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Oral health for adults in care homes

Information pack to support training

Developing people for health and healthcare

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Acknowledgements

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- Care Quality Commission
- Health Education England
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- NHS Scotland - Caring for Smiles
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- Public Health England
- The National Institute for Health and Care Excellence
- The Relatives and Residents Association

It was generated by Katy Kerr on behalf of Health Education England in collaboration with the members of the Oral Health in Care Homes Working Group:

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Assessing and caring for your residents' oral health

Contents

Introduction

Care staff have a vital role in the promotion of good oral health and hygiene, thus preventing discomfort, dehydration, and inadequate nutrition, by detecting oral disease in the early stages and putting plans in place to improve the outcomes for their residents. Mouth care is important so oral health **should be included in Induction Training**. New workers should be introduced to the policy and procedures relating to providing mouth care and all staff should have regular updates.

The Care Quality Commission (CQC) are the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care. CQC recommend mandatory staff training as part of their Smiling Matters report. CQC-report/smiling-matters-oral-health-care-care-homes

The information included in this guidance is fully compliant with The National Institute for Health and Care Excellence (NICE) guidance Oral health for adults in care homes (NICE guideline [NG48] Published date: July 2016). Nice/guidance/ng48

Further supporting information and links to useful resources are available in the, Oral Health for Adults in Care Homes Toolkit.

The toolkit includes:

- A baseline audit to check compliance and provide evidence to CQC
- A leaflet on Oral Health for residents / family members
- Information on exemption and what's needed to facilitate a dental visit
- Examples of policies, assessments, care plans and how to document oral care
- Quality assured links to useful videos and other resources

Training in oral health is part of the core and mandatory training included in the Care Certificate.
Skills for Care /Core-and-mandatory-training.pdf

Skills for Care have given the following suggested learning outcomes:

Ensure care staff who provide daily personal care:

- Understand the importance of oral health and the potential effect on the residents' 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 oral health.
- Know how to deliver daily mouth care.
- Know how and when to report any oral health concerns, and how to respond to a person's changing needs and circumstances.
- Understand the importance of denture marking and how to arrange this for people, with their permission.

The aim of this training is to meet the learning outcomes as part of the Care Certificate and is focussed on delivering person centred care, to meet the standards as directed by the Care Quality Commission and NICE guidance

Objectives:

- Detail the care home's responsibilities and the NICE guidance and CQC requirements
- Recognise the causes of poor oral health.
- Understand the methods for prevention.
- Show how to check a mouth, follow a mouth care plan and what it may include, using the mouth care assessment listed in the NICE guidance.
- Provide up to date information on techniques and products for effective mouth care in order to tailor regimes for the individual.
- To give a guide to record keeping.
- To recognise when to escalate a problem and how to refer to a dentist if necessary.

Guide to content (learning objectives)	• The importance of regular mouth care according to the individual's needs. • Prevention of dental and oral disease and the impact of diet. • How to check a mouth including teeth, gums, lips, mouth and tongue and record this on an assessment form. Including recording areas of concern. • Mouth care for natural teeth and dentures. • How to follow a mouth care plan especially if an individual is unable to clean their own teeth. • 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. • Information about helping people with dementia. • Mouth care for people with additional needs and how to develop strategies to support residents for whom mouth care is challenging. • Mouth care as part of End of Life and palliative care.
Resources **(relevant to different learning styles)**	• The training is designed to be interactive and signpost to additional resources available in the toolkit. • The sections work together to build a comprehensive guide to assessing the mouth and delivering effective mouth care. • There are photographs and a recorded version to facilitate learning. The toolkit contains links to video clips that can be added to the training. • Further activities to support the training are built into this information pack. • Tips are provided on how to deliver mouth care with a range of different brushes and products. • There is further information on certain topics that can be printed off to refer to after completion of the training.
Verification **(To ensure the learner's understanding)**	• Participants learn directly from the material, and by interacting with the other participants. Discussion slides are included to facilitate this. • Assessment questions are available, to be completed at the beginning and again at the end of the training. These will measure and reinforce the learning as a result of the training, whilst identifying areas that may need further study. • The participant can see their score and this information can be shared with their line manager. • A list of references and links to useful information is available in the toolkit. This enables participants to look up information to further their own knowledge and understanding.

Learning outcomes

On completion of the training and by following its guidance, staff should have acquired sufficient knowledge to improve the oral health of the people in their care. The possible benefits to the service users will mean that they will experience fewer complications due to poor oral health; thereby reducing their risk of dental disease, pain, infection, and the possibility of aspiration pneumonia.
All the recommendations for mouth care are based on guidance from, 'Delivering better oral health: an evidence-based toolkit for prevention' Public Health England updated March 2017
Delivering-better-oral-health-an-evidence-based-toolkit-for-prevention

Terminology

Some staff, volunteers or family carers may refer to the person they are looking after as a patient, client or even their loved one; for the purpose of this training, the term 'resident' will be used to reflect the individual being looked after.

The term 'oral' is used instead of 'dental', as 'dental' usually refers only to the teeth. Using the term 'oral' indicates all areas of the mouth.

The word carer is used here to describe a professional care worker but the information in the toolkit may equally be relevant to a family member or other carer.

An Oral Health Champion may be any member of staff who takes the lead on oral health within the care home and ensures that the recommended guidelines are put in place. The information for Oral Health Champions will be relevant to all care staff and is particularly useful for care home managers.

Using this information pack

The training is divided into six sections that can be completed in one session. There are two versions, the first, aimed at Oral Health Champions, has more detail, and follows the slides listed in this information pack (please look for the **OHC Slide** numbers in the tables). **Care home managers and staff undertaking oral health assessments should complete the Oral Health Champion training.**

Time can be a constraint in releasing staff to take part in training. Therefore, the training is designed so that it can be undertaken in short sessions focusing on one section at a time.

A shorter version, Carer training, is available to ensure that the message can be cascaded to all staff and this is designed to last approximately 60 minutes. To make training consistent and repeatable, a separate script is available to use with the Carer training slides. This includes a space at the end of each section for the trainer to add **Further notes** that relate to delivering care in an individual care home. The script is also embedded in this information pack, within the tables in each section, but with the additional information and detail that accompany the Oral Health Champion training. This extra information is useful for the prospective trainer to read through before the session and then this will help them to follow the information in the Carer training script. Please allow time to read and prepare for the session in advance of delivery if this is new information.

If no face to face delivery is possible, a recording with audio narration of these six sections is available in the toolkit. This can be used for group training, perhaps using it to play on a TV screen or monitor in a training room or by individual carers on a PC, laptop, or phone.

There are optional slides that can be lifted from the Oral Health Champion training presentation and added to the Carer training, to tailor the training to meet the needs of the residents in your care. There are also a variety of videos listed in the toolkit which you could show as part of the training.

Making training interactive helps with learning. This information pack includes a relevant discussion slide for each section, with some suggested points to raise. These can be added to the Carer training and are a useful way to focus the Oral Health Champion training.

Look for the dark blue slide.

Discussion slide

There is further information on certain topics that can be printed off to refer to after completion of the training and a summary at the end of each section to reinforce the key messages.

Workshop material

Practical - Toothbrushing Activity
What does it feel like to have someone else clean your teeth?

There is a suggested practical session on brushing each other's teeth, on page 17

Completing the NICE guidance Oral Health Assessment tool.

You could photocopy the pictures on pages 29 – 35 and use these as a workshop for staff to say which score they would give to a resident showing these features.

Teeth	Issues	Oral care needs

Use the tables on pages 41 and 42 to review what products to use and how to address certain issues that occur in the mouth

Assessment questions

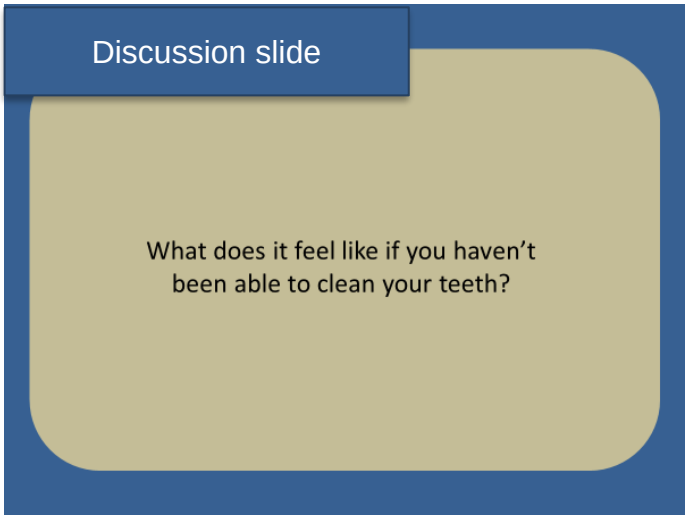
You will find a selection of assessment questions at the end of the information pack (pages 61-62) to gauge the knowledge gained. The questions can be printed out for people to fill in, or send it to people by email for them to fill in and send back for checking. Participants should choose the correct answer from the choices given and circle the answer.

It would be helpful to do this at the start of training (without giving people the answers), to gauge existing knowledge and to prime people for what to listen out for in the training session.

Also, you use it at the end of the session, allowing people to complete it on their own. Then going over the answers together which provides an opportunity to reinforce the correct answers and make sure everyone has understood the key messages.

Correct answers:
1.A, 2.B, 3.B, 4.B, 5.C, 6.C, 7.A, 8.A, 9.A, 10.B, 11.C, 12.A, 13.B, 14.C, 15.A, 16.B, 17.E.

Why oral health is important, NICE guidance and CQC requirements



You can feel the difference even if you just miss one brush. **Mouth care is an essential part of healthcare.** A clean, comfortable mouth is essential for good physical health and general quality of life as it is vital for speech, eating and feeling confident. Poor oral hygiene can result in the development of plaque on the teeth and gums. This can lead to gum disease and tooth decay both of which can cause pain. In addition, the bacteria that live in plaque can cause serious infections elsewhere in the body and poor oral is linked to diabetes, strokes, heart disease, obesity, lung disease and dementia.

The impact of poor oral health

The Alzheimer's Society highlight that maintaining oral health brings benefits in terms of self-esteem, dignity, social integration, and nutrition. Poor oral health can lead to pain and tooth loss, and can negatively affect self-esteem and the ability to eat, laugh and smile. https://www.alzheimers.org.uk/get-support/daily-living/dental-care

Oral diseases are among the most common non-infectious diseases despite being largely preventable. Oral health is an important part of general health and well-being.

Evidence shows that poor oral health in older people can lead to:

- Pain and discomfort, which can lead to impaired wellbeing, mood, and behaviour changes, particularly in people who cannot communicate their experience
- Speech problems and reduced ability to smile and communicate freely
- Problems chewing and swallowing which limit food choices and can lead to impaired nutritional status
- Poor quality of life
- Reduced self-confidence and increased social isolation
- Poor general health and premature mortality

There is a growing body of evidence to support a two-way relationship between poor general health and poor oral health. For example:

- Patients with diabetes and gum disease (periodontitis) would benefit from regular oral care
- There is an association between pneumonias and poor oral health
- There is a greater risk of developing tooth decay one year after being diagnosed with cognitive impairment
- There are associations between coronary heart disease, stroke, peripheral vascular disease, and oral health

For further information and references please see, Commissioning better oral health for vulnerable older people: Public Health England: September 2018 https://www.gov.uk/government/publications/commissioning-better-oral-health-for-vulnerable-older-people

Both dental pain and infection impair cognitive function which may already be reduced in adults with a learning disability or older people, especially those who have dementia. Aspiration pneumonia is a leading cause of death. Effective mouth care will help to reduce the number of bacteria retained in the mouth and studies have shown this leads to a decrease in the incidence of hospital/ care home acquired pneumonias.

Section 1 Training notes - Why oral health is important, NICE guidance and CQC requirements

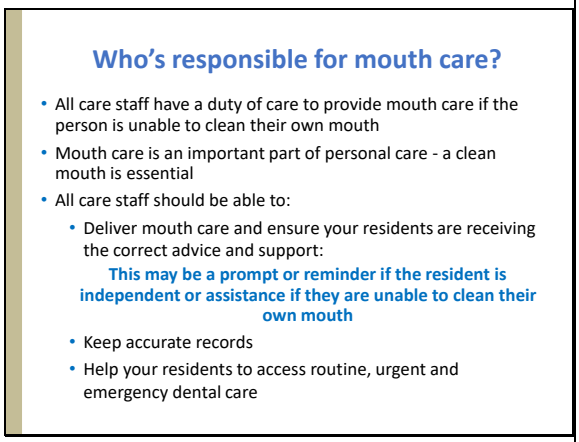
Slide 4 **OHC Slide 4**

As a person's ability to care for their own teeth changes this will affect their oral health. Oral health is important. Pain can change a person's behaviour and problems with the mouth could require treatment and even a stay in hospital.

Benefits for care staff:
Good oral care can help prevent oral disease and therefore reduce the possibility of a painful mouth. This in turn may:

- Encourage the resident to be more cooperative
- Mean that residents have fewer problems with eating
- Reduce bad breath and therefore create a more pleasant atmosphere
- Help care staff meet the health and welfare needs of their residents.

