe Langley[1] | Rebecca Wassall[2] | Andrew Geddis-Regan[2] | Sinead Watson[3] | Anna Verey[4] | Gerald McKenna[3] | Paul Brocklehurst[5] | Georgios Tsakos[4]

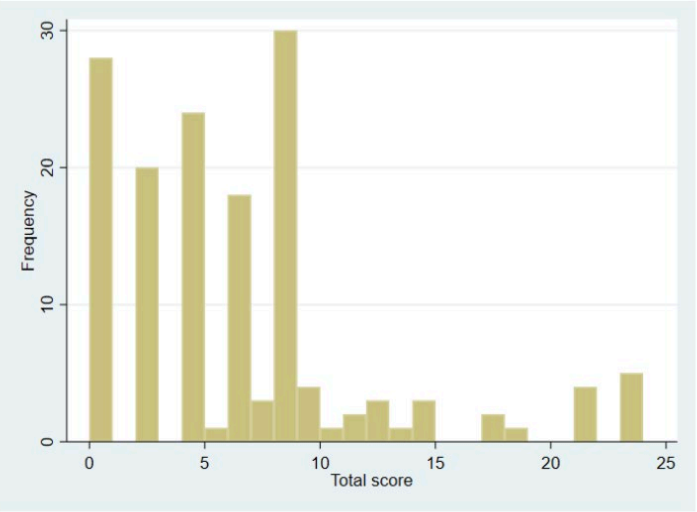
# Recruitment and Feasibility


- Care Homes invited: 37
- Care Homes agreed: 31 (84%)
- Care Homes randomized: 22
- Care Home without data collection: 1
- Care Homes participated: 21
- Care Homes withdrew: 2
- Care Homes remained in the study: 19 / 22 (86%) @ 12-months

- Residents invited: 195
- Residents screened: 164
- Residents eligible: 136
- Residents recruited: 119 (88%)
- Intervention: 55 Residents (10 CH)
- Control: 64 Residents (11 CH)
- Residents remained in the study: 82 / 119 (69%) @ 12-months

# Data collection

- Fully completed oral health data @ baseline: 105 / 119 residents (88%)
- Fully completed oral health data @ 12-months: 75 / 119 residents (65%); 75 / 82 residents (91%)
- Weekly symptoms checklist (by care home staff): large volume of missing data
- More strict cognitive ability inclusion criterion would have reduced sample by a quarter (76.5% eligible)

# Process Evaluation

- Complexity of introducing an oral health intervention
- Idiosyncratic environment (organization and efficiency of processes) – “buy-in”
- Hierarchical “systems lens” may help
- Time poverty
- Competing needs
- Staff turnover
- Staff culture (values and beliefs)

**SYSTEM STRUCTURE:**

*“There's a staffing issue, if you don't have enough staff, [it] becomes difficult for them to do it, but they try” (care home staff)*

**FEEDBACK**

*“It's just the paperwork. Because in their mind. The last thing they're thinking of is to fill up to do paperwork” (care home staff)*

# Process Evaluation

**STRUCTURAL ELEMENTS**

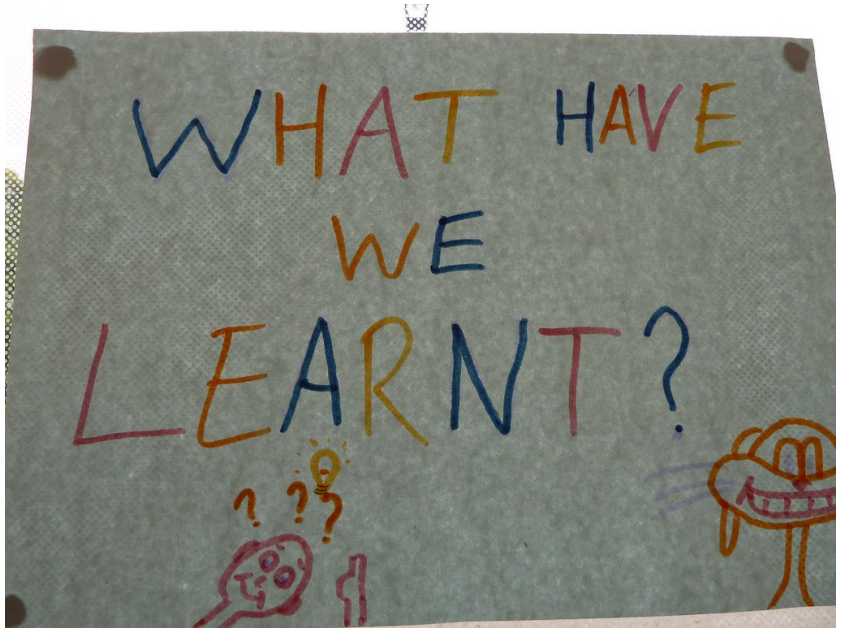
*“It's about getting to know your resident, what works, what doesn't work” (care home manager)*

