



Oral Health

1. Background

People living in care homes are at greater risk of oral health problems and Smiling Matters, a report published by the Care Quality Commission in 2019, found that too many people living in care homes are not being supported to maintain and improve their oral health.

This policy covers oral health, including dental health and daily mouth care, for residents in Abbeyfield care homes and reflects the guidance issued by the National Institute for Health and Care Excellence (NICE), NG48: *Oral Health for Adults in Care Homes*, published in July 2016. It also reflects the NICE quality standard QS151: *Oral health in care homes*.

2. Objectives

The aim of this policy is to promote and protect residents' oral health. We will do this by:

- Assessing residents' oral health needs on admission and recording their oral health care needs in their personal care plan;
- Supporting residents to maintain and improve their oral health;
- Ensuring residents have access to routine or specialist preventive dental care; and
- Ensuring residents receive timely dental treatment as necessary.

3. Scope

All established staff, agency staff and volunteers providing care and support to residents in care and nursing homes.

4. Policy

Oral health care is an important part of person-centred care. The Registered Manager will promote good oral health by finding out about dental and oral health promotion services, developing links with general dental practices and community dental services and ensuring that care staff understand the importance of oral health care.

Care staff carrying out admissions or needs assessments will assess the oral health care needs of all residents as soon as they move in to the care home, regardless of the length or purpose of their stay. An Oral Health Assessment Tool should be used for this. See Appendix 1 and Appendix 2

Residents should be asked for details of their registered dental practice on admission and should be supported to register with a dental practice to access NHS dental care if they are not already registered.

Each resident will have their oral health routine documented in their personal care plan and care staff will provide residents with daily support to meet their oral health needs and preferences.

Care staff will monitor individual resident's oral health and respond to changing needs and circumstances and report any concerns without delay to the senior member of staff on duty.

Residents will be supported to access routine or specialist preventive dental care and treatment as necessary. Only practitioners registered with the General Dental Council and acting within its scope of practice may diagnose and treat dental disease or refer someone for specialist treatment.

Residents are responsible for purchasing their own oral hygiene equipment and supplies. They are also responsible for all private and NHS dentistry charges.

4.1. Consent to Care

The assumption is that people have capacity to make their own decisions about their personal care. Care staff will always seek consent from residents at the point of providing care. If a resident does not want daily mouth care or to have their dentures removed, care staff must respect the resident's wishes, and this must be documented. Repeated refusal to have daily mouth care or to have dentures removed is likely to cause problems and so may need to be referred to the resident's GP or dental practitioner.

In the event of concerns regarding a person's capacity to make decisions about their personal care, a mental capacity assessment will be completed in accordance with the provisions of the Mental Capacity Act and in line with our Mental Capacity Act Policy.

If the person lacks capacity to make decisions about their personal care, decisions made on their behalf must be in their best interests.

4.2. Care Staff Knowledge & Skills

The Registered manager must ensure that care staff who provide daily personal care to residents:

- Understand the importance of residents' oral health and the potential effect on their general health, wellbeing and dignity;
- Understand the potential impact of untreated dental pain or mouth infection on the behaviour, and general health and wellbeing of people who cannot articulate their pain or distress or ask for help. (This includes, for example, residents with dementia or communication difficulties.);
- Know how and when to reassess residents' oral health. **See 10.1;**
- Know how to deliver daily oral health care. **See 10.2;**
- Know how and when to report any oral health concerns for residents, and how to respond to a resident's changing needs and circumstances. (For example, some residents may lose their manual dexterity over time.) **See 10.3;** and
- Understand the importance of denture marking and how to arrange this for residents, with their permission.

5. Finance, Value for Money & Social Value

There are no financial implications of this policy. This policy reflects our commitment to providing high quality person centred care.

6. Supported Appendices

Appendix 1: Oral Health Assessment Tool

Appendix 2: Oral Health Assessment Tool Pictorial Version

7. Linked Policies

Mental Capacity Act (C015P)

8. Legislation/Regulation

Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended)

Regulation 9 Person-centred care

9. Review

Every 3 years, subject to any regulatory or legislative updates.

10. Procedure/Guidance

10.1. Oral Health Assessments

Suitably trained care staff should assess the oral health needs of all residents as soon as they move into the care home, regardless of the length or purpose of their stay.

Where family and friends are involved in ongoing care, consider involving them in the initial assessment, with the resident's permission, if it will help staff understand the resident's usual oral hygiene routine.

Care staff should ask:

- How the resident usually manages their daily mouth care (for example, tooth-brushing and type of toothbrush, removing and caring for dentures including partial dentures). Check whether they need support.
- If they have dentures, including partial dentures, whether they are marked or unmarked. If unmarked, ask whether they would like to arrange for marking and offer to help. Dentures are best marked during manufacture.
- The name and address of their dentist or any dental service they have had contact with, and where and how long ago they saw a dentist or received dental treatment. Record if there has been no contact or they do not have a dentist and help them find one.

Care staff should make an appointment for the resident to see a dental practitioner if necessary and should record the results of the assessment and the appointment in the resident's personal care plan.

Care staff should review and update residents' oral health needs in their personal care plan as their oral health needs change.

The **Oral Health Assessment Tool** should be used for oral health assessments and reassessments. Reassessments should be carried out every six months, or sooner if needs change.

10.2. Daily Oral Health Care

Care staff should provide residents with daily support to meet their oral care needs and preferences, as set out in their personal care plan after their assessment. This should be aligned with the advice in the [Delivering better oral health toolkit](#), and include:

- Brushing natural teeth at least twice a day with fluoride toothpaste;
- Providing daily oral care for full or partial dentures (such as brushing, removing food debris and removing dentures overnight);
- Using their choice of cleaning products for dentures if possible;
- Using their choice of toothbrush, either manual or electric/battery powered;
- Daily use of mouth care products prescribed by dental clinicians (for example, use of a high fluoride toothpaste or a prescribed mouth rinse); and
- Daily use of any over-the-counter products preferred by residents, such as particular mouth rinses or toothpastes. If the resident uses sugar-free gum, consider gum containing xylitol.

