

# Does oral health training in care homes improve staff confidence to support mouth care?

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## Background

Good oral health is an important factor in people's general health and quality of life and is especially important for vulnerable older people who rely on others for mouth care. Physical or cognitive loss of function can impact on a person's ability to care for their mouth and rapidly increases the risk of dental disease. It is vital nursing and care staff provide good mouth care to maintain a person's dignity, comfort, health and wellbeing.

The CQC report "Smiling Matters" June 2019, found that oral care training was not seen as a priority. The CQC states that 47% of the care homes inspected for the report stated that staff did not receive any specific training in oral health care. The results from our pre training questions showed very similar results to that of CQC showing 54% had never received training in Manchester care homes. The CQC report also states that due to lack of training care staff were unsure how to support and deliver mouth care to people with cognitive impairment. This lack of awareness across care staff can affect people's dignity and self-esteem.

As well as looking at levels of training received, the "Mature Mouth Care Matters" (MMCM), training programme uses a pre- and post-training questionnaire to examine levels of confidence or self-efficacy in staff providing or supporting mouth care with residents, as an analysis for training. As self-efficacy is based on feelings of self-confidence and control, it is a good predictor of motivation and behaviour. (Bandura 1997)

## Aims

To establish the level of confidence Direct Care Professionals (DCP) have in providing mouth care to adults within their care

To improve oral health care for vulnerable and older adults who reside within a residential facility in Manchester through theory and practical training to DCP's and other disciplines involved with their care to ensure their mouth care needs are met.

## Objectives

- Establish level of oral health training received prior to the training intervention.
- Identification of organisations and departments willing and able to implement Mature Mouth Care Matters with a strategic lead and champions within the organisation.
- Assess the level of confidence pre training using a tested confidence tool.
- Residential care managers to receive a briefing on developing an oral health policy in-line with NICE guidance. All educational materials and support provided for all identified residential care facilities so they can achieve the Mature Mouth Care Matters Award.
- To deliver training and support to improve knowledge, confidence and practical skills of DCP's supporting vulnerable and older adults in order to reduce the burden of poor oral health and possible impacts of poor oral health on general health.
- Assess the level of confidence post training using a tested confidence tool.