*“He will decline to have his teeth brushed in the evening…. ….so I have to have these lovely conversations and promise him I'm gonna marry him tomorrow” (care home manager)*

*“I'm getting a bigger picture…. ….I'm getting to understand who actually brushes their own teeth. Who's having a challenge with it? Who needs much more intervention?” (care home manager*)

# TOPIC Study: What have we learnt?

- Intervention is feasible BUT…
- Challenging research environment - complexity
- Attrition is big issue
- Withdrawals of care homes – timing / organisation




- Participants leaving care homes, moving into different care homes, unable to engage due to loss in cognitive ability
- Range of factors that influence implementation (idiosyncrancy, values and beliefs)

# Thank you for your attention

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Iechyd Cyhoeddus Cymru
Public Health Wales

# SENIOR trial: what we did?

Paul Brocklehurst

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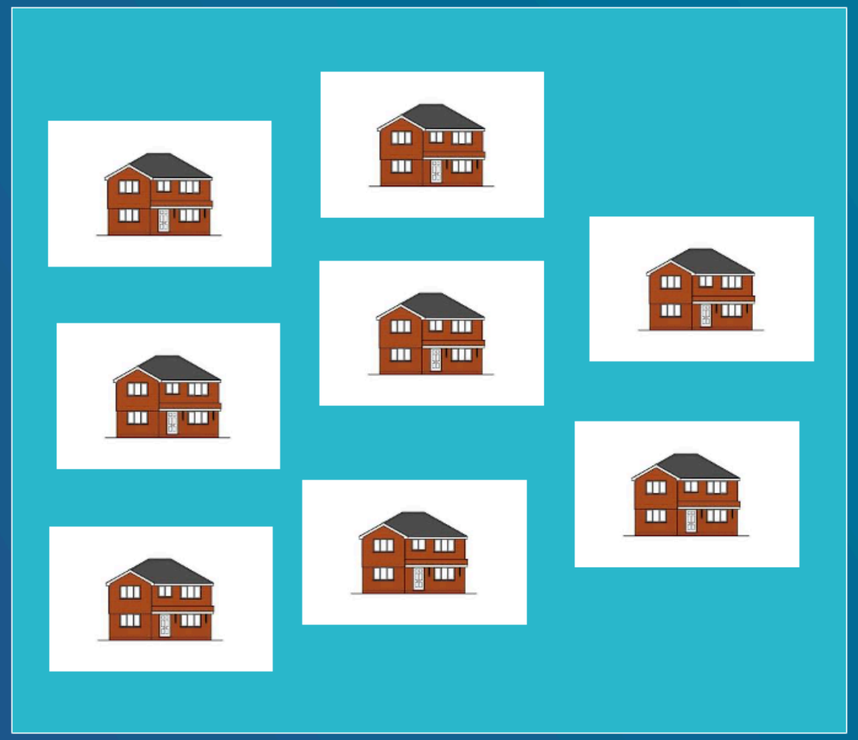
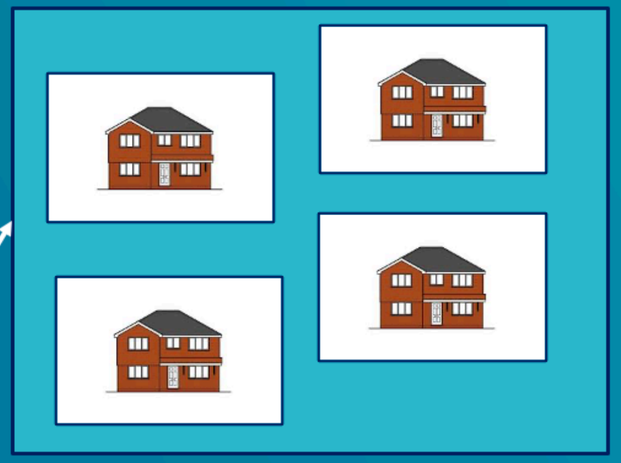
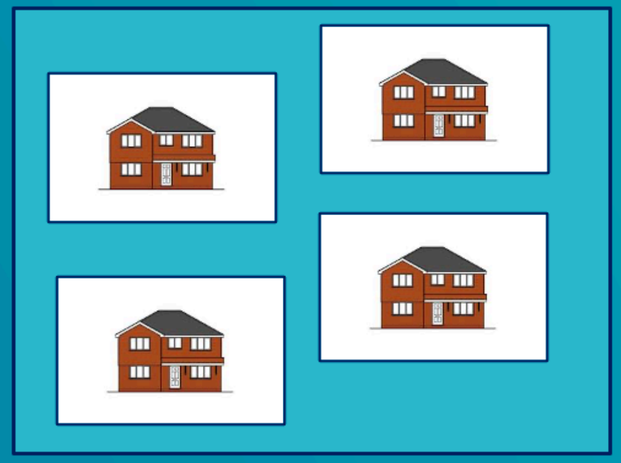


