



Knowledge
Oral Healthcare

PLANNING ORAL HEALTHCARE



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Many residents who live in long term care facilities have poor oral health compared to those who live in their own home. Poor oral health can affect general health, function, nutrition and personal and social well-being.

Maintaining good mouth care can become increasingly challenging as frailty increases, impaired dexterity or dementia and may be resistant to care.

Many elderly suffer from a dry mouth due to the side effects of medication and/ or dehydration, increasing the likelihood of dental deterioration. Furthermore, many of these individuals have complex health issues making dental treatment more difficult. Therefore the emphasis is to support residents with mouth care and ensure it is an integral part of their care.

These are some considerations to include in planning oral healthcare:

- Ensure all staff have received oral health training
- Ensure care home policies set out plans and actions to promote and protect residents' oral health and how to access dental services
- Ensure residents each have an oral health assessment and mouth care plan
- Ensure staff can provide residents with daily support to meet their mouth care needs
- Keep daily records of mouth care provided including if someone refuses and the action taken as a result.
- Know how to report oral health concerns seek dental care

TRAINING Guide of what should be included in the training content:

- Understand the importance of oral health and the potential effect on the general health and well-being
- Prevention of dental and oral disease and the impact of diet.
- Know how to check a mouth including teeth, gums, lips, mouth and tongue and record this on an assessment form. Including recording areas of concern.
- Know how to care for natural teeth and dentures.
- Know how to follow a mouth care plan especially if an individual is unable to clean their own teeth.
- Know when to escalate a problem, by informing a senior member of staff or the care home manager and knowing how to refer to a dentist.
- Know how to deliver mouth care to people with additional needs and how to develop strategies to support residents for whom mouth care is challenging.

Have an understanding of what mouth care tools and products are recommended as part of End of Life and palliative care.

Oral health questions that maybe asked by CQC inspectors:

Key Lines of Enquiry E5 (1) states:

How are people's day-to-day health and well-being needs met? Questions on oral health to support this statement:

1. Do all staff have training in oral health care?

- Is oral health covered in induction?
- Is oral health a mandatory component of regular training
- Do staff feel confident in support oral health care?
- Do staff know what to look for to identify deterioration in oral health?
- Do staff consider poor oral health when assessing reasons behind weight loss, infection, or tissue viability?

2. How do you ensure oral health care is assessed, considered, and delivered as a part of a person's care plan?

- Is the service aware of the NICE Guidelines in Oral Healthcare?
- Is oral health assessed fully on entry to the care home in line with this guideline?
- Is there a detailed oral health care plan in place?
- Do people have easy access to toothpaste, toothbrushes, denture cleaning fluid?
- Do people have access to routine and emergency dental care?

Compliance to the NICE guidance will be reviewed by CQC at an inspection.

CQC expect care home providers to:

- Monitor performance.
- Assess knowledge and competence at least annually.

Documentation should include:

- The oral health policy
- Names of staff who have had training on oral health
- A mouth care assessment and mouth care plan completed for each resident
- Daily record of mouth care provided including if someone refuses and the action taken as a result

Recording oral care is essential, it is evidence that care is taking place.

Oral Health Assessments

Ensure all care staff have washed their hands and wear appropriate personal and protective equipment to carry out an oral health assessment. Ideally use a pen torch as it can be difficult to see in the mouth. It is important to know how to clean this after use. Not everyone in care will have good oral health, they may arrive with poor oral health and unmet needs, they may have medical conditions which effect their oral health, and they may experience deteriorating oral health during their time in your care.

Things can change so quickly so regularly re-assess the mouth.

What does the mouth look like?

- What are their oral health needs?
- Their likes and dislikes?
- What support do they need?
- Can they cooperate?
- Do they have a dentist?
- When did they last go to a dental appointment?
- Do they have medical needs and does this affect their mouth?
- What other factors may need considering? E.g. do they use tobacco in any form? Do they drink alcohol?
- Do they consume sugary foods and drinks in between mealtimes?

Person Centred Care Likes and dislikes Questions to ask the resident.

- When do you like your mouth cleaned?
- What toothbrush do you like to use?
- What toothpaste?
- Do you use anything else (mouthwash, floss etc.)?
- What do you use to clean your dentures?
- Any other likes or dislikes? Lifestyle/ health and other factors There may be other relevant information regarding the risk to oral health such as:
 - Diet - high in sugar (prescribed or personal preference)
 - Tobacco and/ or alcohol use

Find out the resident's likes and dislikes e.g. when they like to clean their teeth and if they prefer certain products.