## Programme design and recruitment

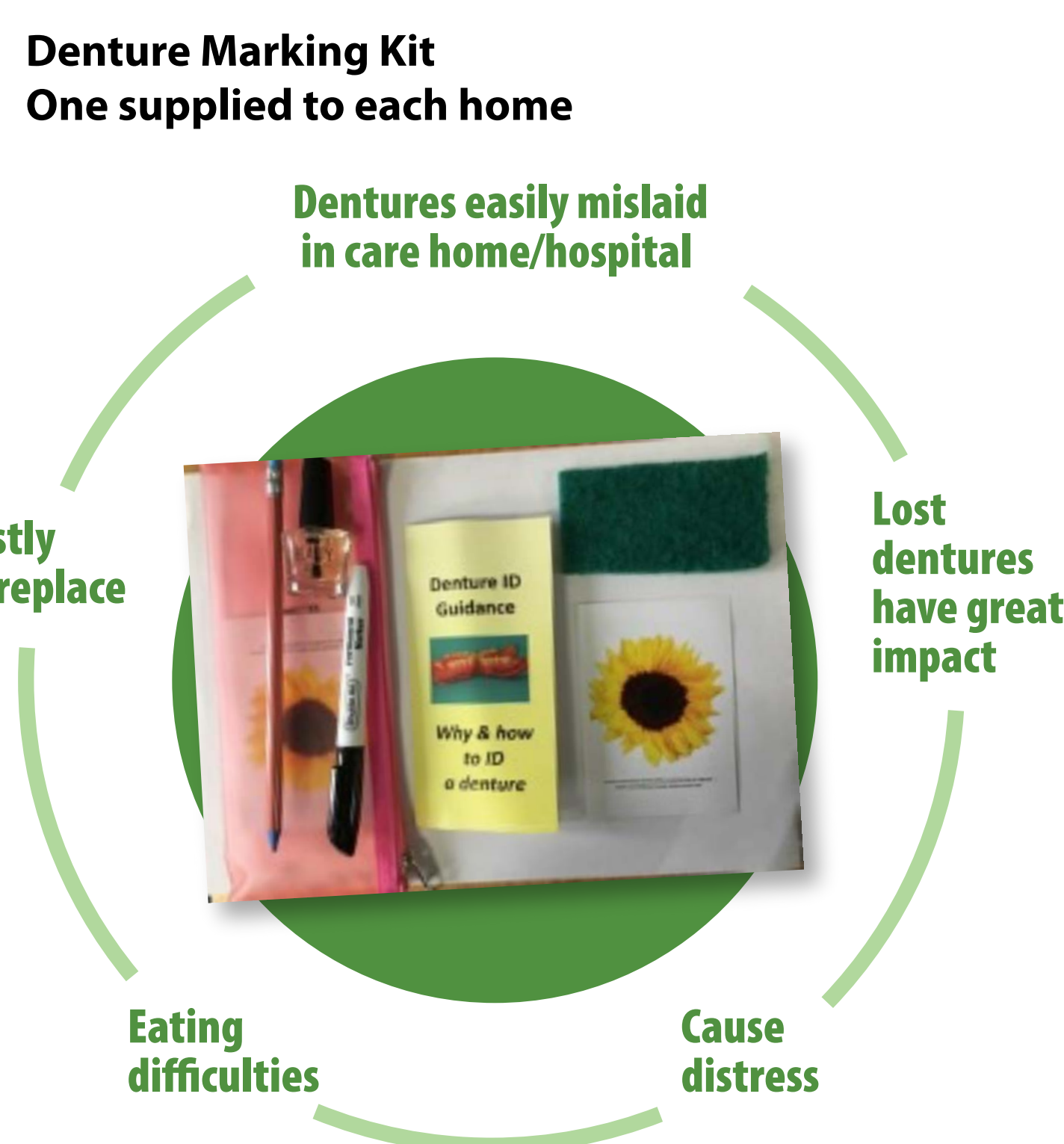


## Programme content

### Staff training includes:

- Rationale - Why mouth care is important
- National drivers - Awareness of national guidelines
- Links between oral health and general health
- Documentation required - introducing oral health policy, oral health assessment and care plan and daily recording sheets
- Tips on delivering mouth care, including residents resistive to mouth care
- Products used in mouth care
- Denture care and identification
- Common oral mouth conditions
- End of life mouth care

## Additional material



Acknowledge  
Manchester Local care Organisation  
Health Education England  
Elizabeth Ashley

## Questionnaire Design and Content

A questionnaire was devised that aimed to assess training received prior to MMCM training. The data is taken from participants from across 12 care homes. The grouping by care home has not been considered as part of this analysis, instead all data was analysed together as a single group.

Total number of participants n = 187

Total number of complete sets containing no missing data n=118

The questionnaire includes 3 initial items:

- Have you ever received training in the basic principles and practices of oral health improvement?  
Possible answer: i.) Yes, less than 2 years ago, ii.) Yes, more than 2 years ago or iii.) No never
- Have you completed any on-line training in oral care?  
Possible answer either i.) Yes or ii.) No

3. When reviewing an individual's general health, do you consider their oral health?  
Possible answer either i.) Yes or ii.) No

The questionnaire also contains assessments of their confidence and was self-reported across 16 items. that can be thought of as containing 2 subscales and 2 stand-alone questions:

Subscale 1: confidence in carrying out oral care on a resident (items 4-11)

Subscale 2: confidence in carrying out oral care on residents with varied needs (items 12-17)

Item 18: confidence to teach skills to a resident's relative

Item 19: confidence in record keeping

(Please contact author for copy of questionnaire)

## Results

Fig. 1 Have you received mouth care training - N 154 (%)