Intervention

20 care homes and 140 residents





Time-point 1

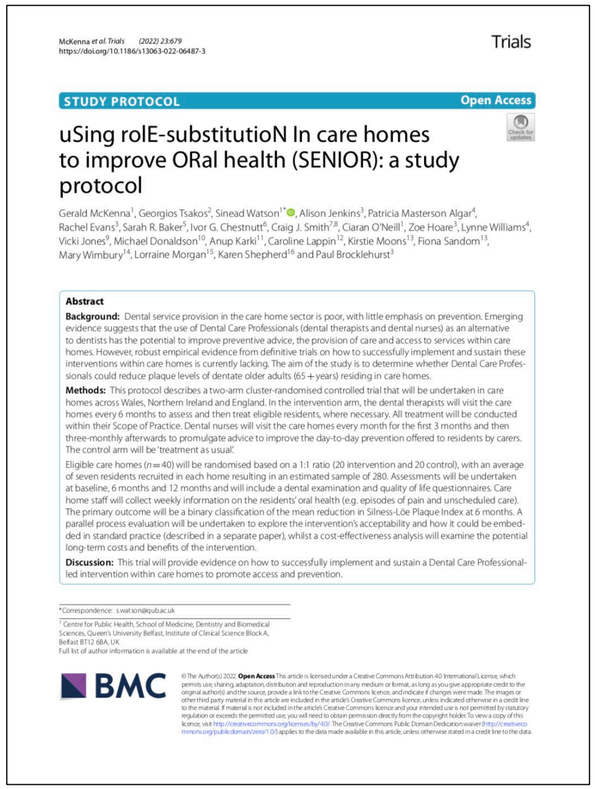
Six months

Time-point 2

Control

20 care homes and 140 residents

# Could other members of the team do more?



McKenna et al. Trials (2022) 23:679
https://doi.org/10.1186/s13063-022-06487-3

Trials

STUDY PROTOCOL Open Access

uSing rolE-substitutioN In care homes to improve ORal health (SENIOR): a study protocol

Gerald McKenna[1], Georgios Tsakos[2], Sinead Watson[1*], Alison Jenkins[3], Patricia Masterson Algar[4], Rachel Evans[3], Sarah R. Baker[5], Ivor G. Chestnutt[6], Craig J. Smith[7,8], Ciaran O'Neill[1], Zoe Hoare[3], Lynne Williams[4], Vicki Jones[9], Michael Donaldson[10], Anup Karki[11], Caroline Lappin[12], Kirstie Moons[13], Fiona Sandom[13], Mary Wimbury[14], Lorraine Morgan[15], Karen Shepherd[16] and Paul Brocklehurst[3]

**Abstract**

**Background:** Dental service provision in the care home sector is poor, with little emphasis on prevention. Emerging evidence suggests that the use of Dental Care Professionals (dental therapists and dental nurses) as an alternative to dentists has the potential to improve preventive advice, the provision of care and access to services within care homes. However, robust empirical evidence from definitive trials on how to successfully implement and sustain these interventions within care homes is currently lacking. The aim of the study is to determine whether Dental Care Professionals could reduce plaque levels of dentate older adults (65 + years) residing in care homes.