Slide 5 **OHC Slide 5**

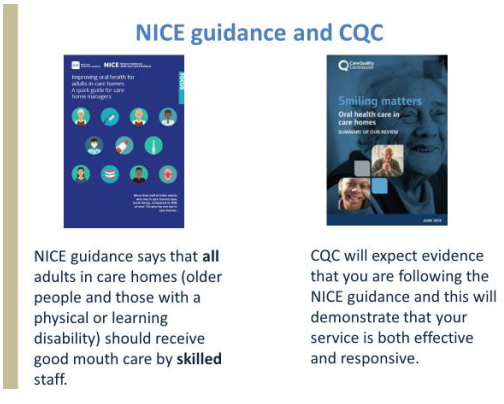


The Care Quality Commission (CQC) endorses the use of NICE quality standards and guidance to help identify and define good quality care.

CQC is now inspecting on oral health in care homes. Evidence about how you support residents to maintain good oral health will demonstrate that your service is effective and responsive.

Mouth care is an important part of personal care - a clean mouth is essential. All care staff have a duty of care to provide mouth care if the person is unable to clean their own mouth and to give advice and support to those who are independent.

OPTIONAL **OHC Slide 6**



This optional slide allows staff to see what the reports look like. It is important that care home managers and oral health champions read these documents.

The National Institute for Health and Care Excellence published a guideline called 'Oral health for adults in care homes' (NICE, 2016). www.nice.org.uk/guidance/ng48

The Care Quality Commission (CQC) Smiling Matters report. https://www.cqc.org.uk/publications/major-report/smiling-matters-oral-health-care-care-homes

Slide 6 **OHC Slide 7**

Oral health for adults in care homes NICE guidance NG48, 2015 and 2017

Care homes should:

- Ensure care home policies set out plans and actions to promote and protect residents' oral health and how to access dental services
- Ensure all staff have received oral health training
- 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 and seek dental care

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

OPTIONAL **OHC Slide 8 and 9**

You could use the optional slides as a basis for discussion on how you would answer these for your setting.

Questions that will be asked by CQC inspectors

Key Lines of Enquiry E5 (1) states:
How are people's day-to-day health and wellbeing 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?

Questions that will be asked by CQC inspectors

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 Guideline NG48?
- 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.
- Provide learning and development opportunities when identified or required and at least every 3 years.

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.

Oral health links to CQC KLOEs Effective: E1, E2, E4, E5, Responsive: R1 Safe: S3 and CQC fundamental standards: Person-centred care, Dignity, and respect.

Questions that will be asked by CQC inspectors:
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- Do people have easy access to toothpaste, toothbrushes, denture cleaning fluid?
- Do people have access to routine and emergency dental care?

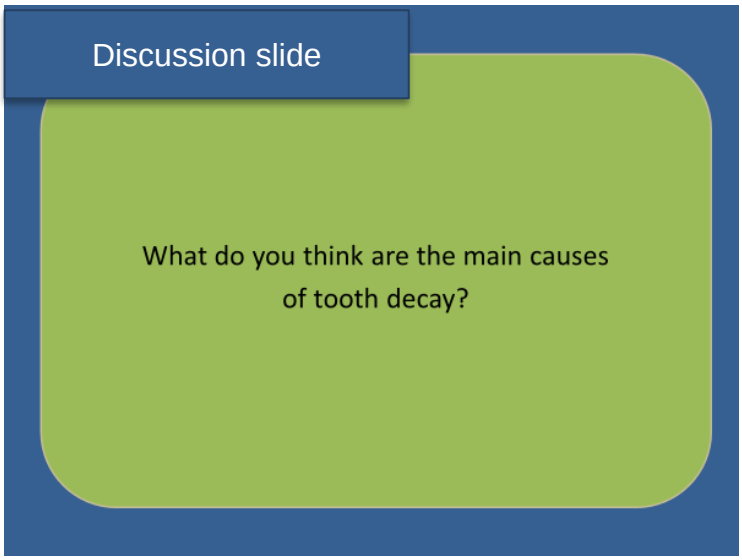
Summary
Why oral health is important, NICE guidance and CQC requirements

- Oral Health is important for general health
- The NICE guidance should be followed
- CQC will inspect on oral health and want evidence that staff are trained and following the NICE guidance

Good oral health helps residents maintain their health and wellbeing

CQC area	How Oral Health links into the Care Quality Commission standards
Safe	Care must include: • Oral health assessment, individualised care planning and recording mouth care. • Use of correct products for each individual and awareness of safety alerts. • Infection prevention control in delivering oral care.
Effective	• Evidence based oral care provided by confident, skilled staff. • Individualised mouth care plans that meet the individual's needs.
Caring	• Oral care delivered in caring and dignified way by skilled staff. • Increased mouth care for those at high risk. • Whole setting approach to oral health, including tooth friendly food choices, where appropriate.
Responsive	• Oral care checks to identify person's specific needs. • Tailored care planning to address these needs. • Person centred mouth care using suitable techniques and approaches. • Encouragement of maintenance of independent mouth care.
Well led	• Strategic leadership to implement a holistic approach to oral health. • Management led support for oral care including adequate staff training. • Staff communication regarding oral health needs of their clients and suitable documentation.

The causes of dental diseases



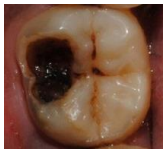
Discuss with the participants what they think causes tooth decay.

Consuming sugar in both food and drink too often is the main cause of tooth decay

How does decay happen?



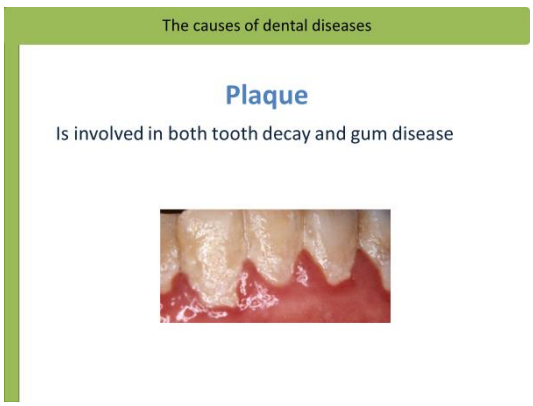




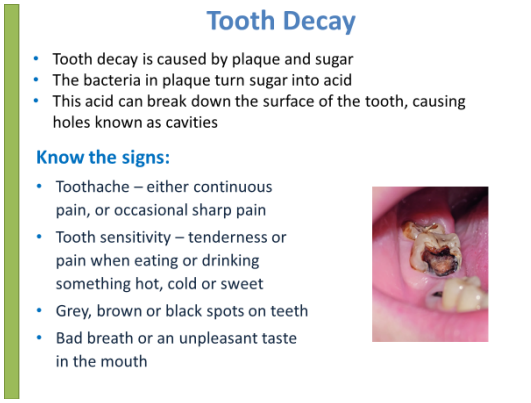
Plaque bacteria + Sugar = Acid + Tooth = Tooth decay

The bacteria in plaque convert the sugar in the sugary drinks and foods we eat into acid, and this acid reacts with the tooth, weakening the hard enamel surface. This is called an acid attack.
Each acid attack lasts approximately 30-60 minutes, until the saliva neutralises the acid and eventually starts to repair the damage (remineralisation). Many older people lack sufficient saliva and have a dry mouth which increases their risk of tooth decay.

The whole process of remineralisation and repair takes time. Repeated and prolonged acid attacks will eventually cause a hole or cavity to form which may lead to pain and infection.
Keeping foods and drinks containing sugar to mealtimes allows time for the teeth to recover and remineralise.

Section Two	**The causes of dental diseases**
Slide 9 **OHC Slide 12** 	The mouth is full of bacteria that combine with saliva to form a sticky film known as plaque, which builds up on teeth. Plaque is an important factor in the development of both tooth decay and gum disease. Some types of bacteria react with the sugar in our diet, producing acid which breaks down the tooth surface and causes tooth decay. Other bacteria in plaque irritate our gums, making them inflamed, causing them to bleed and potentially become sore.

Slide 10 **OHC Slide 13**



The more often in the day you eat food or drink containing sugar, the more likely there will be tooth decay. By keeping foods and drinks containing sugar to mealtimes this allows the teeth time to recover and remineralise.

Remember that older people may have a high sugar intake due to liquid medications containing sugar or food supplements such as Fortisip® or Ensure®. It is important to maintain their oral health and check the mouth for signs of decay.

The condition of the mouth can change quickly, and it is very important that proper oral hygiene is undertaken every day to prevent problems.

Slide 11 **OHC Slide 14**

Poor oral hygiene is the most common cause of gum disease, not brushing teeth properly and/or regularly, can cause plaque to build up on the teeth which can lead to gingivitis – red and inflamed gums, or periodontitis which is when teeth become loose.

Bleeding when toothbrushing indicates unhealthy gums and should not be ignored; continue to brush the area gently but thoroughly focusing around the gum margin.

Removing as much plaque as possible through toothbrushing and other methods reduces the amount of plaque. This in turn, reduces the inflammation.

Plaque is usually easy to remove by brushing and cleaning in-between the teeth. However, it can harden and form a substance called tartar if it's not removed. This sticks more firmly to teeth than plaque and can usually only be removed by an oral health professional.

Several things can increase the risk of developing gum disease, these include:

- Smoking
- Diabetes
- A weakened immune system – e.g. because of conditions like HIV and AIDS or certain treatments, such as chemotherapy
- Malnutrition
- Stress
- Taking medicines that cause a dry mouth (a common side-effect). These medicines include antidepressants and antihistamines.
- Age – gum disease becomes more common as you get older

As well as dealing with these risks (if possible), the key to preventing gum disease is removing the plaque with thorough toothbrushing and other methods which will be shown in section three on prevention.

Slide 11 (cont.) OHC Slide 14 (cont.)	
Check for allergy to Chlorhexidine products and record in notes. Medical Device Alert MDA/2012/075	Mouthwashes and other products containing Chlorhexidine Gluconate may help but remember to follow the manufacturer's instructions. If a resident brings these products with them into the care home, it is important that these are not used directly after brushing teeth with normal toothpaste. With prolonged use, or if used close to drinking tea or coffee, Chlorhexidine can stain natural teeth. This discoloration can be removed by a dentist, hygienist or therapist during the next dental cleaning and does not usually occur unless use exceeds several weeks.

Summary
The causes of dental diseases

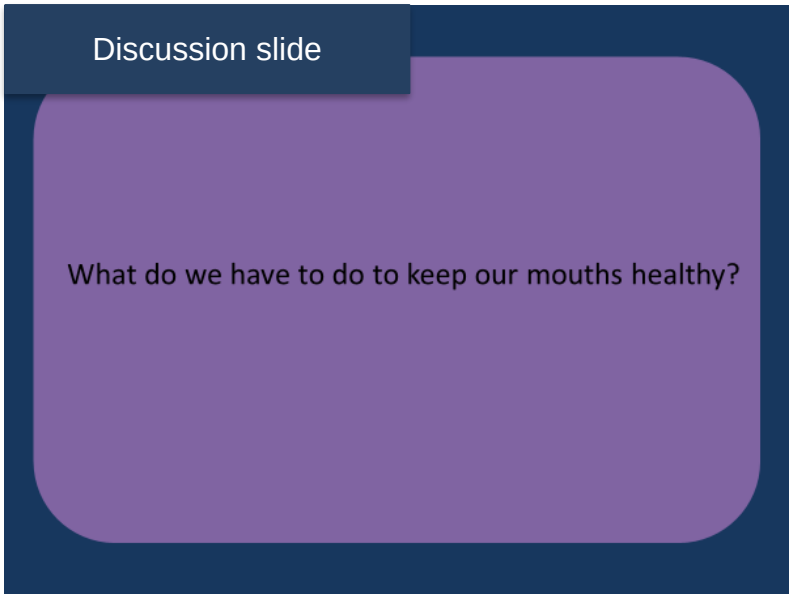
- Gum disease is caused by plaque
- Tooth decay is caused by sugary foods and drinks interacting with plaque
- Both tooth decay and gum disease are preventable through regular daily mouth care and dietary measures

Knowing the cause of dental diseases will help you to care for your residents

A dentist can diagnose the problem and provide advice, so it is important to have regular dental check-ups, but what's even more important is that effective oral hygiene is undertaken every day to prevent problems.

Oral hygiene is important for good oral health but so is being aware of the number of times the resident has drinks and foods containing sugar. Remember that older people could have a high sugar intake due to their medications or the diet they need. In these cases, good oral hygiene is even more important.

Prevention - key messages for oral health



The following information on prevention of dental disease is in line with recommendations from the Department of Health publication 'Delivering Better Oral Health: an evidence-based toolkit for prevention.' The guidance is suitable for individuals who are able to perform their own mouth care and for carers or staff that support others. The advice in this section therefore applies to everyone and not just residents.

Ask the particpants to list what they do to look after their mouth, then check with the list below:

Looking after your mouth

- Brush your teeth at least twice a day with fluoride toothpaste containing 1350 – 1500 parts per million fluoride (ppm) fluoride. Brush last thing at night, so that the fluoride continues to protect the teeth while you sleep, and on at least on one other occasion
- Your dentist may prescribe toothpaste with a higher fluoride level if you are at particular risk of tooth decay
- Brush all surfaces of each tooth carefully and the gum line
- Spit out after brushing but do not rinse away the toothpaste as this reduces the effectiveness of the fluoride – spit don't rinse
- Choose a toothbrush with a small head and medium-textured bristles, you can use either a manual or electric toothbrush
- If you need support to brush your teeth, toothbrush adaptations are available
- Replace your toothbrush regularly, every one to three months or when the bristles are worn
- Reduce the amount and number of times you have foods and drinks that contain added sugars
- Reduce the amount of sugar-sweetened drinks you consume, such as fizzy and soft drinks and squash
- Avoid sugary foods and drinks just before bedtime as the saliva flow in the mouth slows down when you sleep, and can increase the risk of tooth decay

Brush teeth and gums twice a day with a fluoride toothpaste for two minutes, especially at night before bed.