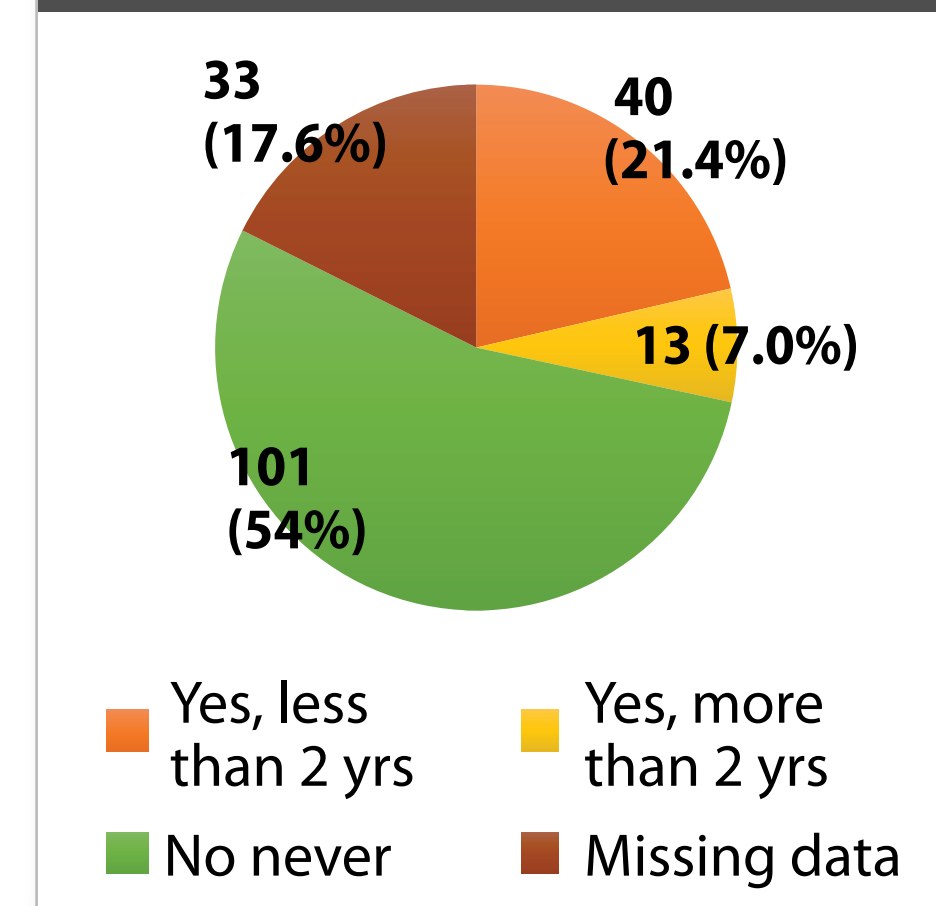


Fig. 2 Have you completed on-line training N - 155 (%)