**Methods:** This protocol describes a two-arm cluster-randomised controlled trial that will be undertaken in care homes across Wales, Northern Ireland and England. In the intervention arm, the dental therapists will visit the care homes every 6 months to assess and then treat eligible residents, where necessary. All treatment will be conducted within their Scope of Practice. Dental nurses will visit the care homes every month for the first 3 months and then three-monthly afterwards to promulgate advice to improve the day-to-day prevention offered to residents by carers. The control arm will be 'treatment as usual.'

Eligible care homes ($n = 40$) will be randomised based on a 1:1 ratio (20 intervention and 20 control), with an average of seven residents recruited in each home resulting in an estimated sample of 280. Assessments will be undertaken at baseline, 6 months and 12 months and will include a dental examination and quality of life questionnaires. Care home staff will collect weekly information on the residents' oral health (e.g. episodes of pain and unscheduled care). The primary outcome will be a binary classification of the mean reduction in Silness-Löe Plaque Index at 6 months. A parallel process evaluation will be undertaken to explore the intervention's acceptability and how it could be embedded in standard practice (described in a separate paper), whilst a cost-effectiveness analysis will examine the potential long-term costs and benefits of the intervention.

**Discussion:** This trial will provide evidence on how to successfully implement and sustain a Dental Care Professional-led intervention within care homes to promote access and prevention.

*Correspondence: s.watson@qub.ac.uk

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Full list of author information is available at the end of the article

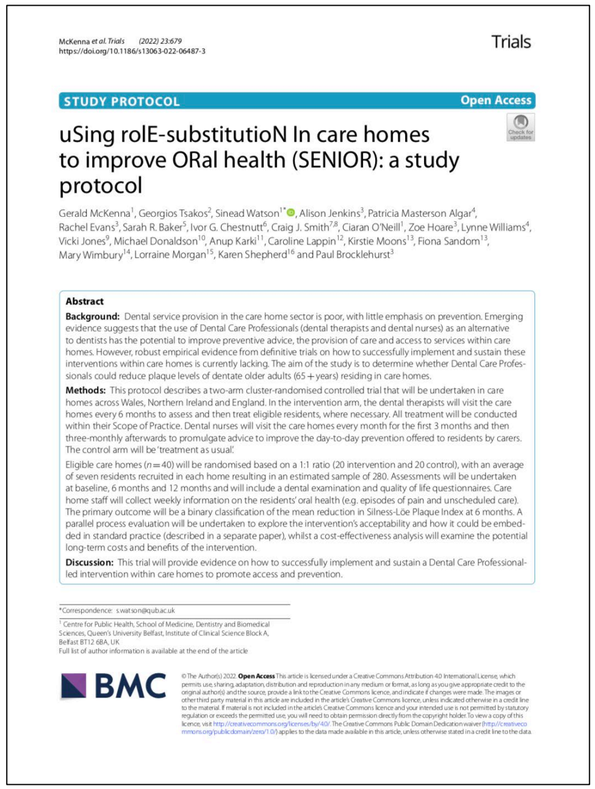


Care homes have been recruited across Wales, Northern Ireland, London and the North-West of England

In half of the homes (Therapist & Nurse):

1. *Any treatment*
2. *Application of high-fluoride varnish*
3. *Provision of high-fluoride toothpaste*
4. *Oral hygiene and healthy eating advice*
5. *Advice and guidance for care home staff*

# Could other members of the team do more?



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Trials

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**Discussion:** This trial will provide evidence on how to successfully implement and sustain a Dental Care Professional-led intervention within care homes to promote access and prevention.