Care staff should refer to the senior member of care staff on duty for advice about getting prescribed mouth care products or helping someone to use them.

10.3. Responding to Changes in Oral Health

Care staff should monitor oral health when delivering daily oral health care and check for changes or signs of concern. The following are signs of good oral health:

- Lips - smooth, pink and moist;
- Tongue - looks normal, moist roughness, pink;
- Gums and tissues - pink, moist, smooth, no bleeding;
- Saliva - moist tissues, watery and free flowing saliva;
- Natural teeth - no decayed or broken teeth or roots;
- Dentures - no broken areas or teeth, dentures regularly worn, and named;
- Oral cleanliness - clean and no food particles or tartar in mouth or dentures; and
- Dental pain - no behavioural, verbal or physical signs of dental pain.

10.4. Oral Health Champions

It is good practice to identify an oral health champion and the Registered Manager should consider designating a suitably trained member of staff to champion good oral health if possible.

Click [here](#) to access the NICE Guidance NG48.

A quick guide for care home managers can be downloaded from the NICE website: [Quick Guide: Improving Oral Health for Adults in Care Homes](#)

You can find dental practitioners in your area using the NHS search facility here:

<https://www.nhs.uk/Service-Search>



With kind permission of the [Australian Institute of Health and Welfare](#).

Source: Australian Institute of Health and Welfare [Caring for oral health in Australian residential care](#) (2009).
Modified from Kayser-Jones et al. (1995) by Chalmers (2004).

Resident Name:

Apt/Suite No:

Completed by:

Date:

Assessment Categories

Scores – You can circle individual words as well as giving a score in each category

(* if 1 or 2 scored for any category please organise for a dentist to examine the resident)

| Category | 0 = Healthy | 1 = Changes* | 2 = Unhealthy* | Category Score |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Lips | Smooth, pink, moist | Dry, chapped, or red at corners | Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners | |
| Tongue | Normal, moist roughness, pink | Patchy, fissured, red, coated | Patch that is red and/or white, ulcerated, swollen | |
| Gums and tissues | Pink, moist, smooth, no bleeding | Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures | Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures | |
| Saliva | Moist tissues, watery and free flowing saliva | Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth | Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth | |
| Natural teeth Yes/No | No decayed or broken teeth or roots | 1-3 decayed or broken teeth or roots or very worn down teeth | 4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth | |
| Dentures Yes/No | No broken areas or teeth, dentures regularly worn, and named | 1 broken area or tooth or dentures only worn for 1-2 hours daily, or dentures not named, or loose | More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named | |
| Oral cleanliness | Clean and no food particles or tartar in mouth or dentures | Food particles, tartar or plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath) | Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) | |
| Dental pain | No behavioural, verbal, or physical signs of dental pain | There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression | There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression) | |
| <input type="checkbox"/> Organise for resident to have a dental examination by a dentist. | | | | |
| <input type="checkbox"/> Resident and/or family or guardian refuses dental treatment. | | | | Total: /16 |
| <input type="checkbox"/> Complete oral hygiene care plan and start oral hygiene care interventions. | | | | |
| <input type="checkbox"/> Review this resident's oral health again on date: | | | | |

Oral health assessment tool

Resident:

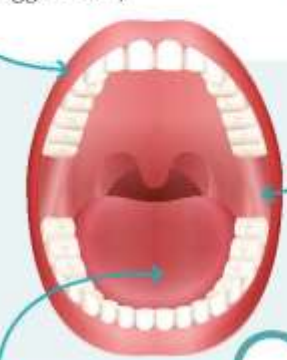
Completed by:

Date:

Scores – You can circle individual words as well as giving a score in each category
 (* if 1 or 2 scored for any category please organise for a dentist to examine the resident)

0 = healthy 1 = changes* 2 = unhealthy*

| Lips: | Dental pain: | Natural teeth Yes/No: |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Smooth, pink, moist 0 | No behavioural, verbal, or physical signs of dental pain 0 | No decayed or broken teeth or roots 0 |
| Dry, chapped, or red at corners 1 | There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression 1 | 1–3 decayed or broken teeth or roots or very worn down teeth 1 |
| Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners 2 | There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression) 2 | 4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth 2 |
| Oral cleanliness: | | Dentures Yes/No: |
| Clean and no food particles or tartar in mouth or dentures 0 | | No broken areas or teeth, dentures regularly worn, and named 0 |
| Food particles, tartar or plaque in 1–2 areas of the mouth or on small area of dentures or halitosis (bad breath) 1 | | 1 broken area or tooth or dentures only worn for 1–2 hours daily, or dentures not named, or loose 1 |
| Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) 2 | | More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named 2 |
| | Tongue: | Gums and tissues: |
| | Normal, moist roughness, pink 0 | Pink, moist, smooth, no bleeding 0 |
| | Patchy, fissured, red, coated 1 | Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures 1 |
| | Patch that is red and/or white, ulcerated, swollen 2 | Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures 2 |



- Organise for resident to have a dental examination by a dentist
- Resident and/or family or guardian refuses dental treatment
- Complete oral hygiene care plan and start oral hygiene care interventions for resident
- Review this resident's oral health again on date:

With kind permission of the Australian Institute of Health and Welfare (AIHW). Source: AIHW Caring for oral health in Australian residential care (2009). Modified from Kayser-Jones et al. (1995) by Chalmers (2004).

TOTAL:

SCORE: 16