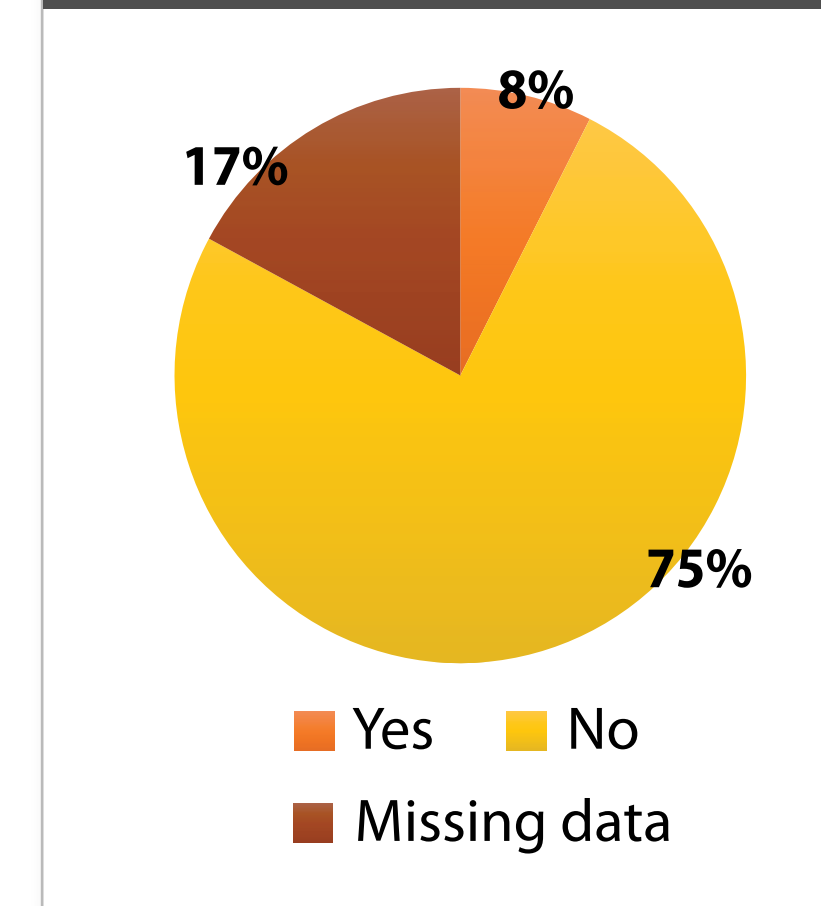
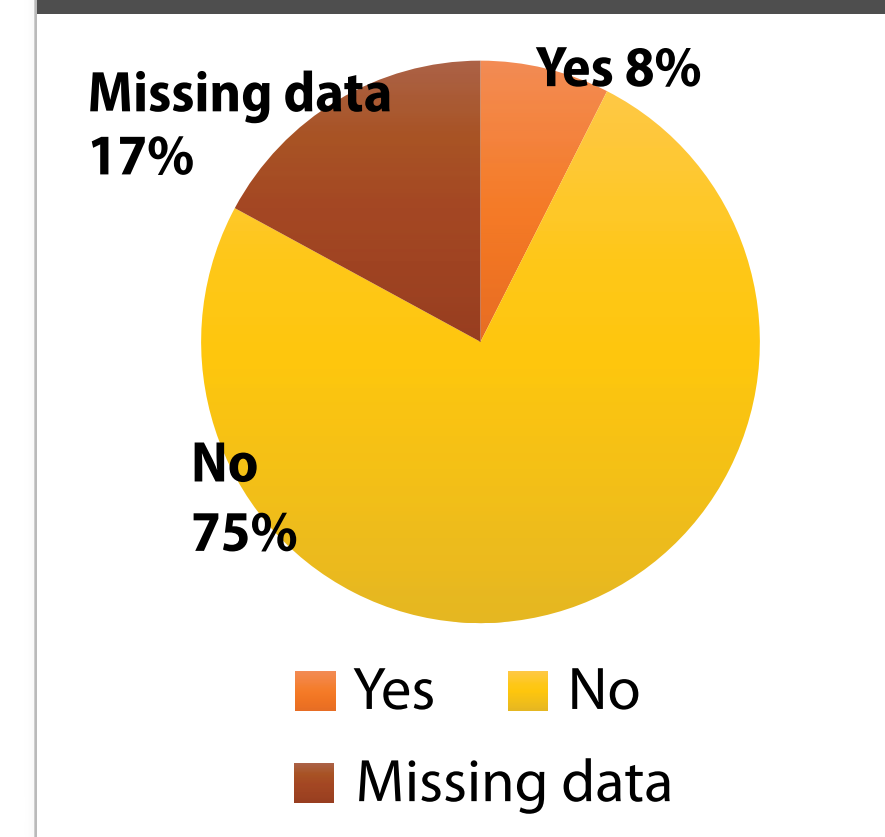


Fig 3: Do you consider oral health when reviewing general health? N - 155 (%)



