

## Background

The impact of the COVID-19 global pandemic has been significant<sup>1</sup>. Lack of PPE, staff shortages and fears surrounding infection transmission may be considered potential barriers to delivering appropriate mouthcare for older care home residents. Media coverage of the difficulties faced by residential care homes has been extensive.

Older patients with multiple co-morbidities have been identified as the group most at risk for a fatal outcome of COVID-19<sup>2</sup>. Provision of routine dental was suspended in March 2020 to protect against the spread of the virus. As a result, it has been challenging to assess the impact of the pandemic on the oral health of care home residents.

## Aims

To identify and investigate potential barriers to carrying out appropriate mouthcare for residents of care homes during the COVID-19 pandemic in Derbyshire.

## Process

Care homes which had residents registered as patients of Derbyshire Community Dental Services (CDS) were identified (n=16). In May 2020, a structured telephone interview was conducted by the authors with a member of staff from each home.

The data collection questionnaire examined potential barriers to mouthcare and identified any urgent dental issues which occurred during the pandemic requiring assistance from CDS.

Guidance documents for care staff detailing the delivery of mouthcare during the lockdown period were made available.

### Guidance Documents offered to Care Homes

- Mouthcare for Patients with COVID -19 or suspected COVID-19 : *Public Health England*<sup>3</sup>
- Table of Recommended PPE:: *Public Health England*<sup>4</sup>
- Specific Advice on PPE for Mouthcare during COVID 19: *Scottish Oral Health Improvement for Priority Groups*<sup>5</sup>

## Results

None of the care homes surveyed reported any difficulties with PPE supply, staffing shortages, or staff worries/concerns about delivering mouthcare to residents during the pandemic (Table 1). The role of the staff member surveyed from each care home is shown in Figure 1. No care homes reported any urgent dental problems during the period March to May 2020. Non-urgent dental concerns were also identified (Table 2).

Table 1 : Care home responses to survey questions by number

Question	Responses	
	Yes	No
1. Do you have an adequate supply of PPE to allow you to carry out appropriate mouth care for your residents?	16	0
2. Do you feel you have had adequate staffing levels to allow you to carry out appropriate mouth care for your residents?	16	0
3. Do you have any worries/concerns you may have about carrying out mouthcare during this pandemic?	0	16
4. Do you have any worries/concerns you may have about carrying out mouthcare for residents with COVID-19/suspected COVID-19?	0	16
5. Do you have any residents with urgent dental problems who we can help with?	0	16
6. Do you have any residents with non-urgent dental problems?	8	8
6. We have a selection of links and documents that you may find useful, would you like us to email them to you?	7	9

Figure 1 : Role of Staff Members Surveyed by Number

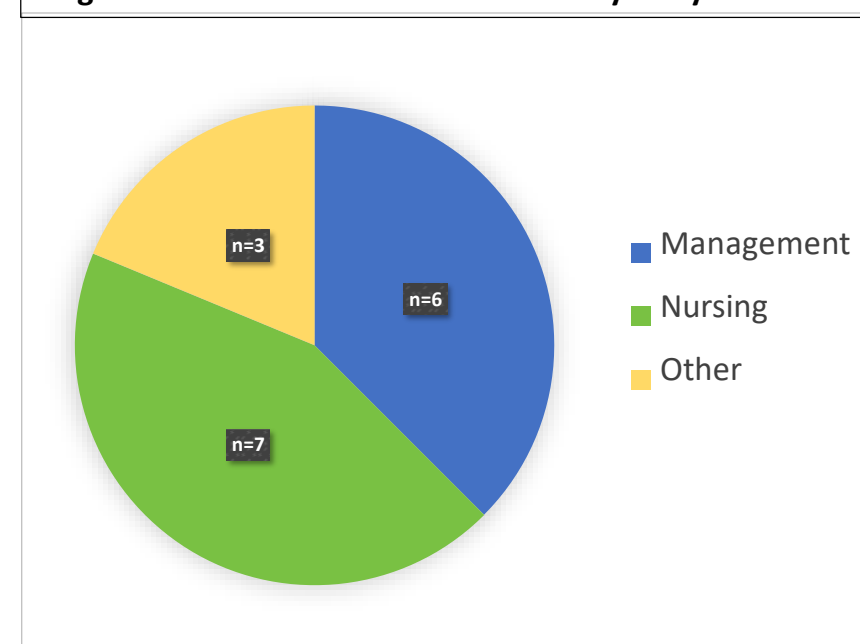


Table 2 : Non-urgent concerns reported by care homes by frequency

Description of Concern	Frequency
Repeat prescription of high-fluoride toothpaste required	4 (10 pts in total)
Awaiting denture construction/lost dentures	2
Exfoliation of mobile periodontally-involved tooth	1
Progression of asymptomatic toothwear	1
Poor oral hygiene on admission	1

Figure 2 : Direct quotes from respondents

**On PPE:**  
'We were proactive ordering PPE and had pre-stocked'

**On staffing levels:**  
'We have been very lucky'

**On providing mouthcare:**  
'Only 3 residents tested positive'  
'Mouthcare can depend on individual residents, especially those with dementia'

## Discussion

From the cohort of care homes surveyed, no barriers to carrying out mouthcare during the pandemic were identified. This was contrary to the pre-existing perceptions of the authors based on media reports. The care homes were selected due to their existing positive relationship with the CDS service, and therefore might not be representative of the wider residential care home population.

Whilst the results were essentially positive, limitations to the identification and reporting of quality oral care delivery via telephone survey should be recognised. Additionally, there are many well-documented barriers to delivering oral care to care home residents, particularly those with dementia<sup>6</sup>, which have not been explored by this service evaluation.

At the time of data collection, national guidance on limiting face-to-face dental care meant that the only non-urgent issue able to be addressed was issuing repeat prescriptions of high-fluoride toothpaste. The remaining patients were placed on a waiting list to be contacted on resumption of normal services.

## Recommendations and actions

On resumption of routine dental services in England on June 8 2020, those patients with non-urgent concerns were triaged and risk-assessed. Those requiring face-to-face dental appointments were seen in priority order.

As the COVID-19 situation continues to develop and evolve, CDS should continue to actively support care home staff to deliver effective oral care to residents.

## Conclusion

Assessing the impact of the COVID-19 pandemic on oral health in care homes may be challenging. Lack of PPE, staff shortages and fears surrounding infection transmission were not identified as barriers to provision of oral care from the cohort of care homes surveyed.

## References

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