Oral Health

1. Background

Having a healthy mouth is something that helps everyone to live well. Pain free eating and drinking is something that many people can take for granted. Keeping teeth and dentures clean and in good condition can be a struggle for people living with disabilities, complex conditions or frailty. Maintaining good oral health improves a person's general health and wellbeing and can also play a part in helping people stay independent for as long as possible.

People living in care homes are at greater risk of oral health problems and *Smiling Matters: oral health care in care homes*, 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. In 2022, CQC published a progress report following an in-depth review of oral health care in 50 care homes and found that whilst oral health care had improved significantly, care home residents did not always receive consistent care and equal access to NHS dentistry.

This oral health policy sets out how we will work with residents to care for their mouths 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 our Residential care services.

4. Policy

Oral health care is an important part of person-centred care. The Registered Manager must ensure all residents have access to routine and specialist preventive dental care and treatment, including urgent/out of hours and emergency treatment, as and when they need it. 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. The Registered Manager must ensure that all members of the dental team visiting the care home are registered with the General Dental Council.

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 on the Person Centred Software system should be used for this.

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. Where such services are not immediately available a plan should be put in place to ensure emergency dentistry is quickly accessed through the 111 health facility. 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.

4.1. Provision of Dental Products

It is important that all residents have access to appropriate mouth care products, such as appropriate toothbrush, toothpaste and dry mouth products. Residents are responsible for purchasing their own oral hygiene equipment and supplies. They are also responsible for all private and NHS dentistry charges.

4.2. 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: https://www.nice.org.uk/guidance/ng48

You can find dental practitioners in your area using the NHS search facility here: https://www.nhs.uk/Service-Search

4.3. 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.

4.4. 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 10.2**;
- Know how to deliver daily oral health care. **See 10.4**;
- 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 10.5**; 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

N/A

7. Linked Policies

Mental Capacity Act (C015P)
Resident Involvement & Empowerment (R015P)

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. Definitions

10.1.1. Dentists

Healthcare professionals responsible for providing oral health guidance and instruction to patients and carrying out preventative and restorative care; they treat a variety of diseases affecting not only the teeth but the gums and the mouth as a whole. Only individuals registered with the General Dental Council are legally able to work as a dentist in the United Kingdom.

10.1.2. Urgent Dental Care

An illness or injury that requires urgent attention but is not life-threatening. Care should be provided within 24 hours unless the condition worsens. An example is a resident with dental pain which is not helped by painkillers.

10.1.3. Emergency Dental Care

Life threatening illnesses or accidents which require immediate, intensive treatment. Examples of dental emergencies include uncontrollable bleeding following extractions, dental trauma or rapidly increasing swelling around the throat or eye.

10.2. 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.
- 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. Dental practitioners can be found using the NHS search facility here https://www.nhs.uk/Service-Search.

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.

10.3. Oral Health Care Plans

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 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.

10.4. 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.

10.5. 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.

10.6. Diet and Oral Health

We respect residents' personal choice to eat what they want to eat, when they want to eat it. In older people, oral health has been found to deteriorate and there are a variety of factors that contribute to this. A change in diet can increase the risk of dental decay, especially if food and drink with a higher sugar content is being consumed more frequently. Some residents may require nutritional supplements or calorific food that are high in sugar which have been advised by a health professional. In these cases, maintenance of good oral hygiene is even more important.

Any changes to a resident's eating habits and loss of weight must be monitored and recorded. Problems with eating and chewing may have an oral health cause including mouth or jaw pain, and/or infection or broken teeth. If other causes have been ruled out, care staff will consider reviewing the oral health assessment and when appropriate, consulting a dentist.

10.7. Consent & Mental Capacity

Care staff must 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 should be referred to the resident's GP or dental practitioner.

Capacity to consent should be assessed and discussed with residents and/or family at the initial oral health assessment and each time this is reviewed. If the resident cannot give informed consent, the Lasting Power of Attorney for Health and Welfare, family members, close friends, professionals and/or staff will be involved in the decision-making process as appropriate, acting in the resident's best interests in line with the Mental Capacity Act 2005.

10.8. Arranging Dental Appointments

Every resident has the opportunity to make their own choice about which dental practice to attend and maintaining links with their usual dentist is encouraged. Care home staff will help those residents without a dentist to access dental care.

For residents who are unable to access general dental services, arrangements on how appointments are made will be agreed between the resident and/or their families and documented in the care plan. It is important that residents see a dental team regularly for check-ups and preventive care, even when no teeth are present. The dentist will be able to advise how frequently check-up appointments are required.

If staff are arranging and taking the resident for dental care, information about all prescribed medication, relevant medical history and the name of their doctor will be provided to the dentist. Information about daily mouth care will also be shared.

Where a resident has an **urgent dental care** need, care home staff will help the resident to seek treatment at their own dentist first. If this isn't possible, care home staff will ring 111 for advice and treatment.

Where a resident requires **emergency dental care**, the care home staff will seek help by ringing 999.

Staff will know how to raise concerns about availability of dental services with relevant organisations such as local Healthwatch and public health teams.

10.9. Arranging to Pay for NHS Dental Care

Residents aged 60 and over are **NOT** automatically exempt from dental charges. Penalty Charge Notices are payable for incorrect claiming of exemptions. The guidelines for NHS dental charges are quite complex and subject to change. If a resident pays for their treatment, financial arrangements will be agreed as part of the oral health assessment discussion.

Together with the resident, Lasting Power of Attorney for Property and Financial Affairs, family and/or friends, the Registered Manager can support residents to establish whether they are entitled to a means-tested benefit.

For residents that need to apply for exemption or reduction of dental charges, they or their lawful representative will need to complete an HC1 form or HC1 (SC) form. A resident's exemption status needs to be checked before a dental appointment as it may change. For further information, please refer to:

- www.nhs.uk/common-health-questions/dental-health/who-is-entitled-to-free-nhs-dental-treatment-in-england/
- www.nhsbsa.nhs.uk/nhs-low-income-scheme.
- https://www.nhs.uk/nhs-services/help-with-health-costs/

10.10. References

- Delivering better oral health: an evidence-based toolkit for prevention
- NHS England: Who is entitled to free dental treatment?
- NHS Low Income Scheme.
- NHS: Help with Health Costs