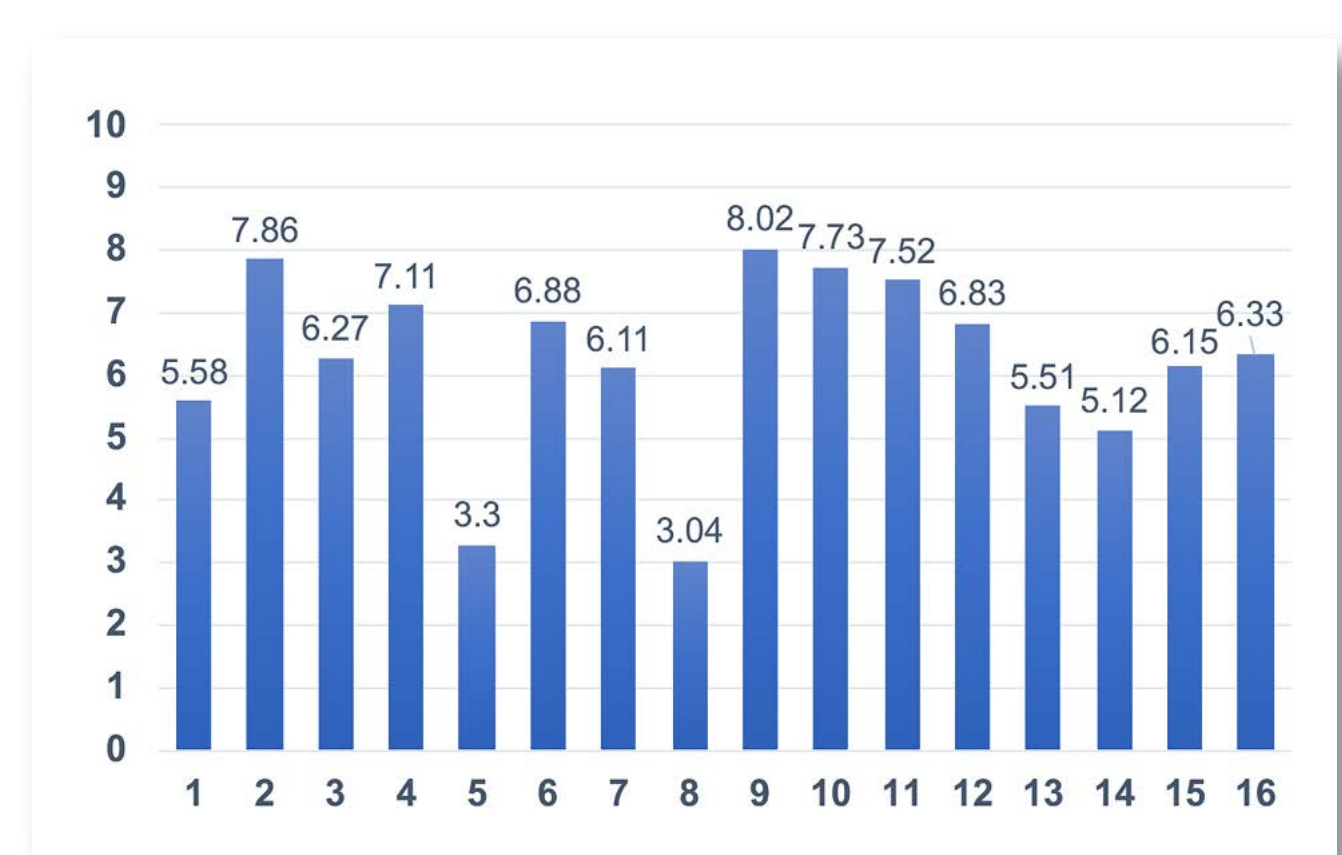
One-way ANOVA was conducted but did not show any significant correlations: Based on this analysis, it can be said that having had previous training, having completed online training or if staff considered oral health when reviewing a resident's general health did not have a statistically significant relationship with scores on the confidence scales, either pre or post MMCM training.

In conclusion the results for the subscales showed there to be a highly significant statistical difference between the mean scores before and after training, indicating that among participants there was an increase in confidence in carrying out oral care on a patient and an increase in confidence in carrying out oral care on patients with varied needs following the training session.