See further information at: A quick guide to a healthy mouth in adults: PHE 2017
Healthy_mouth_adults_quick_guide.pdf

Practical - Toothbrushing Activity

What does it feel like to have someone else clean your teeth?

Timing

The activity should take between 10-20 minutes, allowing each person in the pair to experience cleaning someone's mouth and having their own teeth brushed; this includes time for a discussion afterwards about the experience and a demonstration of the ideal technique.

You will need

Please follow any local guidance regarding social distancing and the use of personal protective equipment (PPE). Each participant will need to bring in their own toothbrush and toothpaste (a supply of disposable brushes for those who forget may be useful, especially if it means they use the brushes that are given out in your setting if someone hasn't got their own). Please advise them to only use their own brush in their mouth.

In addition, you should have tissues available, access to a sink or a cup of water (for wetting the brush before you start but not to rinse out after brushing). A chair to sit on whilst having their teeth cleaned. (If there is access to a bed this would also be valuable - to experience cleaning someone's teeth whilst they lie down).

Toothbrushing Activity

1. Find a partner and agree who will brush and who will have their teeth brushed.
2. The person doing the brushing should practice what to say before starting and keep talking to reassure as they brush the teeth.
3. Wear gloves and make sure to only use your own toothbrush in your mouth.
4. Clean your partner's mouth as you would usually do your own teeth.
5. Just do your best and don't worry if it is not a perfect clean. You will learn more as part of the training.

Things to think about

- What does it feel like to have your mouth cleaned for you?
- Does it feel better to brush someone's teeth or have your own teeth cleaned?
- Did you feel able to ask for a rest? Or ask for the technique to be changed e.g. to be more gentle?
- What are some of the issues this activity has raised?
- How will you use this knowledge when caring for someone's mouth?

Learning points

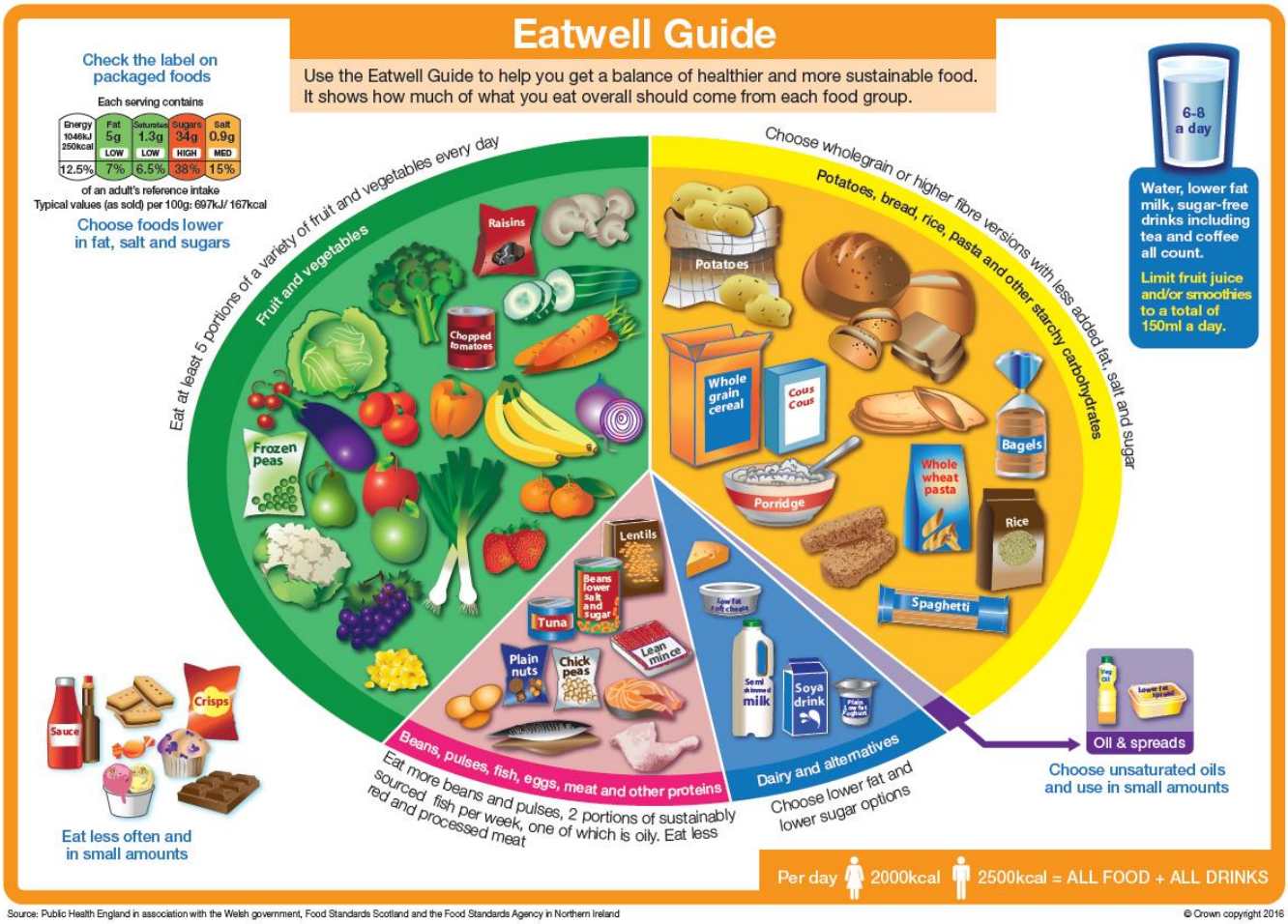
- If some individuals didn't agree to participate, discuss the feelings and beliefs that made them make this decision. How does this information impact on the care we provide for other people?
- The mouth is an intimate space, and it feels quite intrusive to have someone else clean your teeth.
- It feels quite different compared to when we do it for ourselves.
- When we clean our own teeth, we are aware where we will be moving the brush and we naturally work with this to open and close our mouths as needed and keep our tongue out of the way. This is not the same when someone else is cleaning our mouth. Even so as healthy, compliant individuals we are able to try to co-operate and will do our best to facilitate the process. This is not always possible especially for some residents e.g. those with dementia.
- Mouth care is an important part of personal care and if not carried out may cause other problems for the individual, so we should encourage people in our care to undertake oral hygiene. If they are unable to do this for themselves then we should give them the support, they need to do so.

Section Three	Prevention - key messages for oral health
Slide 14 **OHC Slide 17** 	Good oral hygiene is essential for prevention of oral diseases. Both tooth decay and gum disease can both be prevented or reduced by regular toothbrushing with fluoride toothpaste. The physical removal of plaque and the action of the fluoride in toothpaste help prevent dental disease. It is the fluoride that is important to prevent and control tooth decay. For residents who have their own teeth, the following will help to maximize the preventive action of toothbrushing: • Brush the resident's teeth at least twice a day with fluoride toothpaste containing 1350 – 1500 ppm fluoride • Brush the resident's teeth last thing at night, so that the fluoride continues to protect the teeth whilst asleep, and on at least one other occasion • Brush all surfaces of each tooth carefully and the gum line to remove plaque and food • Ask the resident to spit out after brushing, but do not rinse as this will reduce the effectiveness of the fluoride. Mouthwash can be used at a separate time to brushing as long as the resident will not swallow it. • Ideally, you should clean between the resident's teeth using interdental brushes or floss, but this may be difficult to do in somebody else's mouth.
Slide 15 **OHC Slide 18** 	• Use the resident's choice of toothbrush, either manual or electric/battery powered • For manual toothbrushes, use a small headed toothbrush. • Remember that toothbrushes should be replaced every three months, or sooner if required, for example when the bristles become splayed. • Use a pea-sized amount of toothpaste. Not all toothpastes contain the right amount of fluoride – always check the packet. Higher concentration of fluoride in toothpaste leads to better control of tooth decay. The dentist may prescribe high fluoride toothpaste for residents at higher risk of tooth decay and these are used in the same way as other toothpastes. These are not available to buy over the counter. Unflavoured, low foaming toothpaste can be useful if the mouth is dry, sore or the person has swallowing difficulties, one example is such as OraNurse®, but other brands are available.

Section five includes more information on useful products and also see the toolkit for further information.

Looking after the mouth supports nutrition and hydration

Retaining healthy, functioning natural teeth is important as it will maintain the ability to chew a healthy and varied diet. In the UK, the Eatwell Guide represents government recommendations on a healthy, balanced diet to promote long term health at a population level.



The Guide and supporting booklet can be accessed via: GOV.UK: The Eatwell Guide, Eatwell Guide Booklet. More information is also available on NHS.UK: https://www.nhs.uk/live-well/

For information about 5 A Day see: 5 A Day

Naturally occurring sugars such as those in fruit or milk are not added sugars. Added sugars are sugars and syrups that are added to foods or drinks when they are processed or prepared. Examples of added sugars seen on ingredient labels include, corn sugar, dextrose, fructose, glucose, high-fructose glucose syrup, honey, maple syrup, agave syrup, maltose, molasses, and sucrose. To find out more about added sugars visit: Added sugars

Eat Plenty	Eat in moderation	Eat sparingly

Nutrition labels can help you choose between products and keep a check on the amount of foods you're eating that are high in fat, salt and added sugars.

Colour coded labels tell at a glance if a product is high, medium, or low in fat, saturated fat, sugars, and salt. For a healthier choice, try to pick products with more greens and ambers and fewer reds.

Slide 16 **OHC Slide 19**

Keeping sugars to mealtimes limits the number of acid attacks which reduces the risk of decay.

Diet plays an important role in the prevention of tooth decay. If possible, encourage residents to:

- Reduce the amount and number of times foods and drinks that contain added sugars are consumed in a day
- Ideally consume sugary foods and drinks only at mealtimes as this will reduce the amount of times teeth are exposed to sugar which will help prevent tooth decay.
- Low sugar, tooth-friendly snacks to eat between main meals may include items such as: fruits and vegetable sticks, breads products e.g. bagels, or toast with lower fat spreads, plain yoghurts with fresh fruit.
- This may not be possible, as residents may also have a high sugar intake due to liquid medications containing sugar, or food supplements such as Fortisip® or Ensure®. In these cases, good oral hygiene is even more important.
- Reduce consumption in small steps to make the transition easier
- Try tooth friendly snacks, savoury foods, or fresh fruit, instead of biscuits, cakes, and sweets.
- If possible, residents should avoid sugary foods and drinks just before bedtime as the saliva flow in the mouth slows down when you sleep, and this can increase the risk of tooth decay.

How much to drink

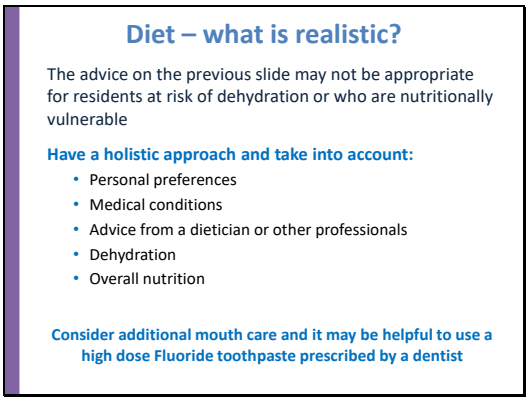
The Eatwell Guide recommends that everyone drinks around 6-8 cups/glasses, (typically containing 200 – 250ml) of fluid a day. How much a person should drink will depend on medical history, mobility, age, weight and also the climate.

What to drink

Water is the best type of fluid to drink and drinks based on milk are preferable to just sugary drinks, both from a nutrition perspective and from an oral health perspective. Fluid intake can include lower-sugar or sugar-free drinks including sugar-free squash, tea, and coffee. Fruit juice and smoothies do count towards fluid consumption and '5-A-Day', but they contain free sugars that can damage teeth, so limit these drinks to a combined total of one glass (150ml) per day and preferably drink at a mealtime. Soup and jelly also contribute to fluid intake.

It is important that residents have a choice of foods and drinks and that sweetened foods and drinks are not the most accessible option. Information should be available, where possible, to assist residents and the staff caring for them in making healthy choices, including clear labelling on sugar content, and highlighting tooth friendly options.

Slide 17 **OHC Slide 20**



The current best practice advice for snacks and drinks in relation to oral health may not be appropriate for a large proportion of older people in care homes.

The current best practice advice for snacks and drinks in relation to oral health is about, reducing the amount and number of times you have foods and drinks that contain added sugars and about avoiding sugary foods and drinks just before bedtime.

This may not be appropriate for a number of care home residents. A high proportion of residents are likely to be nutritionally vulnerable and at increased risk of dehydration. It is therefore important that oral health advice is given with a proper understanding of the dietary needs and risks of this group. Inappropriate advice could seriously compromise older people's hydration, nutrition, and social enjoyment.

Have a holistic approach, taking into account:

- The resident's personal preferences.
- Any medical conditions they may have.
- Advice from a registered dietician or other professionals relating to their overall health and wellbeing.
- Their risk of dehydration and overall nutritional status.

High-sugar drinks:
Many of the drinks that care home residents need or prefer contain high levels of sugar.

