

# Oral Health Policy

*CARE HOME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| Policy Title: | Oral Health Policy |
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| Supportive documents: | [Delivering Better Oral Health. An Evidence Based Toolkit](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf) Public Health England 2021  Smiling matters: oral health care in care homes [CQC 2019]  <https://www.cqc.org.uk/publications/major-report/smiling-matters-oral-health-care-care-homes>  [Oral Health for Adults in Care Homes](https://www.nice.org.uk/guidance/ng48) NG48 NICE guidance 2017  Oral swabs with a foam head – heads may detach during use Device safety information GOV.UK 2012  Mental Capacity Act (2005) <http://www.legislation.gov.uk/ukpga/2005/9/contents> |

**Foreword**

Oral health is a fundamental part of overall health and an area that requires care and attention by all staff for all residents. Good oral health is beneficial for general health, dignity and self-esteem, it contributes to a person’s quality of life.

Poor oral hygiene has wide ranging health implications from pain, loose teeth and tooth loss as well as affecting a person’s ability to chew impacting general health and wellbeing.

As a person loses the ability to care for themselves, they require the support of those who care for them.

This policy provides the framework for residents to have their preferences, wishes and needs regarding oral care and aims to improve/maintain and protect resident’s oral health.

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1. **QUALITY STANDARD [QS151]**

Care managers and care staff should be aware of the quality standard published in June 2017 Oral health in care homes [NICE guidance]

1. Oral Health Assessments
2. Recording mouth care needs in care plans
3. Supporting daily mouth care
4. **KEY LINE OF ENQUIRY QUESTIONS [located in the CQC Inspection Planning Document]**

Two Oral Health questions were added to Effective KLOE E5 (1) in October 2019

How are people's day-to-day health and wellbeing needs met?

Q1. Do all staff have training in oral health care?

Q2. How do you ensure oral health care is assessed, considered and delivered as part of a person’s care plan?

Do people have access to routine and emergency dental care?

1. **ORAL HEALTH ASSESSMENT**

An oral health assessment is recommended early after admission (ideally within 48 hours of admission) and should be included as part of an overall health assessment.

Oral health assessments should:

* help identify residents who have current oral health problems which may require attention of a dentist
* It should be noted if someone has
  + Broken teeth
  + Wears a denture/s [broken/loose]
  + Has any obvious sores or lesions [where?]
  + If complaining of any discomfort in the mouth
  + If registered with a dentist [when last attended]
* highlight residents who are particularly at risk of future problems because of physical / cognitive impairment or poor oral care habits
* develop an oral care plan indicating if daily oral care assistance is required.
* all staff will undergo training on how to undertake an oral health assessment.
* care plans will be reviewed within 1 week of admission and frequency of review determined.
* repeat assessments should consider resident’s capacity to self-care.
* oral care plans will be updated following any review oral health assessment.
* daily documentation of oral care will be completed by care staff, including reasons for non-cooperation on the part of the resident.
* Include local policies about refusal of care are followed in accordance with the Mental Capacity Act 2005.

1. **RESIDENT’S DAILY MOUTHCARE**

**Toothbrushing**

If a resident is able to brush their own teeth they should be encouraged to continue to do so. It is documented at the oral health assessment if a resident requires assistance with daily oral care.

**Dentures** will be removed by staff or resident and cleaned as part of the daily oral care regime. If denture cleaning products are used the directions of the manufacturers will be adhered to [usually soak for 20 minutes]. Most denture cleaning products contain persulfate which is health hazard if accidentally ingested and must be stored in a secure place.

1. **ORAL HYGIENE EQUIPMENT**

* Persons’ own toothbrush (preferably soft bristles and small head)
* Toothpaste (fluoride)
* Towel to protect clothes
* Disposable gloves
* Water based moisture gel for lips (if required)

**Always ask the resident if you can clean his/her mouth and explain the reason why you need to do so.**

**Supply of oral hygiene equipment**

* Resident’s will be encouraged to use familiar oral hygiene products.
* Small headed, soft- medium bristled manual toothbrush or round, flat heads for electric toothbrushes
* Toothbrush handles can be adapted to enable residents with limited manual dexterity to continue with independent brushing.
* Toothbrushes should be replaced on a 3 monthly basis.

**Fluoride toothpaste** (of at least 1450ppm fluoride) will be encouraged unless specific reason not to use (allergy or residents’ choice to decline). High concentration fluoride toothpaste can be prescribed by dentists for residents at high risk of tooth decay.

**Chlorhexidine** - A product that contains Chlorhexidine maybe used for people with inflamed gums that are causing concern. Mouthwash, spray or gel can be used for a few days. If symptoms persist contact the dental team.

NB. Allergies identified within personal care plans should be highlighted on resident’s oral care plans.

1. **PROCEDURE**

1. Ensure hands are washed before approaching the resident

2. Ensure resident’s privacy and comfort and explain procedure

3. Ideally it is better to carry out brushing with the person sitting down or in bed with the bed at 40-50 degrees brushing from the back/side of the person so that you have better access and visibility.

4. Place towel under chin

5. Place a flannel in the sink and part fill with cold water

6. Remove denture/s brush with mild soap or denture cream and water place in a denture pot (if cleaning teeth at night).

7. Ask resident to open or rub cheek and jaw area to relax the jaw and encourage the person to open.

[If nil by mouth or resident with dysphagia, swab with damp gauze, over tongue, around inside of cheeks and around the gums and teeth].

