# Improving Mouth Care - Twice daily brushing for all residents in Care Homes

One Gloucestershire
Transforming Care, Transforming Communities

## Project Team

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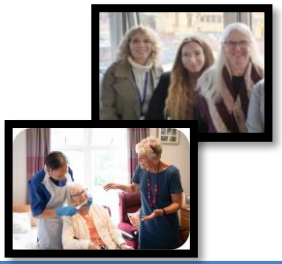


## About the Project

**The problem:**
Care homes reported a lack of knowledge amongst staff with respect to mouth care as well as limited access to dental care visits and dental advice.

**The opportunity:**
A volunteer Dental Hygienist, offering her expertise for two hours a week for one year.

## The Aim

We will show through monitoring that the 4 care homes in the project are delivering effective twice daily mouth care for 75% of residents.

## Measures Used

Carrying out monthly data collection in the 4 care homes.
Compliance with twice daily mouth care.
Bleeding gums, chest infections and mouth infections – indicators of poor mouth care.

## Quality Service Improvement and Redesign (QSIR) Tools: Methodologies used and contribution to your project

**Worked collaboratively with our partners through 3 phases. At the end of each phase, we held a partners meeting and captured the data using the 4N'S framework.**

**Phase 1:**
In our first phase, we visited the homes and Lynne (Dental Hygienist) described effective brushing and denture care.
We then had a partners meeting and looked at the barriers and what would support routine mouth care.
Based on the findings, it was agreed to do training on each of the units.

| Nuggets: | Niggles: |
|---|---|
| Residents well known to staff<br>Good relationship with dentist (NB) | Family disappointment (e.g lost dentures)<br>Overcoming resistive behaviours<br>Lack of electric tooth brushes<br>Lack of mouth care training |
| **No-Nos:** | **Nice-If's:** |
| Rigid system<br>Taking from service users their independence | Focus on Lynne as the "Teeth Lady"<br>Individual advice for resident's with a mouth problem<br>Tailoring care<br>Individualised mouth care plan for all residents<br>Training for staff |

**Phase 2:**
We developed the documentation and then completed an inspection of every resident's mouth with the Dental Hygienist, developing their tailored plan and at the same time, collating our baseline data.
Based on the findings from phase 2, it was agreed the CHIP Team would return to each of the units. Teaching would be 1:1 with a resident.

| Nuggets: | Niggles: |
|---|---|
| Twice daily brushing<br>Champions in households<br>Dental hygienist and CHIP Team providing support | Barriers to mouth care (mostly due to behaviours resisting mouth care)<br>Staff knowledge<br>Time to do care plans<br>Staffing shortages<br>Cost of toothbrushes |
| **No-no's:** | **Nice-Ifs:** |
| Bad habits (from staff) | More recognition of Dental Hygienists role.<br>Recognition of staff who have developed competence with mouth care.<br>More support to champions<br>In person training<br>Training guides |

**Phase 3:**
Our current phase.
Training for carers in mouth care and the development of the Mouth Care Champions.

**Priority patients were identified as:**

- 69% Dependant on staff for mouth care.
- 40% Resistive behaviours.
- 9% Swallowing problems.
- 4% End of life.
- Residents were being put to bed after lunch. – increasing the risk of chest infections.

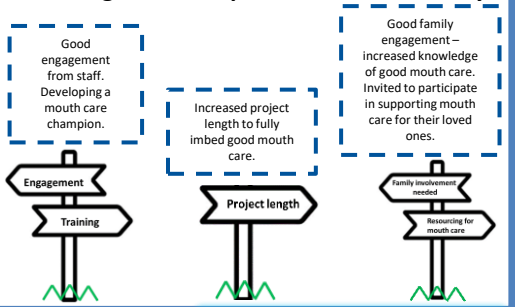
**What next?**
Family input.
Homes can refer dental problems for Lynne to review.
The above to be finalised at the phase 3 partners meeting.

## Project Outcomes, Progress and Impact


**Key findings from the last three months of the project were:**

- 88% of residents received twice daily brushing.
- 100% of the residents reported as not having bleeding gums.
- 50% of residents had the right sized toothbrush.
- 0 residents required an emergency dental appointment.
- 12% of residents had a chest infection within the 3 months.

## Learning for the Improvement Community

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