Are there risk factors that may affect their oral health? In addition to their diet and alcohol or tobacco use consider:

- Poor nutritional or fluid intake
- High sugar diet
- Dysphagia, swallowing difficulties
- Modified diet, pureed food and or thickeners
- Stroke/ weakness/ paralysis
- Cancer treatment
- Diabetes
- Dry mouth
- Dementia

Where appropriate, it may be possible to use the assessment as an opportunity to educate the resident or their family members on up to date advice for mouth care or give other public health messages. This may also provide an opportunity to discuss their smoking and alcohol use or signpost to information or support.

If they are independent, reinforce the importance of oral hygiene and the methods to maintain their oral health.

Questions to ask the resident

- Do you need support to clean your mouth?
- What support do you need?
- Can you walk unaided to the sink? Level of support Can the individual:
- Carry out all aspects of toothbrushing
- Clean dentures if they have them

Level of support

Deciding the level of support that the individual needs is key to developing their care plan. Use the assessment to identify how to assist those residents who cannot clean their own mouth.

- I can do it myself
- I need a little support
- I need a lot of help.

Not everyone in care will have good oral health. They may arrive with poor oral health and unmet needs. They may have medical conditions which affect their oral health and the ability to care for their own mouth, so the level of support may change.

Documentation should include an assessment on entering the home, an oral care plan and daily recording. Assess the mouth care needs of all residents as soon as they start living in a care home, regardless of the length or purpose of their stay. Being person-centred is about focusing care on the needs of the individual, ensuring that people's preferences, needs and values guide decisions, and providing care that is respectful of and responsive to them. Every effort should be made to involve the individual in planning their mouth care with support from family or friends who know the person. Follow the guidance in the Mental Capacity Act and if they lack capacity involve next of kin, anyone with a Lasting Power of Attorney or an Independent Mental Capacity Advocate.

Your dentist

Questions to ask the resident

- Do you have a dentist?
- When did you last visit?
- Do you pay for dental treatment?
- How do you get to the practice?

Questions to ask the resident

- Do you have any pain?
- Have you recently had any problems with your mouth?

If concerned about anything or you find something when you check the mouth, make a note, tell your manager.

If possible, the resident should continue to see the dentist they saw before becoming a resident. The care home may ask if family/friends may be able to help to organize their visits. How to find a dentist will be covered in section 6 of this training.

Signs of dental pain if unable to communicate.

- Rubbing, pulling at or swollen face
- Facial expressions – clenching teeth
- Body language - huddled, rocking
- Change in appetite
- Being more restless, moaning or shouting
- Disturbed sleep
- Leaving out denture

Often, signs and symptoms of mouth cancer are not painful and may include:

- An ulcer or sore in the mouth or on the tongue that persists for more than 2 weeks.
- A red or white patch in the mouth, on the gums, tongue, or lining of the mouth
- A lump anywhere in the mouth.
- Swelling of the jaw that causes dentures to fit poorly or become uncomfortable.
- Difficulty in chewing or moving the jaw or tongue.
- Numbness of the tongue or mouth.
- A feeling that something is caught in the throat.
- Difficulty in swallowing.
- A chronic sore throat or voice change (hoarseness) that persists more than six weeks.
- Neck swelling present that persists more than three weeks.
- Unexplained tooth mobility persisting for more than three weeks.
- Persistent nasal obstruction / mucus causing difficulty breathing through nose.
- Unexplained earache.

Care plan

It should include:

- Details of mouth care (how, when and the person responsible)
- If the resident is independent, note if a prompt is needed and if you have given advice on technique, products to use or frequency of brushing etc.
- The products to use and who will provide these – (using the right tools and techniques will ensure oral care is delivered in a way that will maximize the benefit to the individual's oral health).
- Level of co-operation, mobility and support needed – (remember where possible allow the person to manage their own oral care unless they are unable to do so. Family and friends can be encouraged to participate in the delivery of care as appropriate).
- How the resident will access the dentist
- The date and outcome of any visits to the dentist

Giving evidence that tooth brushing has been provided.

If it was not possible to clean the whole mouth, note which areas were cleaned so that the next carer can start to brush the teeth previously missed. Remember for many people with dementia, it is not a willful act to refuse care, but rather a sign of confusion and distress. If somebody regularly refuses oral care, ensure staff know to keep a record, and discuss with their manager what action should be taken.