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Full list of author information is available at the end of the article



Oral cleanliness is being measured before the study starts and at six-months

We are also recording:

1. *Bleeding on probing (gum health)*
2. *Pain*
3. *New tooth decay lesions*
4. *Quality of life*
5. *Episodes of unscheduled care*

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Iechyd Cyhoeddus Cymru
Public Health Wales

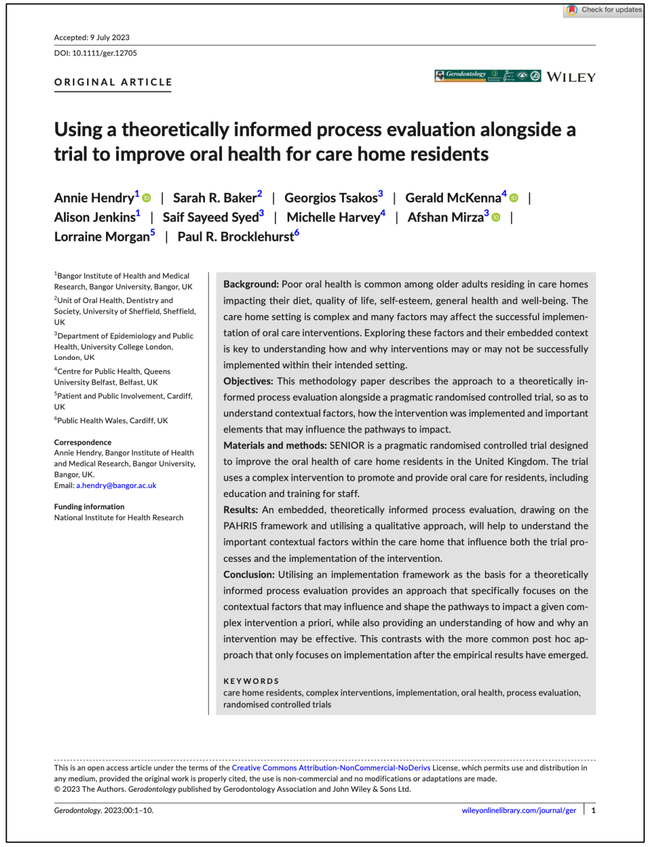
# SENIOR trial: what we found (so far) ?

Paul Brocklehurst

# Progress to date


1. 42 care homes consented and recruited
2. 250 residents recruited and consented
3. 182 residents had baseline assessment
4. 42 residents have died or withdrawn
5. 82 residents in active group have had their first intervention (28 waiting)
6. 36 residents have had their 6m outcome assessment (further 51 later this month)

# Progress to date



Check for updates

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ORIGINAL ARTICLE

Gerodontology WILEY

**Using a theoretically informed process evaluation alongside a trial to improve oral health for care home residents**

Annie Hendry[1] | Sarah R. Baker[2] | Georgios Tsakos[3] | Gerald McKenna[4] | Alison Jenkins[1] | Saif Sayeed Syed[3] | Michelle Harvey[4] | Afshan Mirza[3] | Lorraine Morgan[5] | Paul R. Brocklehurst[6]

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**Funding information**
National Institute for Health Research

**Background:** Poor oral health is common among older adults residing in care homes impacting their diet, quality of life, self-esteem, general health and well-being. The care home setting is complex and many factors may affect the successful implementation of oral care interventions. Exploring these factors and their embedded context is key to understanding how and why interventions may or may not be successfully implemented within their intended setting.
**Objectives:** This methodology paper describes the approach to a theoretically informed process evaluation alongside a pragmatic randomised controlled trial, so as to understand contextual factors, how the intervention was implemented and important elements that may influence the pathways to impact.
**Materials and methods:** SENIOR is a pragmatic randomised controlled trial designed to improve the oral health of care home residents in the United Kingdom. The trial uses a complex intervention to promote and provide oral care for residents, including education and training for staff.
**Results:** An embedded, theoretically informed process evaluation, drawing on the PAHRIS framework and utilising a qualitative approach, will help to understand the important contextual factors within the care home that influence both the trial processes and the implementation of the intervention.
**Conclusion:** Utilising an implementation framework as the basis for a theoretically informed process evaluation provides an approach that specifically focuses on the contextual factors that may influence and shape the pathways to impact a given complex intervention a priori, while also providing an understanding of how and why an intervention may be effective. This contrasts with the more common post hoc approach that only focuses on implementation after the empirical results have emerged.