- Nutritional supplement drinks
- Fruit smoothies and fruit juice
- Squash and juice drinks
- Tea and coffee with added sugar
- Malted drinks
- Fizzy drinks

These all have the potential to cause decay in residents with natural teeth, especially if they are drunk slowly and spread out over a period of time. For residents this could be the case for a number of reasons. They should, if appropriate, be drunk as quickly as possible and through a straw**, if the resident is able to do so safely**. In a care home environment, there is an increased risk of residents having dysphagia, (a difficulty with swallowing) and a straw may introduce fluid quite far back in the mouth making aspiration more likely. If necessary, consult with other professionals such as a registered dietitian or a speech and language therapist.

Additional mouth care is necessary for residents who choose or need to drink these to maintain their nutrition and hydration levels. It may be helpful to get input from the resident's dental team and this may include use of a high dose fluoride toothpaste prescribed by a dentist.

Slide 17 (cont.) **OHC Slide 20 (cont.)**

Caring for someone on food supplements and/or sip feeds

Adequate nutrition is essential for health and for tissue viability. Malnutrition can delay recovery from illness and put the person at risk of further disease. When not enough calories are consumed through normal food and drink, then additional measures may be taken to increase intake, this could be through nutritional supplements.

It is essential that professional nutritional advice is sought from a registered dietician and the potentially harmful effects on the teeth should be minimised by following a thorough preventive regime.

Carry out routine mouth care and, in addition, consider trying:

- Taking frequent sips of water especially if the mouth is dry.
- More frequent toothbrushing, carried out at different times during the day.
- Using a high dose fluoride toothpaste prescribed by a dentist.

Check with a registered dietician and/or speech and language therapist if it may be possible to:

- Use nutrient dense food fortifiers (e.g. skimmed milk powder, Greek yoghurt, cheese, ground almonds, nut butter, soya powder, pea protein powder) instead of calorie dense fortifiers (e.g. butter, cream, sugar). This is good from a nutritional perspective and may cause less tooth decay.

- Use a straw to help minimise the contact between the food supplement/drink and the teeth and thereby reduce the risk of decay (only do this if the person will still consume the same amount, as sucking through a straw is harder and there may be a risk that they will not ingest sufficient calories).

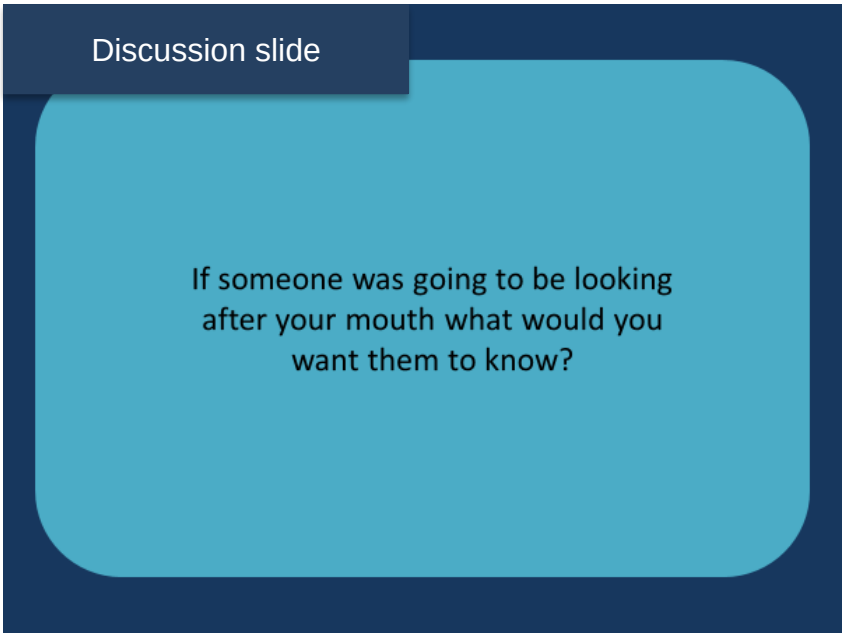
Summary
Prevention - key messages for oral health

- Brush teeth and gums twice a day.
- Use a fluoride toothpaste containing 1350 - 1500ppm
- The brush at bedtime is the most important
- Clean all surfaces to remove plaque and food
- Spit but do not rinse with water at the end of two minutes brushing
- Mouthwash may be used at a separate time to brushing

Toothbrushing, diet and dental visits are the main steps towards good oral health, but may need some adaptations for older people

- Use the resident's choice of toothbrush, either manual or electric/battery powered
- Brush the resident's teeth twice a day, last thing at night and at least one other time during the day, using fluoride toothpaste containing at least 1350 – 1500ppm of fluoride.
- Ask the resident to spit the toothpaste out after brushing and do not rinse.
- If the resident uses a mouthwash, then use this at a different time to toothbrushing
- Have sugary drinks and foods less often, if possible.
- See a member of the dental team regularly, and as often as they recommend.

How to assess the mouth, plan mouth care and record



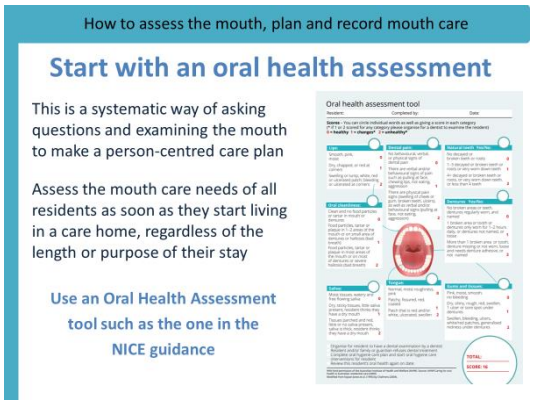
Ask the participants what things you would want someone to consider if they were going to be caring for their mouth:

Things to discuss:

- What does my mouth look like
- Are there any issues/concerns/ sensitive areas
- My likes and dislikes, which products, time of brushing etc.
- What support I need and how I feel about someone cleaning my teeth
- When did I last go to a dental appointment
- What other factors might need to be considered e.g. do I smoke or drink

Section four How to assess the mouth, plan and record mouth care

Slide 20 **OHC Slide 23**

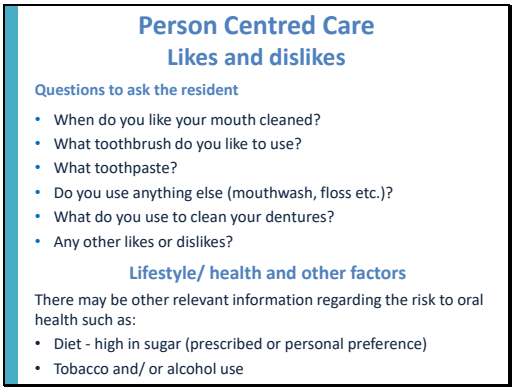


Recording oral care is essential, it is evidence that care is taking place. Documentation should include an assessment on entering the home, an oral care plan and daily recording.

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.

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

OHC Slide 23 (cont.)	**Oral Health Assessment - consider:** • 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? *Show the assessment tool used in the home or show examples from the Toolkit (ideally, pass around copies so that staff can look at it).* Nice/quick-guides/improving-oral-health-for-adults-in-care-homes
Slide 21 OHC Slide 24 	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.

Slide 22 **OHC Slide 25**

Level of support

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?

Can the individual:

- Carry out all aspects of toothbrushing
- Clean dentures if they have them

Level of support

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

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.

Slide 23 **OHC Slide 26**

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 and consider referring to a dentist

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.

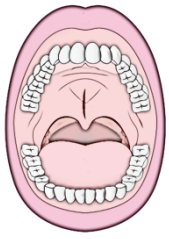
How to find a dentist will be covered in section 6 of this training

Slide 24 **OHC Slide 27**

Oral Health Assessment: Check the mouth

Check and record:

- Does the person have natural teeth? How many?
- Do they have dentures? If yes, are they able to wear them?
- What type? Full or partial? Upper or lower?
- Are there metal parts?
- Are they named?
- Where are these kept if outside the mouth?
- Then look inside and check the mouth



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.

Slide 25 OHC Slide 28

ORAL ASSESSMENT GUIDE – (USE PEN TORCH - if available)	
Physical feature:	**Look for:**
Lips (and corners of mouth).	Cracks, bleeding, change in colour, lumps, or soreness.
Oral cleanliness	Food debris, plaque, tartar, bad breath (halitosis)
Saliva	Pooling in floor of mouth, thick saliva, and dryness
Dental pain	Check for verbal or physical or behavioural signs of pain
Tongue	Inspect top, sides and under the tongue. Look for unusual coating, ulceration, blisters, dryness, redness.
Natural teeth	Decay, loose, or broken teeth, any crowns or bridges, missing fillings.
Dentures	Remove dentures, check their condition, and check the skin underneath in the mouth.
Gingivae (gums)	Bleeding, redness, swelling, soreness.
Tissues - mucous membrane (the skin in the mouth)	Include the back of throat and inside the cheeks. Observe for unusual coating, ulceration, bleeding, discharge, or dryness.

Check teeth for decay, sharp edges, or if they are broken. If concerned record your findings, inform your manager, and consider referring to a dentist.

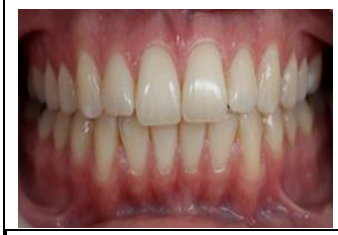
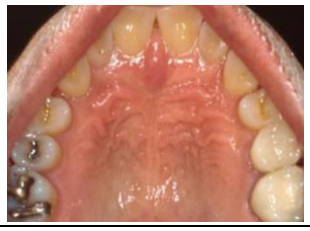
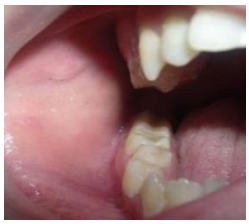
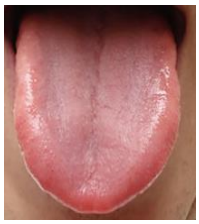
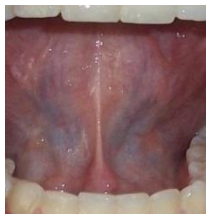
Check the fit of the dentures and look for cracks, sharp edges, or missing teeth. Ill-fitting or broken dentures can cause damage to the mouth so document in the notes the reason(s) for not inserting dentures and notify the family and your manger.

Slide 26 OHC Slide 29

Knowing what a healthy mouth looks like helps carers to recognise what may not be healthy.

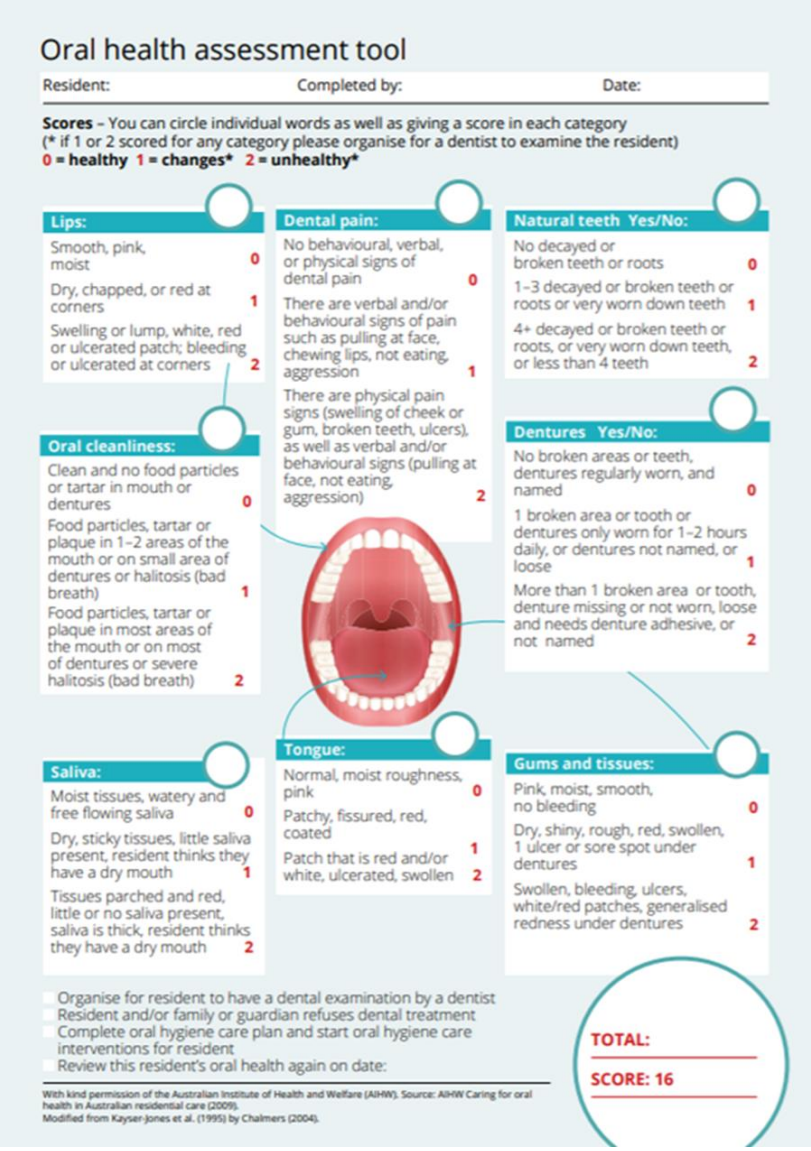
This is not to diagnose oral conditions but merely to help carers recognise what is healthy and what is not and when there is a need to seek advice from a dentist or doctor.

