

Effective dental care for care home residents: An interview study

Dentists' and Residents' views on factors influencing effective dental care for older people living in care homes

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Introduction

- Oral health in care homes is often poor.
- Residents have variable access to dental care services.
- There is currently no coherent policy about the best arrangements to meet these needs.
- The purpose of this study was to determine dentists' and residents' views on the key factors influencing effective dental care for older people living in care homes.

Methods

- Semi-structured one-to-one interviews of a purposive sample of care home residents and dentists.
- Data generation and analysis followed the principles of Constructivist Grounded Theory¹ with data being collected, transcribed verbatim and analysed concurrently.
- Interviews were recorded, transcribed verbatim then analysed, leading to theoretical propositions that were further tested in the literature..
- Data collection continued until saturation (n=30)

Results

- 30 interviews (17 dentists; 13 residents) were conducted.
- Analysis of the data identified overlapping accounts of factors influencing the provision of effective, holistic and coordinated dental care for care homes residents.

Theme 1:

Collaborative working focused on the needs of residents

- Residents' reluctance to articulate problems masked dental care needs.
- Daily oral care was deeply personal.
- Sharing information was missing.
- Identifying needs and arranging care involved negotiated relationships.

"When there's pain under your denture and you get tired of it but, well others are the same so, I mustn't grumble" Resident 6 (Male, Aged 78)

"Anyway no, I feel as though I'm complaining and I'm not doing that." Resident 13 (Male, Aged 74)

"I wouldn't like it if the staff had to help me, a very personal thing like that – you know, I deal with it myself." Resident 8 (Female, Aged 92)

"Like my clothes and other things, I want my teeth to feel clean...it makes me feel fresh, gives a feeling of pleasure." Resident 1 (Female, Aged 91)

"So, I would say having contact with the care home staff is important. Care home staff help with assessing of situation, what's going on with them on a day-to-day basis" Dentist 11 (Senior Community Dentist)

"Carers sometimes bring a copy of the medication but that's it and they don't bring back the medical history that we send out." Dentist 12 (General Dental Practitioner)

"If care homes are not 'on board' you are almost wasting your time." Dentist 17 (General Dental Practitioner)

Theme 2:

Access to appropriate clinical expertise in Special Care Dentistry

- Variable access, often mediated through care homes staff or family.
- General dental practitioners feared criticism and lacked confidence in practicing Special Care Dentistry

"But if I had pain, I would talk to one of the girls [carers] and they would go to the office, downstairs to the office, the manager, and they then talk to the dentist and can sort a visit." Resident 9 (Female, Aged 97)

"They [dentists] don't come in here. I wonder how it works." Resident 13 (Male, Aged 74)

"They must think what has this dentist been doing, and you're almost worried that it's going to come back." Dentist 7 (General Dental Practitioner)

"I think you live in a sort of black and white world until the stage of actually going and performing treatment" Dentist 16 (Community Dental Practitioner)

Theme 3:

Contractual and payments systems to support dental service provision

- Financial information to confirm if resident pays was difficult to obtain.
- No current financial incentive to provide holistic and coordinated care.

"Because it's non-clinical time. That's non financially quantifiable time, it does bleed into your drilling and filling time, and that's what the GDS gets paid for." Dentist 5 (Consultant in Special Care Dentistry)

"They'll need to fill in the usual kind of forms to say whether they pay or not and certain care homes don't know" Dentist 9 (General Dental Practitioner)

Conclusions

- Residents' may normalise symptoms and experience daily oral care as very personal.
- Access to dental services is enabled by intermediaries, either staff or relatives.
- A lack of integration² between dental services and care homes undermines the delivery of effective care.

References:

1. Charmaz, K. (2006) *Constructing grounded theory*.
2. Rosen, R. et al., (2011) *Integration in action: four international case studies*. Nuffield Trust.

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