8. Apply a pea size amount of fluoride toothpaste to the resident’s toothbrush (manual or electric)

9. Brush surfaces starting with the outer surfaces in a gentle back and forth motion.

10. Get resident to spit out excess but try not to get the resident to rinse unless they suffer from a dry mouth as the mouth to keep the mouth hydrated.

11. Check for any sores or any changes whilst brushing.

12. Use interdental aids such as floss or interdental brushes if you have been advised by a dental professional. \*It is important that a dental professional shows staff how to carry out interdental cleaning first.

*It is most important that you brush and remove as much plaque as possible from the teeth surfaces.*

Talk to the resident at each stage and ensure that he/she understands what you are doing.

\*\* If you are brushing in the morning place the denture/s back after brushing. If the resident is able, get them to put their denture/s back themselves.

If you are brushing the teeth in the evening encourage the resident to leave his/her denture/s out at night. Leave the denture/s in a named denture pot DRY.

Oral hygiene products will be supplied by: \_ indicate care home or next of kin\_\_\_\_\_\_\_

1. **ACCESS TO ROUTINE AND EMERGENCY DENTAL CARE**

Indicate on oral health assessment person’s regular dentist and when approximately they last attended. You are encouraged to register residents with a local dentist. It would be helpful to note the details of out of hours dental services. For **Local General Dental Services (GDS), Community Dental Services (CDS) (including Special Care Dentistry), Emergency Dental Treatment**

Emergency (out of hours) Dental Treatment:

Dial 111

Urgent care services:

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<http://www.nhs.uk/Service-Search/Urgent-Care/LocationSearch/0>

Local General Dental Practitioners linked with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home:

Contact telephone number:

Name:

Practice address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Community Dental Services:

Contact telephone number:

Address:

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Special Care Dentistry services available via local CDS:

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1. **REFERRAL PROCESS**

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.

Any lesion or abnormality observed by care staff must be reported within the residents’ oral care plan and reported to the care manager. It must be monitored by the dental champion /care manager and if it appears not to be healing after 3 weeks then a decision should be made to either request a dental care professional to assess the resident and refer as appropriate or directly refer to your local hospital using the appropriate referral form after discussing with the resident and/or next of kin.

Abnormalities include unusual red or white patches, ulcers, lumps in the neck or jaw area.

1. **REFUSAL OF ORAL CARE**

Failure to maintain oral hygiene may become a safeguarding issue and all actions must be documented in the care notes. The Oral care plan should detail how refusal will be managed.

If a resident refuses mouth care on several consecutive attempts, this should be escalated to a senior nurse or their medical team who should consult with one of the following:

• consider alternatives such as an antiseptic mouthwash

* involve the resident’s family to consider preferences
* dementia Liaison or Community Mental Health teams

• the resident’s dentist if they have one or healthcare professional

• local NHS Dental Helpline for advice and information on which dentists in the area can help.

NHS Find a dentist <http://www.nhs.uk/Service-Search/Urgent-Care/LocationSearch/0>

1. **END OF LIFE**

In the last days of end of life the mouth care must be being kept hydrated and comfortable. The mouth should be attended to every 30 minutes – 1hr, to ensure that it is hydrated and any secretions removed.

* Products that may be used: Soft, small headed toothbrush, MC3 stick, 360 toothbrush, damp gauze
* Sponge swabs are banned in Wales and can be used with caution in England. As they have been on a Medical Device Alert since 2012 **we do not use oral sponge swabs on residents.**

1. **TRAINING**

All staff delivering personal care will receive oral care training to include:

* undertaking an oral health assessment
* oral care tools and oral care planning
* oral care procedure including denture care
* recommended products
* managing refusal of oral care
* palliative mouthcare management

All new recruited staff will receive mouth care training as part of their induction and will be aware of the content of this policy.

Training recommended by:

* **The National Institute for Health and Care Excellence** [NICE] committee emphasize the importance of mouth care training for staff.
* **CQC Smiling Matters** report recommend ‘mandatory staff training in oral health care.
* **Skills for Care** have included oral health in the ‘Core and mandatory training requirements’.
* **The Framework for Enhanced Health in Care Homes [NHS]** added oral health care to the standards in March 2020. Best practice includes, staff to have oral care training.

**It is the responsibility of \_\_\_ Care Home Manager to ensure that all staff who provide daily personal care to service users are aware of and adhere to this oral care policy.**

**Advice and guidance**

**Knowledge Oral Health Care Ltd** is available to offer support and guidance on all oral health matters

**APPENDIX 1 Oral Health Risk Assessment**

**APPENDIX 2 Tips and Coping Strategies for People that Resist Mouth Care**

**Appendix 1. Oral Health Risk Assessment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| IDENTIFY HAZARD/ ACTIVITY | PERSON AT RISK? | WHAT ARE YOU DOING ALREADY? | LEVEL OF RISK\* SEE CHART | FURTHER ACTION TO BE TAKEN | ACTION BY WHO? | ACTION BY WHEN? | DONE (TICK) |
| Example  getting bitten whilst toothbrushing | staff | getting Judith to bite down on 2nd toothbrush whilst toothbrushing | 1 | notify nurse and have 2 staff available for toothbrushing. 2nd person distracting | Jade (team leader) | 17/5/22 |  |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

DATE ASSESSMENT WAS CARRIED OUT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF NEXT REVIEW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSESSMENT CARRIED OUT BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RISK RATING | 0 | 1 | 2 | 3 |
|  | UNLIKELY | LIKELY | VERY LIKELY | CERTAIN |

**Text

Description automatically generatedAppendix 2.**

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