



# Mouth care case study – Adult learning disabilities

## Patient background

- 55-year-old male with a medical history of severe learning disability, mild oral dysphagia, mental health difficulties and reflux. History of choking on meat and chest infections.
- High risk of choking 70% on the Choking Risk Assessment CRA (Sheppard, 2017).
- Required procedure to remove teeth, poor oral health was contributing to reduced chewing ability on chewable foods.
- Best interest meeting requested speech and language therapist (SLT) to work to empower and build his capacity to contribute his wishes for teeth removal.

## SLT input into patient's mouth care

- The SLT produced an accessible information resource using easy read and clear images to support understanding. The resource provided information on what would happen before, during and after tooth removal including important oral care. The resource helped the patient engage in conversation and helped build his capacity.
- Staff went through the accessible resource frequently with the patient and was able to talk through the process. He enjoyed the activity and requested to go over the information frequently. He was able to demonstrate some increased capacity by answering questions about the removal process and was empowered to share his views.
- The SLT produced dental capacity questions to show increased capacity. He was able to consent to attend the appointment. He was happy to attend. He knew what to expect.

## Outcomes

- The teeth removal went ahead and was completely successful.
- The need for continued oral care was highlighted in the education resource.
- Since teeth removal he is now edentulous. A further review of his swallowing showed some increased chewing allowing some of his favourite foods to be included in his dysphagia diet for enjoyment and quality of life, e.g. soft moist chips (crispy bits removed) with gravy, mashed beans and fish with coating removed.
- The resource has been adapted for use with other people.



## Learnings

- Making important decisions about people's capacity to have a health treatment requires knowledge on how much a person can understand. SLTs have unique skills in assessing communication skills that can support mental capacity decisions.
- Accessible information can empower people, increase understanding and capacity and help prepare people. SLTs have skills in producing and advising on accessible information resources to help build understanding. SLTs can highlight the importance of the communication environment and how information is delivered.
- Questions can be a useful way to demonstrate capacity.

*All people with a learning disability have an equal right to healthcare. Every step of the care pathway needs to be adjusted so people with autism or learning disabilities can receive equal treatment. Staff must plan reasonable adjustments before all appointments and discussions around health and wellbeing. Adjustments should include ensuring the information provided about treatments is in a format that is relevant to the individual. Reasonable adjustments also include planning to maximise understanding by considering the communication environment and who gives information, when and where. (RCSLT, 2013)*

## References

Royal College of Speech and Language Therapists (2013). Five good communication standards.

Sheppard (2017). *Research in Developmental Disabilities* (69) 61–76. Validation of the Choking Risk Assessment and Pneumonia Risk Assessment for adults with Intellectual and Developmental Disability (IDD)