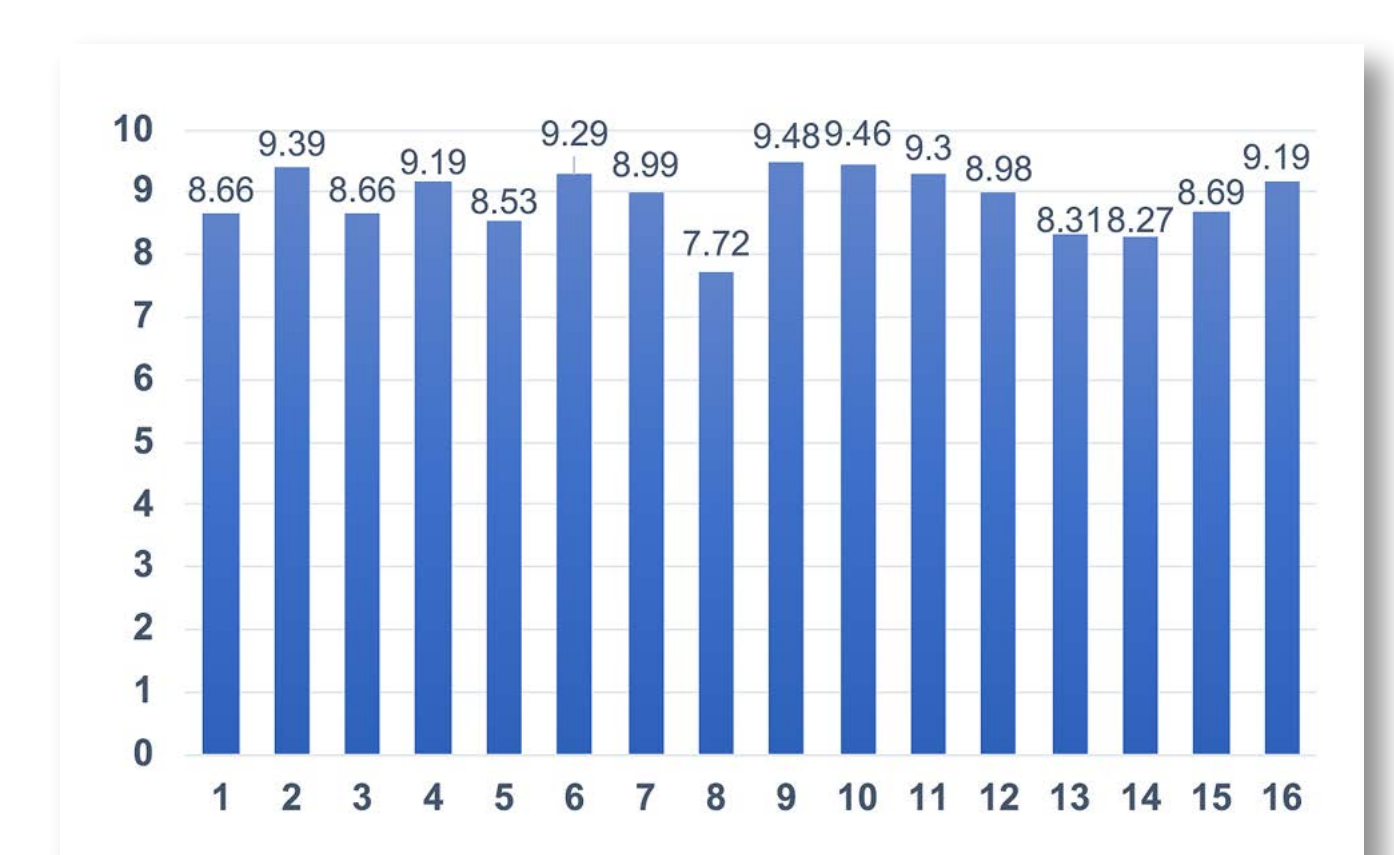
A paired t test was used to analyse, (completed using SPSS v25) self reported confidence levels across 16 items that can be thought as containing 2 subscales and 2 stand a-alone questions.

The results for the 2 stand alone questions also showed there to be a highly significant statistical difference indicating that among participants there was an increase in confidence to teach skills to a residents relative and an increase in confidence around record keeping following the training session.

Pre-training session. Average mean scores



Post training session. Average mean scores



Bar graph showing average mean scores for each of the 16 items on the assessment tool pre-training session. Vertical axis shows the average mean scores and the horizontal axis shows the item number.

Bar graph showing average mean scores for each of the 16 items on the assessment tool post-training session. Vertical axis shows the average mean scores and the horizontal axis shows the item number.

There was an increase in confidence across all 16 items on the assessment tool. The highest increase in confidence was in item 5 'How confident are you to brush natural teeth and gums?' and item 8 'How confident are you to use a mouth sponge?'

Subscale 1 Comparison in confidence in carrying out oral care on a patient	n	mean(sd)	t(df)	p	
Pre	132	6.424 (3.148)			
post	132	8.864 (1.755)	-9.400 (131)	0.000	This would indicate that among participants there was an increase in confidence in carrying out oral care on a patient following the training session.
Subscale 2 - confidence in carrying out oral care on patients with varied needs					
Pre	122	6.899 (2.288)			
post	122	9.10 (1.246)	-12.130 (121)	0.000	This would indicate that among participants there was an increase in confidence in carrying out oral care on patients with varied needs following the training session.
item 18 - confidence to teach skills to relative					
Pre	132	6.424 (3.148)			
post	132	8.864 (1.755)	-9.400 (131)	0.000	This would indicate that among participants there was an increase in confidence to teach skills to a patient following the training session.
Item 19 - confidence in record keeping					
Pre	130	6.208 (3.237)			
post	130	9.323 (1.202)	-11.602 (129)	0.000	This would indicate that among participants there was an increase in confidence around record keeping following the training session.

## Conclusion

The training programme was received very well and from November 2018 to March 2020 - 611 members of staff have been trained across 72 care homes.

There was an overall increase in staff confidence and self-efficacy to enable the delivery of good quality mouth care, to teach mouth care to residents' relatives and in record keeping. A pre- and post-training questionnaire is an efficient tool to assess staff confidence and self-efficacy.

This work highlighted a gap in training of staff working in residential setting for adults with learning difficulties and poor mental health and further funding has been secured to launch a training programme, "My Mouth Care Matters", for this group of vulnerable adults.