KEYWORDS
care home residents, complex interventions, implementation, oral health, process evaluation, randomised controlled trials





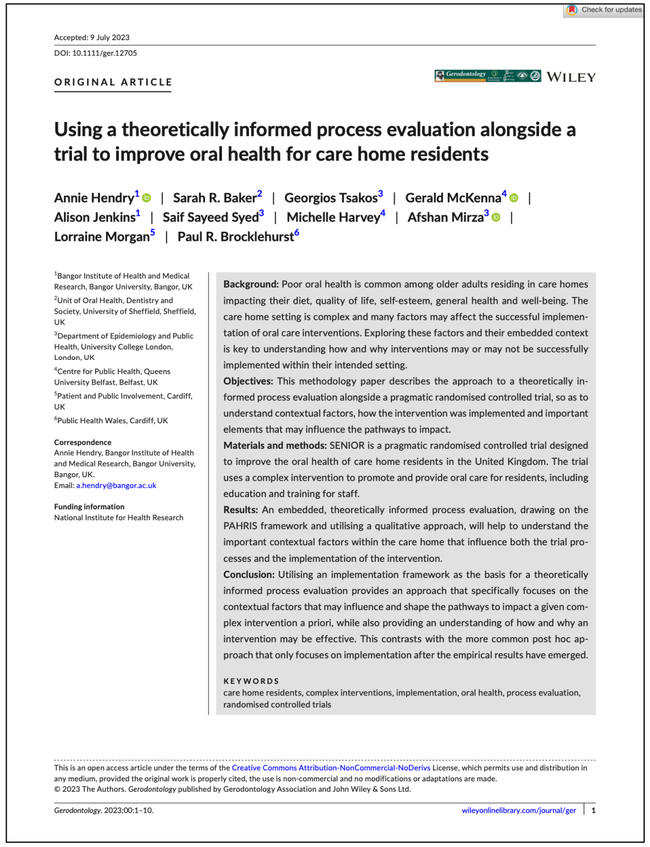
**Receptiveness to change:** DTs and DNs were seen as an excellent way of providing oral care:

"A dentist might be your most expensive resource in there, so you probably want to use them for the things that only a dentist can do" (CQC)

**Resource allocation:** Some families are unable to fund dental care:

"And family members don't want to pay for anything that's extra. So, most of the times, we struggle. If we know that the residents are suffering as a result, we fund it and then we recharge those invoices out. Oftentimes, the home gets laboured with these debts" (Care Home Manager)

# Progress to date



Check for updates

Accepted: 9 July 2023

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ORIGINAL ARTICLE

Gerodontology WILEY

**Using a theoretically informed process evaluation alongside a trial to improve oral health for care home residents**

Annie Hendry[1] | Sarah R. Baker[2] | Georgios Tsakos[3] | Gerald McKenna[4] | Alison Jenkins[1] | Saif Sayeed Syed[3] | Michelle Harvey[4] | Afshan Mirza[3] | Lorraine Morgan[5] | Paul R. Brocklehurst[6]

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**Funding information**
National Institute for Health Research

**Background:** Poor oral health is common among older adults residing in care homes impacting their diet, quality of life, self-esteem, general health and well-being. The care home setting is complex and many factors may affect the successful implementation of oral care interventions. Exploring these factors and their embedded context is key to understanding how and why interventions may or may not be successfully implemented within their intended setting.
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KEYWORDS
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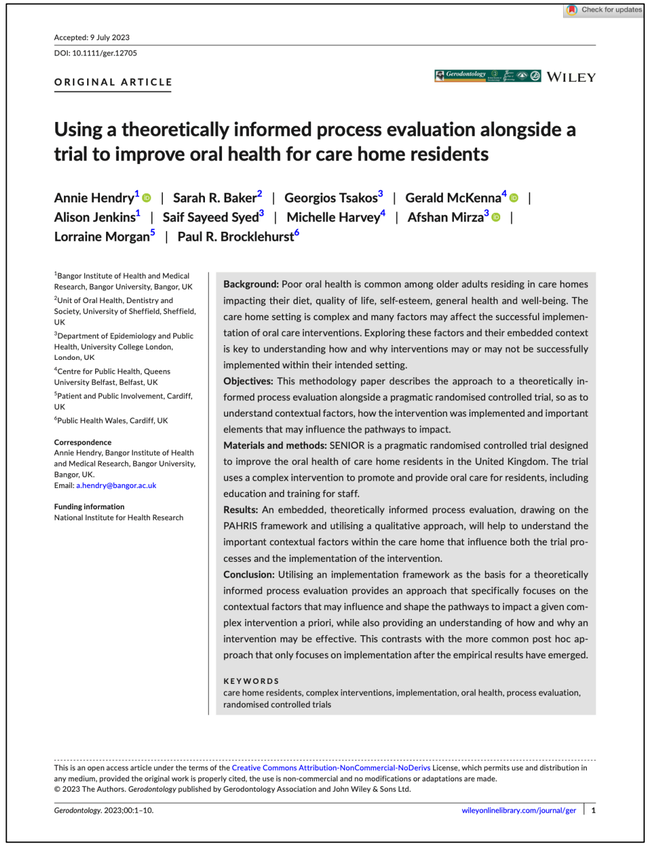
**Prevailing beliefs of stakeholders:** High sugar food and drinks are often part of care home culture:

"They have a lot of sweet things, you rarely see patients with water, it tends to be juice, and that's what they're sipping on and relatives visit, and they bring sugary things" (Dental Therapist)

"So I guess a dietitian would for example want patients to have…high sugar or like build up drinks, which are full of sugar, several times throughout the day" (Dental Nurse)

# Progress to date



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KEYWORDS
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**Staff turnover and training gaps:** High levels of staff turnover and the use of agency staff were a challenge to oral health provision:

"We've done a lot of sessions where we'll train the staff of the care home, but then a lot of them will be bank staff [so] there's not much consistency within each home" (Dental Nurse)

**Opportunity cost and limited time:** The opportunity cost of providing oral care c.f. other care was another issue:

"But when you have someone that has, diabetes care, foot care, incontinent, then you've got a whole load of care needs. The oral one is the one that doesn't get taken care of" (Consultant Special Care Dentistry)

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# Working together for a healthier Wales

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Nurturing Innovation in Care Home Excellence in Leeds

UNIVERSITY OF LEEDS

# COMMIT STUDY Caring Optimally: promoting effective Mouth MInuTes in care homes (COMMIT Study)

Dr Karen Vinall-Collier & Dr Julia Csikar
Lecturers in Dental Public Health
University of Leeds

**@LeedsNiche**
**@COMMITStudy**

*"how can I help residents with their mouth care, particularly when they resist this care?"*

NICHE KNOW-HOW

Care home staff can use a range of strategies to enable and motivate residents to perform their own mouth care **and** prevent or overcome mouth care responsive behaviours in residents

Small changes to the environment (for example, sitting in front of a mirror, placing toothbrush and toothpaste in reach) are important: they promote and enable mouth care.

Step-by-step cues and commands help residents engage with self-care and be more independent:

- Encouraging comments and demonstrating an action improves mouth care for residents with moderate dementia.
- Guiding a resident through each step (for example letting a resident through each step (for example letting when to use water or to use a towel) improves

nts with severe dementia.

portunities for

severe

NIHR | National Institute for Health Research

**NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC)**
University of Southampton
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4 March 2021

Professor Karen Spilsbury
Professor
School of Healthcare
University of Leeds
Faculty of Medicine and Health
Baines Wing
Leeds
West Yorkshire
LS2 9JT

Dear Professor Spilsbury

**NIHR HS&DR Reference Number: NIHR131506 Caring Optimally: promoting effective Mouth MInuTes in care homes (COMMIT Study)**

I am pleased to inform you that the HS&DR Funding Committee has recommended your application submitted for consideration to the **19/154 HSDR Oral and Dental Health** call for funding and the Department of Health and Social Care, in their capacity as the National Institute for Health Research (NIHR), has confirmed their intention to award funding upon acceptance of the terms and conditions set out in the Standard Research Contract and pending agreement to the suggested amendments recommended by the Funding Committee, as detailed in the enclosures.