What does a healthy mouth look like?

Gums	Teeth	Skin	Tongue	Saliva
Gums are pink and firm and do not bleed when brushed.	The tooth surfaces are sound with no build-up of plaque. Any fillings are intact and there are no obvious decayed or broken teeth.	The skin in the mouth is pink with no sign of ulceration, swelling, red or white patches.	The tongue is pink, symmetrical, has a slightly roughened surface and is moist.	Saliva is present and pools under the tongue.

OHC Slides 30 - 37



The following slides give a systematic approach to checking the mouth and indicates what to look for in each of the sections when completing the NICE guidance Oral Health Assessment tool.

This assessment tool allows each of the following to be scored 0,1 or 2 depending on the listed criteria making a total score out of 16 for the whole mouth:

- Lips
- Oral Cleanliness
- Saliva
- Dental pain
- Tongue
- Natural teeth
- Dentures
- Gums and soft tissues

If the person has a score of 1 or 2 in any section then this will need careful recording, a senior member of staff or the manager should be informed, and consider referring to a dentist.

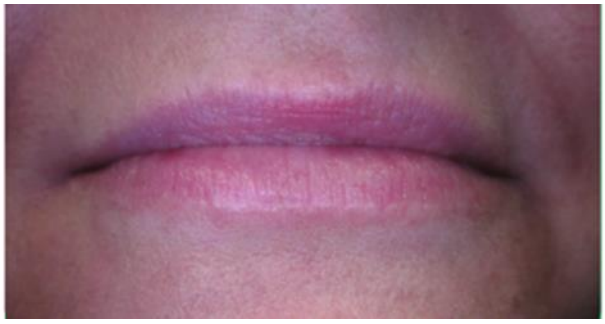
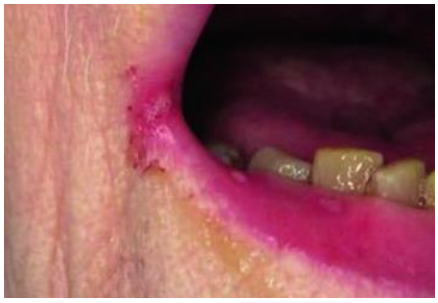
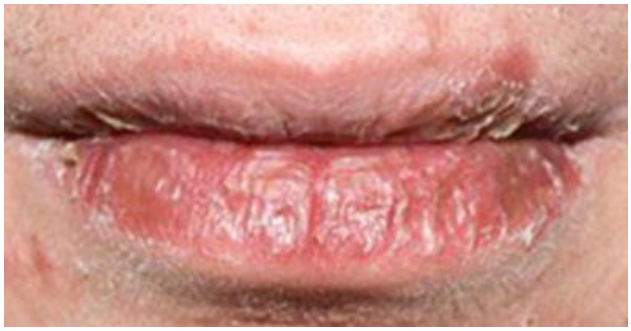
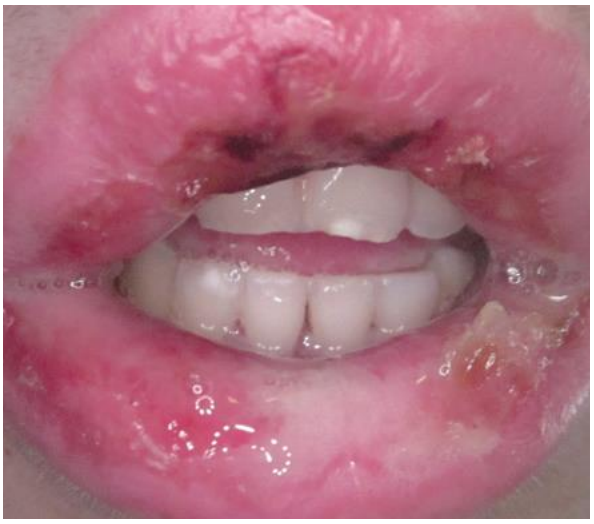
You can download a copy of the NICE guidance Oral Health Assessment tool:

NICE /quick-guides/improving-oral-health-for-adults-in-care-homes

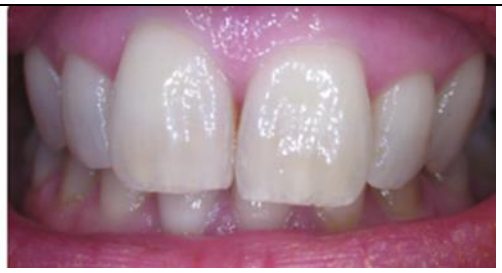
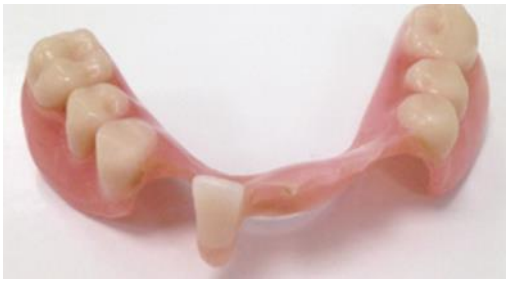
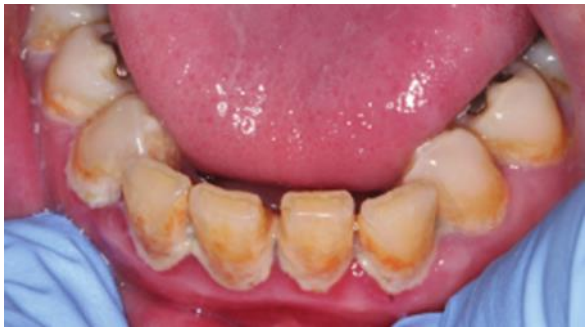
The mouth should be reassessed in line with other care planning e.g. monthly, but an assessment should be repeated more often for those that have a higher score. This is a way of tracking improvement or deterioration in the overall condition of the mouth.

You could photocopy the pictures on pages 29 – 35 and use these as a workshop for staff to say which score they would give to a resident showing these features.

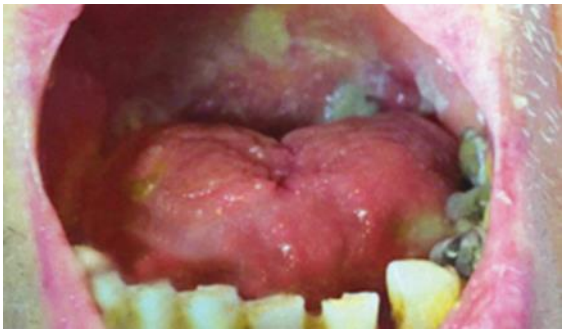
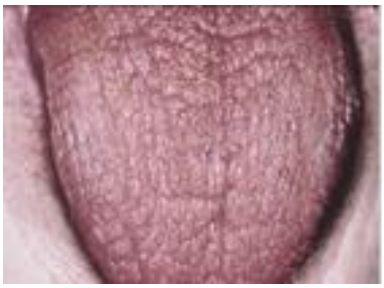
1. Lips

	Smooth, pink, and moist **0**
 	Dry, chapped, or red at corners **1**
	Swelling or lump, white, red, or ulcerated patch; bleeding or ulcerated at corners **2**

2. Oral cleanliness

 	Clean and no food particles or tartar in mouth or dentures **0**
	Food particles, tartar, or plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath) **1**
	Food particles, tartar, or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) **2**

3. Saliva

	Moist tissues, watery and free flowing saliva **0**
	Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth **1**
	Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth **2**

4. Dental pain

Dependent on baseline behaviour

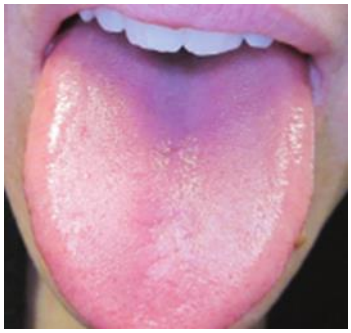
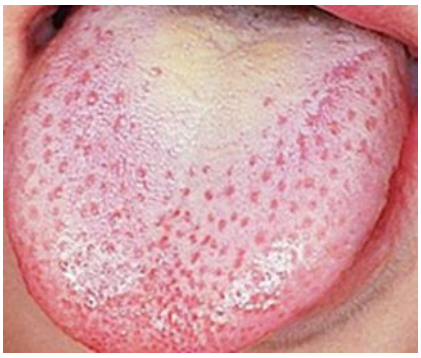
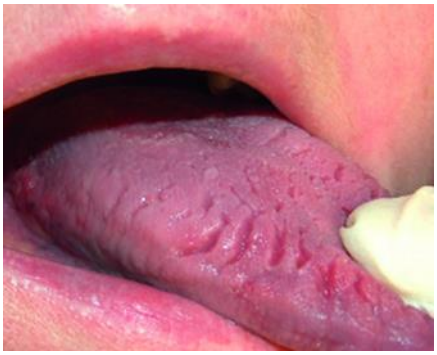
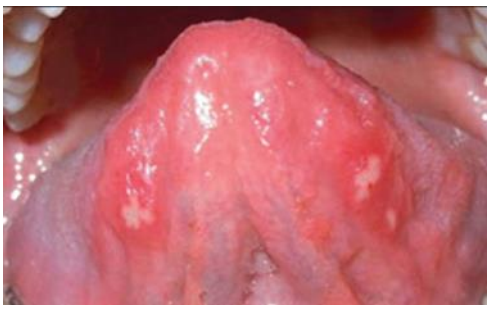
Signs of dental pain if unable to communicate

- 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

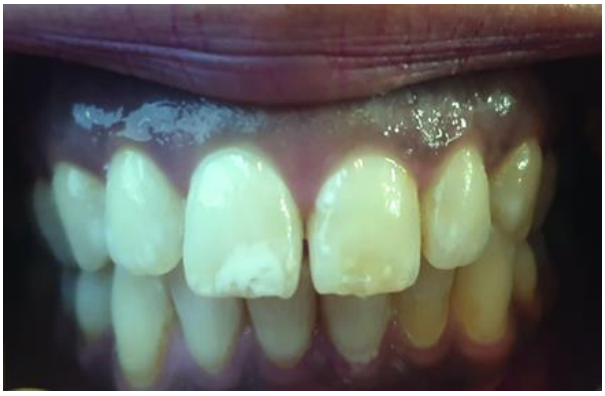
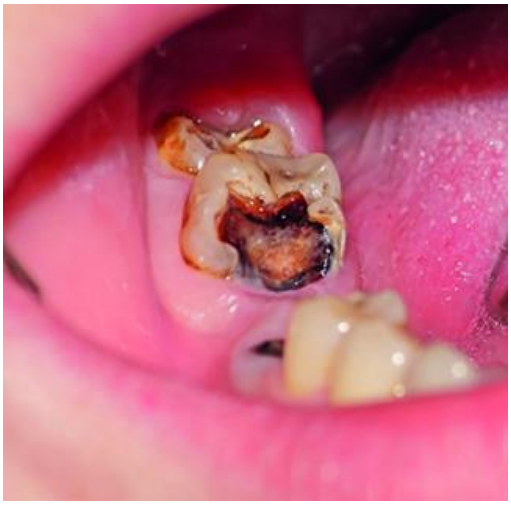
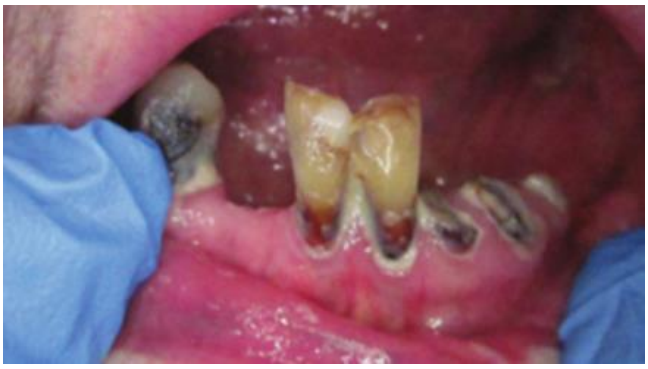
Always consider if a change in behaviour might be due to dental pain.
If concerned, tell your manager, and consider referring to a dentist.