The Standard Research Contract, between Contractors and the Secretary of State for Health

website at:

o-apply-for-project-funding/sign-a-

llowing the decision to fund to
sible. Therefore, we expect
essary contractual agreements
in 8 months or by a date mutually

committing resource to research
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unity as possible in order to

n impact on the majority of NIHR-
ver NIHR research also provide
e national and global challenge of

sed at the University of Southampton,
es for the NIHR

SUPPORTING RESIDENTS WITH MOUTH CARE

**Did you know....?**

Some medicines reduce saliva, leaving people with a dry mouth

All residents should have a mouthcare assessment and care plan when they move in

Some conditions (like Parkinson's or dementia) can make it harder for people to clean their teeth

As people age, they ***do not*** naturally lose their teeth

Mouth health is related to general body health and quality of life

Oral discomfort is associated with poor nutritional status

Residents still need regular assessment by a dentist


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A network of teaching and learning care homes

**What can you do...**

Check for physical, verbal and behavioural signs of oral pain

Use different solutions for dentures made of plastic or with metal parts

Dentures should be removed, cleaned and soaked nightly, and rinsed after meals

Brush teeth twice a day with a high fluoride toothpaste to help reduce gum disease

Look after lips: clean with water moistened gauze, apply balm

Consider a softer toothbrush

Continue using powered tooth-brushes if the resident uses one

Inspect gums in good light and report any changes

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ORIGINAL ARTICLE

International Journal of Older People Nursing
WILEY

## Maintaining and improving mouth care for care home residents: A participatory research project

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**Funding information**
This ongoing work is funded by the Leeds Care Association and the University of Leeds. KS is part funded by the NIHR Applied Research Collaboration (Yorkshire and Humber)

**Abstract**

**Background:** Many people residing in nursing or residential care homes (also called long-term care facilities) live with physical or cognitive difficulties. Staff working in these environments often help residents (particularly those with more advanced dementia) with their personal care needs, including maintaining mouth care and health. Poor oral health is associated with many difficulties, including increased risk of respiratory problems, pain and discomfort. Yet, concerns have been raised that staff may not have the knowledge and skills to effectively support residents with oral care and health. There is therefore an important gap between what is known about the importance of maintaining oral health (scientific evidence) and daily practice in long-term care environments.

**Objectives:** To work with care home staff: (1) to create a learning culture to address how to promote mouth care for residents, particularly when a resident resists support with this aspect of care; and (2) to effect mouth care practice changes (if required) using participatory and inclusive research cycles.

**Methods and results:** We conducted a participatory research project to address this important area of care. Four participatory research 'cycles' were conducted. Cycle one explored existing literature to develop accessible guidance on strategies that staff could use to support residents to maintain and improve oral care, particularly when a resident may resist such care. Cycle two built on this review to determine knowledge levels within the care team. This highlighted deficiencies in staff knowledge, skills and competence for providing mouth care and their need for training to address this. Cycle three identified evidence-based strategies to develop staff understanding and knowledge. Cycle four brought together experts from nursing, dentistry, behaviour change, systematic reviews and care homes research to develop a grant application to progress this work further.

**Conclusion:** This paper provides an example of the processes undertaken in a participatory research project, bringing together science and practice to improve an essential area of care.

  

# Meet the Team

# AIM: Develop theory- and research-informed guidance for care homes to promote staff behaviours to improve oral health and care (committing to effective ‘mouth minutes’) for care home residents

**Lots of studies of oral care in care homes** already so we did not want to do the same thing again

‘Take stock’ of the evidence

‘Make sense’ of this evidence and develop solutions

Focus on what staff need to COMMIT to effective ‘mouth minutes’ of the residents they care for

Co-develop guiding principles & logic model

## Capability: “know how to support residents with mouth care”

- Know the mouth care needs of the resident being supported
- Know how to give mouth care and know when to ask for more support and training

## Opportunity: “have what they need to support residents with mouth care”

- Check what the right products are and that they are fit for purpose
- Make it part of everyday conversations and check it’s been done daily
- Make sure concerns about the mouth of a resident are raised

## Motivation: “want to support residents with mouth care”

- Understand the importance of mouth health in relation to a person’s physical health and general wellbeing
- Value what is important for each person living in the care home and support person-centred mouth care
- Accept individual responsibility to ensure daily mouth care for people living in care homes in done

# Committing to mouth minutes

- What do we know
  - There is a lot of research, but there is no magic bullet
  - Different stakeholders want different things: resources, training
- What do we not know
  - How to embed mouth minutes into the everyday
- Where do we need to go next
  - Committing to mouth minutes is complex as it depends on Capability, Opportunity and Motivation
  - Some things are within our gift to change, some are not but this can be challenged

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# Thank you

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@leedsdentistry

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The National Institute for Health Research Health and Social Care Delivery Research, NIHR131506)

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