No behavioural, verbal, or physical signs of dental pain	**0**
There are verbal and/or behavioural signs of pain such as pulling at the face, chewing lips, not eating, aggression	**1**
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**

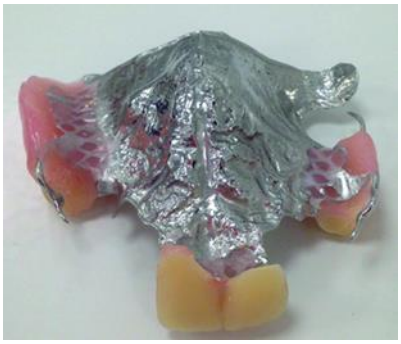
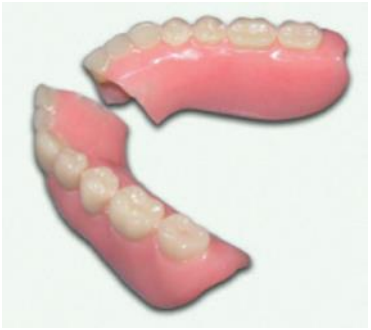
5. Tongue

	Normal, moist roughness, pink **0**
 	Patchy, fissured, red, coated **1**
	Patch that is red and/or white, ulcerated, swollen **2**

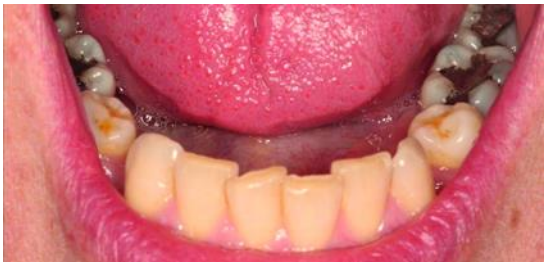
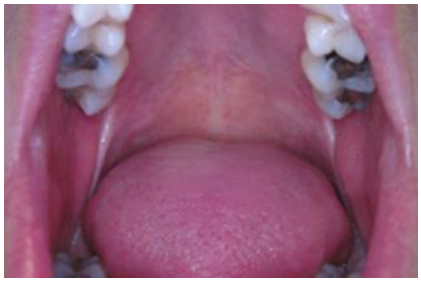
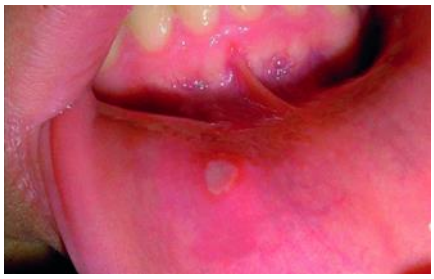
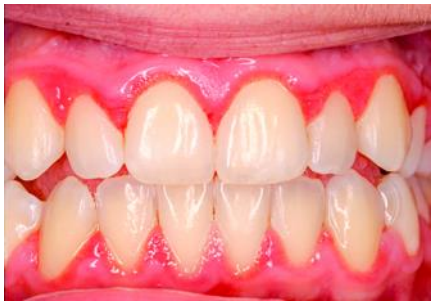
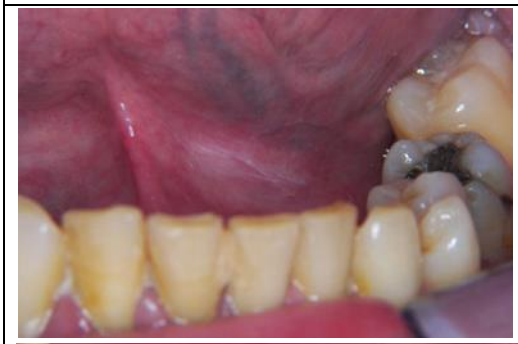
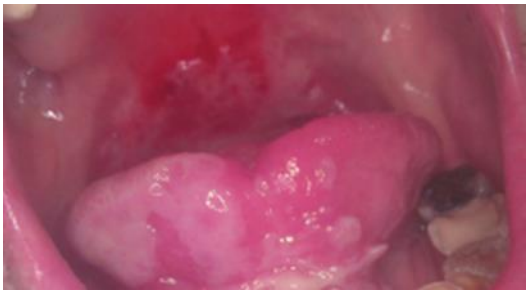
6. Natural teeth

	No decayed or broken teeth or roots **0**
	1-3 decayed or broken teeth or roots or very worn down teeth **1**
	4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth **2**

7. Dentures

 	No broken areas or teeth, dentures regularly worn, and named **0**
	1 broken area or tooth, or dentures only worn for 1-2 hours daily, or dentures not named, or loose **1**
	More than 1 broken area or tooth, dentures missing or not worn, loose and needs denture adhesive, or not named **2**

8. Gums and tissues

 	Pink, moist, smooth, no bleeding **0**
 	Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures **1**
 	Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures **2**

Any ulcer present for two weeks or more must be investigated by a dentist – even if painless.

Be alert for anything that looks unusual. Oral cancer can affect the lips, mouth, or throat.

Early detection of mouth cancer is important **'If in Doubt - Check It Out'** - visit a dentist regularly

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

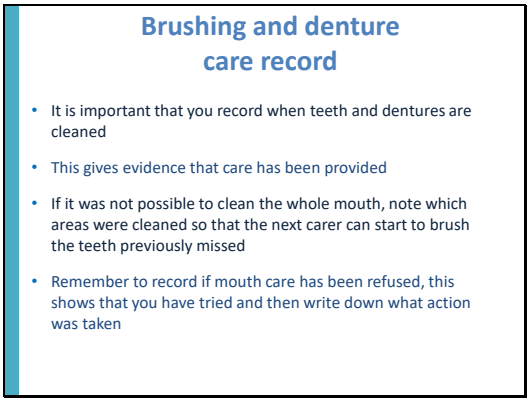
- An ulcer or sore in the mouth or on the tongue that persists for more than 2 weeks.
- A red or white patch in the mouth, on the gums, tongue, or lining of the mouth
- A lump anywhere in the mouth.
- Swelling of the jaw that causes dentures to fit poorly or become uncomfortable.
- Difficulty in chewing 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.

For more information visit: https://www.nhs.uk/conditions/mouth-cancer/

Remember: dentists check for mouth cancer so regular check-ups are important even for residents with no teeth.

Slide 28 **OHC Slide 38**	
Care Plans • Residents need a person-centred care plan, that addresses all their needs, personal preferences and clear information on the details of mouth care to be provided • All care plans must be up to date and have review dates (usually monthly) It should include: • Details of mouth care (how, when and the person responsible) • The products to use, including toothpaste, toothbrush, denture cleaner and denture pot • Level of co-operation and support needed • Mobility and how the person will access the dentist • The date and outcome of any visits to the dentist	The assessment is used to develop a person-centred care plan for that individual resident. 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 maximise 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 *Show the care plan template used in the home or show examples from the Toolkit (ideally, pass around copies so that staff can look at it).*

Slide 29 **OHC Slide 39**



Introduce how mouth care is recorded in the home – this is evidence that the care has been provided to meet the needs of that resident as detailed in the care plan.

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.

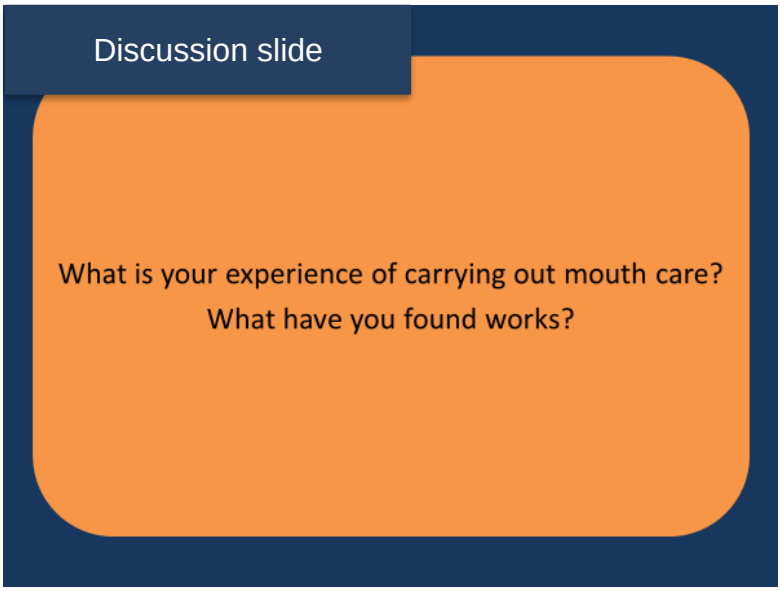
Summary
How to assess the mouth, plan mouth care and record

- Assessing each resident allows you to plan their mouth care to meet their needs and pick up on any issues they may be experiencing
- It is important to review the care plan regularly, as things can change quickly in the mouth and the person may not always be able to voice their concerns
- Using documentation allows everyone to know if mouth care has been carried out and staff can retry if it was missed

Staff should know how to report oral health concerns and seek access to dental care

The appropriate mouth care plan for each resident will be determined by the assessment. Care is then carried out following the care plan developed using evidence based best practice.

How to support residents with their daily mouth care



We can all learn from one another and by discussing and sharing our experiences we can find out what works for certain residents.

This is valuable information that should be included in the care plan.

Having a consistent approach and using the techniques that work for that individual will mean more effective mouth care is provided.

Section five How to support residents with their daily mouth care	
Slide 32 **OHC Slide 42** **Infection prevention and control** • All staff should follow their local infection prevention and control guidance which include hand hygiene, cleaning of equipment and use and management of personal protective equipment • Be prepared - get everything you need before you start • Each resident should have a named toothbrush and individual holder, and/or a named denture brush/toothbrush for cleaning their dentures. • Rinse toothbrushes, then store upright in ventilated holder to air dry, placed in a clean cupboard to prevent contamination • Residents who carry out their own oral care should be encouraged or helped to ensure their oral care equipment is kept clean	Always consider the resident's needs, offering them respect, dignity, and privacy when supporting them with mouth care. This section provides information that will help care staff complete and follow a care plan and deliver effective mouth care for each resident. **Infection prevention and control:** All staff should undergo training in infection prevention and control and are expected to follow their local infection prevention and control policy based on national guidance. This will include hand hygiene, cleaning of equipment and use and management of personal protective equipment (PPE) such as disposable gloves, fluid resistant surgical masks, eye protection and aprons. **Residents who carry out their own oral care should be encouraged or helped to ensure their oral care equipment is kept clean.**

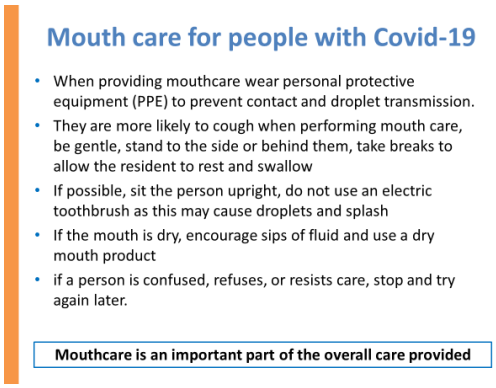
OHC Slide 42 (cont.)

Be prepared - get everything you need before you start.

- Wash hands thoroughly; cover cuts, abrasions and breaks in the skin with a waterproof dressing; and wear a new pair of disposable gloves when dealing with each resident. Dispose of the gloves and wash hands again after assisting each resident.
- Ensure the water source being used is drinking water.
- Each resident should have their own individual toothbrush and individual ventilated holder.
- Toothbrushes and holders should be labelled with the resident's name using an indelible pen.
- Rinsing of toothbrushes must be thorough but they should not be soaked in cleaner/disinfectant.
- They should be stored upright in the individual ventilated holder ideally inside a clean, dry cupboard allowing them to air dry.
- Toothbrushes must not be exposed to environmental contamination e.g. from a flushing WC or someone's dirty hands.
- Toothbrushes should be replaced every three months, or sooner if required, for example when the bristles become splayed.
- Tubes of toothpaste can be cleaned with a damp tissue.
- Do not share tubes of toothpaste or toothbrushes between residents, as this is a source of cross-infection.
- Each resident should have a different named denture brush/ toothbrush just for cleaning their dentures.
- Denture containers should be named and must be emptied, washed, rinsed, dried, and stored dry in an appropriate area when not in use.

Slide 33

OHC Slide 44



Mouthcare is an important part of the overall care provided whilst a resident has Covid-19.

Follow local guidance for PPE, such as wearing a fluid resistant surgical mask (IIR), gloves and disposable apron and eye protection for all oral health assessments, provision of mouthcare and denture cleaning during the COVID-19 outbreak.

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Slide 34 **OHC Slide 45**

If a resident can undertake their own mouth care, staff can still reinforce the importance of cleaning their teeth and give any advice about the best way to do this including the key oral health messages.

Remember to check they have access to the bathroom and suitable products.

Slide 35 **OHC Slide 46**

Some people will need some support with their mouth care. Where possible, prompt, encourage and support the person to manage their own mouth care as much as possible.

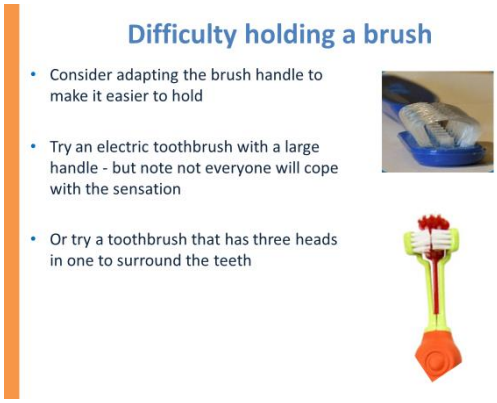
Carry out the task in a quiet distraction-free environment with sufficient light, and where the resident is most comfortable.

- You may consider demonstrating with a toothbrush or showing pictures of someone cleaning their teeth
- They may just need help to put toothpaste on their brush or to get the items ready.
- Constantly check the person is OK and reassure them
- Use the best time of day for that person, first thing in the morning can be a busy time and you may get a better clean later in the morning.

Using the right tools and techniques will ensure mouth care is delivered in a way that maximises the benefit to the individual's oral health. An electric toothbrush cleans teeth very effectively if the resident has one and can tolerate it. It also makes it easier for a carer to clean someone else's mouth

Keep a record of what works in the care plan.

Slide 36 **OHC Slide 47**

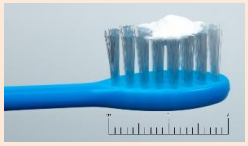
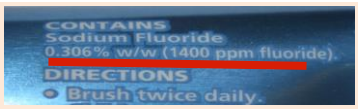


Some residents may find it hard to hold a toothbrush handle. Just like cutlery, a toothbrush can be adapted with foam or piping to make it easier to hold.

If the person has one and can tolerate it, an electric toothbrush can be easier to hold.

If these methods do not work then consider using a specialist toothbrush which cleans all 3 tooth surfaces at once.

Please look at the resources section in the Toolkit for more information on these.

Toothbrushes	Issue	Care
	Natural teeth	Use a small headed brush with a pea sized amount of fluoride toothpaste. For a sensitive mouth use a soft brush
 	Limited manual dexterity	If tolerated use an electric toothbrush as it is easier to hold and effective at cleaning teeth. Consider using a specialist toothbrush which cleans all three surfaces at once.
Toothpaste	**Issue**	**Care**
	Natural teeth	Brush twice a day with a standard fluoride toothpaste, with 1350 – 1500 ppm (parts per million) Fluoride
	Dry mouth, sensitive mouth, swallowing problems	Use an unflavoured non-foaming paste (ideally one without sodium lauryl sulphate (SLS free)) Brands of non-foaming or low foaming (SLS free) toothpaste containing 1450 ppm fluoride include: ➢ Sensodyne daily care® ➢ Sensodyne daily care gel® ➢ Sensodyne Pronamel® ➢ OraNurse unflavoured toothpaste® ➢ Oralieve Ultra Mild toothpaste® ➢ Bioxtra toothpaste® ➢ Biotene toothpaste®.
	Sensitive teeth, especially to hot and cold	Use a toothpaste for sensitive teeth If no improvement seek professional advice
	Extensive decay	See a dentist and they may prescribe a high fluoride toothpaste. Remember to treat this as a medicine due to the high level of fluoride it contains.
Other products	**Issue**	**Care**
	Gums bleed on brushing	Consider using a product containing chlorhexidine gluconate but check for allergy first.

Please note, these products are included for information purposes only and product types and availability may change. We do not endorse individual products and other products are available. Please see the toolkit for other examples.
mouthcarematters.hee.nhs.uk/product-order-guide

Cleaning using foam swabs

Foam swabs do not remove plaque from the tooth surface and should only be used to moisten a mouth or clean soft tissues surfaces. An alternative to sponge swabs is to use a small-headed toothbrush to clean teeth, gums, and the tongue, and for dry mouths they can be soaked in water or use to apply dry mouth moisturising gels.

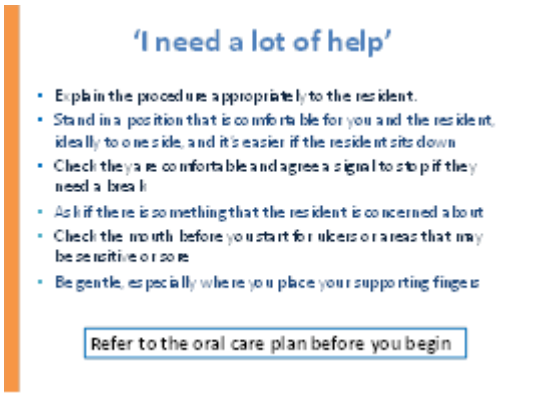
Warning

Check the sponge head is secure before using as when soaked it may come loose and could be aspirated*.

*Medical Device Alert: Oral swabs with a foam head, all manufacturers (MDA/2012/020)

Teeth	Issues	Oral care needs
Decayed or broken teeth	Could cause toothache and infection	Refer to a dentist. Continue mouth care at least twice a day **and** ideally more frequently. Reduce sugar intake.
Tooth grinding / tooth wear or acid erosion	Tooth wear and sensitivity	Refer to a dentist. Use a sensitive toothpaste or one with increased fluoride.
Hardened plaque (Calculus or tartar)	Difficult to clean	Refer to a dentist. Continue thorough brushing.
Loose teeth	Difficult to clean, cause discomfort	Continue thorough brushing. Refer to a dentist if interfering with eating.
Dentures	Broken, ill-fitting or loose	Refer to a dentist for repair or adjustment. Use denture fixative.
Lips	Dry, chapped, red at corners	Lip balm, drink water regularly, anti-fungal cream if caused by oral thrush.
Tongue	Patchy, fissured, red, coated	Continued mouth care, drink water regularly, check for oral thrush.
Gums and tissues	Bleeding gums, swelling, soreness, redness (including under dentures)	Continue thorough brushing, consider Chlorhexidine based products if no improvement refer to a dentist
Any area of the mouth	Ulcers, swollen, white / red patches	Refer to dentist, especially if ulcers not healing after 2 weeks.

Slide 37 **OHC Slide 48**



Check the oral care plan before you begin and make sure that you have everything ready before you start.

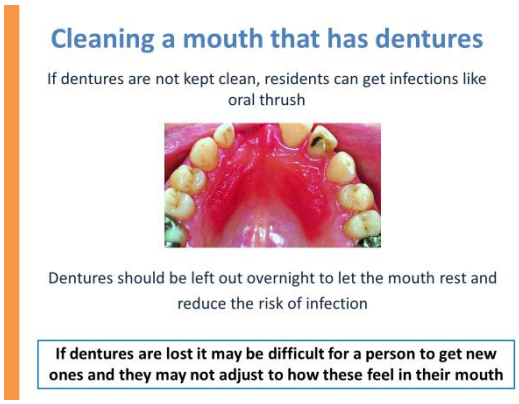
- Explain that you are going to clean their teeth, using appropriate language.
- Stand in a position that is comfortable for both of you. It will be easier if you stand behind or beside them but remember to try not approach someone with dementia from behind without warning.
- Ensure the resident's head is supported, a high-backed chair can be used or pillows if they are in bed.
- Agree a stop signal in case they feel they need to take a break.
- Check if they have anything they are concerned about.
- Check the mouth before you start for ulcers or areas that may be sensitive.
- Be aware of any loose teeth and brush with care.
- If gums bleed, do not stop brushing, continue to brush gently but thoroughly to clean that area of the mouth.
- Continually check the person is comfortable and if necessary, give frequent rests.

Keeping your mouth open can be tiring, especially for an older person.

Try not to wake someone to clean their teeth as they may be more disorientated and less able to cooperate

Dentures

Slide 38 **OHC Slide 49**



Encourage dentures to be removed at night, to reduce the risk of oral infections.

Dentures improve the ability to chew food, help with facial appearance and aid speech.

Unless there is some reason for not doing so, then encourage the resident to wear their dentures and help them put them in if they cannot do it by themselves.

Dentures should be worn daily, particularly for people with some natural teeth. If dentures are left out, natural teeth may move slightly into the gaps and the partial denture will no longer fit. However, for acutely ill patients they may be unable to wear their dentures. In this case store the dentures in a dry (i.e. without water) named denture pot when out of the mouth**. But it is not recommended to leave dentures out for long periods because the gums can change shape, meaning the dentures won't fit.**

A dentist can reline badly fitting dentures and will do this if they feel it is appropriate, but this may only provide a temporary solution.

There may come a time when it is in the best interests of a resident to stop using their dentures. This may be because the resident can no longer tolerate them, or the dentures no longer fit. This issue may need to be handled sensitively, and the outcome should be always be in line with the dentist's or doctor's instructions.

As people get older it can be difficult to make dentures that fit well so it is important that existing dentures are not lost. Adjusting to new dentures can also be very difficult for some older people, particularly those with dementia.

Slide 39 **OHC Slide 50**

It is just as important to clean dentures as it is natural teeth.
Debris can build up on dentures and if not cleaned regularly can cause denture-related infections such as stomatitis (thrush). Other equipment, such as denture pots also need to be kept clean.

- Remove any partial or full dentures, be careful especially if there are metal parts as these can bend out of shape
- Look out for red or sore areas caused by the dentures, and update the care plan if needed
- Remember the mouth and any remaining teeth, will still need cleaning even if the person wears a full denture and dentures should be removed before any natural teeth are brushed.

OHC Slide 50 (cont.)	**Removing full dentures for cleaning:** • Wear appropriate PPE • Check if resident can remove their own dentures. • Cover resident's clothing with a clean towel. • Before removal, ask the resident to take a sip of water. • If the resident is unable to remove their own dentures, then do this for them. *Please see the toolkit where there are useful links to videos and resources to help with removing and inserting dentures.*

Removing full dentures:

If the resident is unable to remove their dentures for themselves, assist as follows:

- Remove lower dentures first by holding the front of the denture between thumb and index finger and apply gentle upward pressure.
- Remove upper dentures second – using both hands insert index fingers and thumbs either side towards the back of the upper denture (care to be taken not to stimulate a gag reflex) apply gentle downward pressure and tilt it away from the gum. Gently 'break the seal' by rocking the denture gently from side to side until its dislodged and pull it forward and out of the mouth.

Removing partial dentures:

Some partial dentures can be difficult to remove.
If possible, seek advice from a dental professional, especially if caring for partial dentures is new to staff.

- If the resident is able, ask them to remove the partial denture.
- If not, carefully place your fingers under the clasps that are hooked on to the teeth and pull gently to remove the denture.
- Take hold of the plastic part and pull carefully out of the resident's mouth. Avoid bending the wire.

Inserting full dentures:

- Dentures should be rinsed under clean water before being replaced in the resident's mouth.
- Apply adhesive liner or fixative to the dentures if the person uses them.
- If the resident can do this themselves, then encourage independence; if not, replace upper denture first.
- Replace each set by gently inserting the denture at an angle then rotate into position.
- Check with patient if the dentures feel comfortable when you have placed them in the mouth.

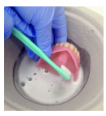
Inserting partial dentures:

- If the resident is able, encourage them to replace the denture after rinsing with water.
- If not, after rinsing the denture in water, ask the resident to open their mouth, insert the denture at an angle and rotate and click into position.

Slide 40 **OHC Slide 51**

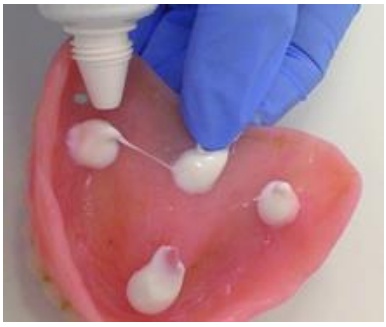
Cleaning dentures

- Dentures should be rinsed after meals and cleaned once a day
- Brush all surfaces to remove debris, paying attention to the fitting surfaces using a denture paste or un-perfumed liquid soap (not regular toothpaste)



- After thorough brushing, use a denture cleaner for 20-30 minutes (follow the manufacturers instructions)
- Rinse the denture and store in a dry named denture pot
- If using denture adhesives – follow instructions, clean off the denture and remove the residue left in the mouth everyday
- Dentures should be named to avoid loss, DIY marking kits are available

Dentures are expensive and can be fragile. To avoid breaking them if they are dropped, clean them over a sink or bowl filled with water or over a folded towel.



Dentures should be thoroughly cleaned at least once a day, and rinsed after eating.

- Remove any dentures before cleaning.
- Look out for red or sore areas caused by the dentures, and seek professional advice if there is no improvement.
- Remember the mouth and any remaining teeth will still need cleaning, even if wearing a full denture.
- Clean the teeth and soft tissues with a separate toothbrush whilst the dentures are out of the mouth. The toothbrush used to clean the teeth and soft tissues should be a different brush to that which is used to clean the denture.

Brush the dentures first, to help remove any bits of food. Use a non-abrasive denture paste or liquid soap, ideally not regular toothpaste.

Make sure you brush all the surfaces of the dentures, including the surface that fits against the gums. This is especially important if the resident uses a denture fixative.

Soak dentures every day in a denture-cleaning solution. This will help remove any plaque and stubborn stains that are left. It will also help to disinfect the dentures and they will feel fresher in the mouth. Always follow the manufacturer's instructions on the packaging but don't leave in overnight – most take only about 20 - 30 minutes.

Current best practice recommends daily disinfecting of plastic dentures in a solution of sodium hypochlorite e.g. Milton (commonly used for baby feeding bottles) (please follow the manufacturer's instructions). Dentures with metal components should not be soaked in sodium hypochlorite solutions (e.g. Miltons). Instead, soak in chlorhexidine 0.2% solution (but check first if resident has an allergy to chlorhexidine). Rinse the denture and store in a named dry denture pot.

Denture cleaner is a harsh chemical so don't put dentures in a glass with a denture cleaner as residents have been known to drink from it by mistake.

Some residents may use denture adhesives, especially if they have badly fitting dentures. Adhesives come in different forms (paste, powder, or strips) and they are used to hold the dentures in place and prevent rubbing against the gums.

Follow the instructions and ensure that the correct amount is used. If too much is applied this can be an aspiration risk. After removal of dentures, ensure all traces of the adhesive are cleaned from the resident's mouth and the denture.

Marking dentures with the person's name helps prevent their loss.	**Denture marking** provides easy recognition of the resident's dentures. Denture marking can be done by a lab when the dentures are made. If dentures do not have any identification, they should be marked with the resident's name to avoid loss. If using a commercial DIY kit, please follow the manufacturer's instructions.

Denture marking

Residents in care homes are prone to losing their dentures, so denture naming is important as it provides easy recognition of the resident's dentures. Dentures can be marked with the residents' name when they are made in the lab – this is the easiest way to label them. Alternatively, there are DIY marking kits commercially available.

If dentures do not have any identification, then seek consent and then mark with the resident's name. If using a commercial kit, please follow the manufacturer's instructions. For care staff marking dentures, remember that disposable items must only be used once.

Suggested equipment for marking a denture:

- Disposable gloves and apron
- Antibacterial wipes
- Denture paste or unperfumed soap
- Denture marking kit, which includes:
  - Sandpaper squares (single use)
  - Metal propelling pencil (which must be cleaned after use with antibacterial wipe)
  - Approved sealant
  - Disposable micro-brush or similar (single use).

Please note: this form of denture marking is not permanent.

Using effervescent cleaners may increase the need to remark the dentures.

Carry out denture marking in a well-ventilated area:

1. Brush and soak dentures as described earlier to clean them. Ensure the denture is fully dry.
2. Roughen the denture with one square of sandpaper on the cheek side of the denture, as close to the back as possible. Dispose of the sandpaper.
3. On the roughened surface, write the resident's name as small as possible with the pencil. Mark both upper and lower denture.
4. Break the lead from the tip of the pencil. The pencil should then be cleaned with soap and water and an antibacterial wipe.
5. Using a micro-brush, dip once only into the bottle of sealant and replace the cap of the sealant immediately.
6. Paint the sealant over the named area, being careful not to smudge the pencil mark. Discard the micro-brush.
7. Wait for 5 minutes and repeat instructions 4–5 using new micro-brush, then discard.
8. The denture will be fully dry after about 10 minutes. Rinse the denture well and return to the resident.

Fungal infections including Angular Cheilitis

Fungal infections in the mouth are common with older people who wear dentures. Fungal infections can show as an area of redness under an upper denture (denture stomatitis) or as generalised redness or white patches (oral thrush). The corners of the mouth can also be cracked, red or crusting (angular cheilitis). A fungal infection is a common contributory factor to angular cheilitis, but it can also be due to a bacterial infection.

Treatment of fungal infections

- A high standard of oral hygiene is essential in the treatment phase.
- If a resident is undergoing treatment for fungal infection and their dentures are not kept scrupulously clean, they can become reinfected.
- If the resident has dentures, remove at night, and clean and disinfect them as described previously.
- Popular effervescent cleansers are not effective at eliminating fungal infections.
- A doctor or dentist may prescribe treatment for fungal infections and these should be used as prescribed.
- Remember to remove dentures when applying antifungal treatment to the mouth.

Cleaning natural teeth

Slide 41 **OHC Slide 52**

Always check the resident's mouth before cleaning.

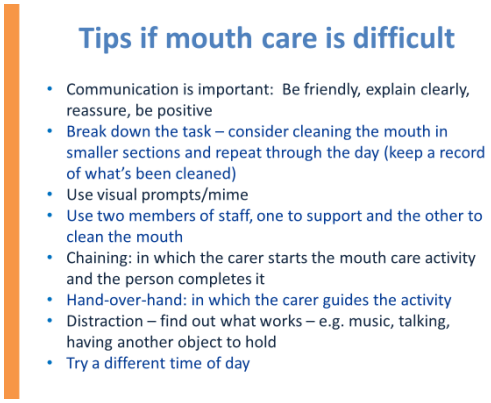
Refer to the care plan and update if there are any changes.

- Gently move the lips and cheek so you can see where to put the brush
- Try to start in the same part of the mouth each time, and clean every tooth in order, this will make sure you do not miss any parts of the mouth.
- Angle the toothbrush towards the gums & include the part where the tooth meets the gum
- Brush the outside, inside and biting surfaces of the teeth in a methodical way - it should take about two minutes
- Include cleaning the tongue
- Be aware of any loose teeth and brush with care
- If gums bleed, do not stop brushing, continue to brush normally, but be aware that the gums may feel sore so be gentle and thoroughly clean the area
- Encourage the resident to spit out after brushing, and ideally not rinse
- Keep a record of any changes seen

Consider time and place that mouth care takes place
Carrying out mouth care at the same time every day may help especially if the person has dementia. Consider asking family or previous carers for advice or their assistance.

Please see the toolkit where there are useful links to videos and resources to help.

Slide 42 **OHC Slide 53**



If none of the suggested techniques work, then it might be helpful to review your approach.

If all attempts fail, do not give up, consider alerting the resident's family if this has not been done previously (unless the resident has capacity to consent – in this case the resident should agree prior to family members being informed).

Record the attempts made in the notes, a senior member of staff or the manager should be informed, and an assessment made whether to refer to a dentist.

Some ways to help residents when mouth care is difficult

- Communication is important: Be friendly, explain clearly, reassure, be positive
- Break down the task – consider cleaning the mouth in smaller sections and repeat through the day (keep a record of what has been cleaned)
- Describe and show the toothbrush to the resident, give the toothbrush to the resident, mimic brushing your own teeth and the resident may mirror your behaviour and brush their own teeth.
- Distraction – find out what works – e.g. music, talking, having another object to hold.
- It may be helpful to have more than one care assistant helping or one well-known member of staff.
- Come down to eye level. Be aware of personal space.
- Be willing to slow down or try later.

Behaviour strategies

- Use task breakdown – simplify and break down into steps, offer praise for completion of each step if appropriate.

If the resident shows reluctance:

- **Chaining** – this involves gently bringing the resident's hand to the mouth while describing the activity. Let the resident continue if they are able.
- **Hand over hand** – if chaining is not successful, then place your hand over the resident's and gently brush the teeth together.
- **Distraction** – if none of these strategies work, then try distracting the resident e.g. by placing a familiar item in the resident's hand while you brush their teeth.
- **Rescuing** – if attempts are not going well, the care assistant can leave, and the 'rescuer' comes in to take over. Bringing in someone else with a fresh approach may encourage the resident to cooperate.
- Try a different time of day.

Dementia

People with dementia may be given a variety of drugs to treat problems such as anxiety, depression, psychosis, insomnia, and other systemic illnesses as well as medication that may slow the dementia process. As a side effect these medications often cause a dry mouth so products that help moisturise the mouth such as dry mouth gel or saliva replacement gel may be helpful. *For more information see the section on dry mouth.*

Early Stage dementia

- It is best for the person to see a dentist for individual help and advice and so that all necessary dental treatment is carried out whilst the dementia is still in the early stages
- Often the Individual can clean their own teeth if reminded and encouraged (e.g. the toothpaste is put on the brush for them)

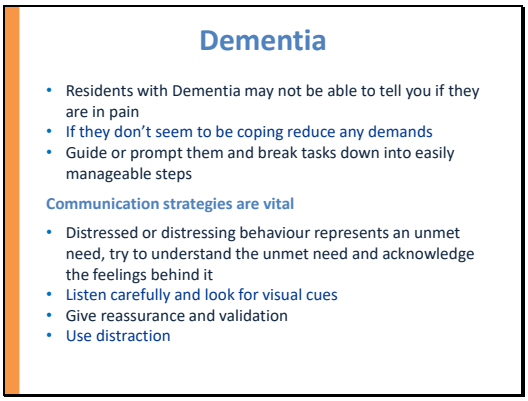
Mid stage dementia

- They may lose the ability to clean their teeth, or lose interest in doing so. Usually there is a need to start assisting or actively cleaning their teeth for them
- Use distraction techniques
- Record any changes in the mouth such as food pouching as they may find it more difficult to chew and swallow their food

Late stage dementia

- They might have swallowing problems now so use only a small amount of toothpaste on a dry toothbrush and ensure the paste is pushed well into the bristles. A no foaming toothpaste such as OraNurse will help, ideally using an aspirating toothbrush on a suction unit, if it's available.
- Keep the person well hydrated and consider using a product for dry mouth
- Check for infection daily.

Slide 43 **OHC Slide 54**



- Residents with Dementia may not be able to tell you if they are in pain, so a reluctance to have their mouth cleaned may mean that there is an area that feels sore.
- Guide or prompt them and break tasks down into easily manageable steps. If it's not possible to clean the whole mouth then clean a section of the mouth at a time and repeat mouth care through the day until the whole mouth has been cleaned.
- If they don't seem to be coping reduce any demands on them, pause and reassess if you can continue

People with dementia have good days and bad days so try to find out the individual's best time of day for mouth care.

Communication strategies are vital:

- Be caring, calm and friendly, and smile.
- Use eye contact and encourage the resident to look at you.
- Talk clearly, at the resident's pace, explain in short sentences and in simple terms what you are doing.
- Try only to ask questions that require a yes or no answer.
- Minimize other distractions that may affect communication, such as the radio playing loudly.
- Give the resident your full attention while they speak.
- Use reassuring and appropriate body contact and gentle touch.

Remain positive, try to refrain from showing any frustration, and use distraction techniques.

OHC Slide 54 (cont.)

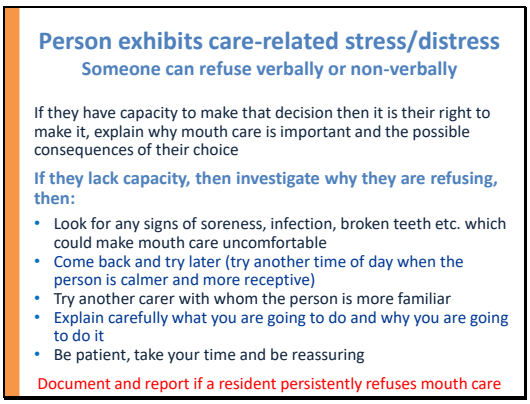
Some useful tip for mouth care

- Cover the mirror (as an individual with dementia can be alarmed by their own reflection).
- If possible clean teeth in the bathroom (the visual reminder helps them to know it is time to brush their teeth).
- Get all equipment ready first, as there may only be a small window of opportunity to clean the mouth.
- Show pictures of someone cleaning their teeth.
- Try giving them the toothbrush with paste on and show them what to do. If they do not brush, then gently use the hand over hand technique and guide the brushing (this helps the individual feel more in control and retains their independence).
- Break the task down, clean a small section of the mouth at a time and then repeat mouth care through the day until the whole mouth has been cleaned.
- Keep explaining and reassuring.
- Keep a record of what works.

Later stages of dementia

As their dementia progresses, the person may lose the ability to clean their teeth, or lose interest in doing so, and carers may need to take over this task. If there are swallowing issues, you may need to use a low foaming paste on a dry brush, and ensure the paste is pushed well into the bristles.

Slide 44 OHC Slide 55



If the resident has capacity to make the decision to refuse mouth care, then it is their right to make it, explain why mouth care is important and the possible consequences of their choice.

Personal care is an intimate activity, and many people will experience difficult feelings if they need help with this.

Care-related stress and distress is how some people communicate their need to believe that they are still independent. For many with dementia, it is not a willful act to refuse care, but rather a sign of confusion and distress. Distressed or distressing behaviour often represents an unmet need, try to understand the unmet need, and acknowledge the feelings behind it.

If they lack capacity, then investigate why they are refusing:

Possible reasons:

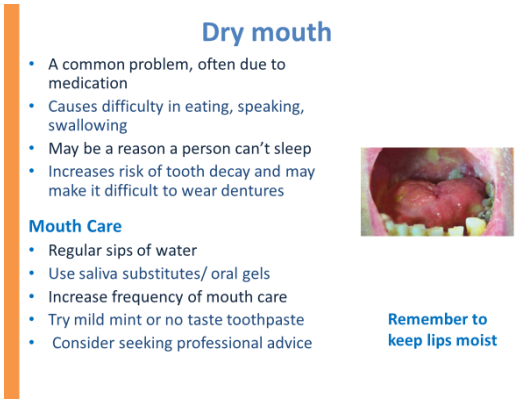
- The person does not understand what they are being asked to do.

OHC Slide 55 (cont.)	• The person is refusing in order to keep a sense of control • The person is misinterpreting the situation or environment • They may be in pain. Look for any signs of soreness, infection, broken teeth etc. which could make mouth care uncomfortable. Mouth care tips • Come back and try later (try another time of day when the person is calmer and more receptive) • Try another carer with whom the person is more familiar • Explain carefully what you are going to do and why you are going to do it • Be patient, take your time and be reassuring Document and report if a resident refuses mouth care and if this becomes a frequent occurrence then a senior member of staff or the manager should be informed. Together, decide what happens next and carry out a process to agree what's in the resident's best interests if they lack capacity.

Dry Mouth

Teeth	Issues	Oral care needs
Dry mouth	Stringy saliva, burning sensation, altered taste, bad breath, difficulty in eating, swallowing & talking, discomfort wearing dentures	• If medication is the cause see if there are alternative options • Continued mouth care at least twice a day and ideally more frequently • Use a mild mint / unflavoured toothpaste • Keep hydrated, offer regular sips of water (not sugary drinks) • Reduce sugar intake • Consider using dry mouth products to stimulate saliva • Regular dental visits (a dry mouth is at risk of dental disease and mouth infection)

Slide 45 **OHC Slide 56**



Older people tend to produce less saliva and a dry mouth is a common side effect with a number of medications. Having a dry mouth is uncomfortable and it causes difficulty in eating, speaking, and swallowing.

It may be a reason a person cannot sleep or wakes in the night. The lack of saliva increases the risk of tooth decay and may make it difficult to wear dentures.

A resident will also have a dry mouth if they are not eating or drinking enough and have become dehydrated. If possible, encourage them **not** to consume more sugary foods or drinks as this will rapidly cause decay and can promote fungal growth which can cause an oral thrush infection.

The main causes of a dry mouth are:

- Dehydration – for example, from not drinking enough, sweating a lot or being ill.
- Medicines – check the leaflet or search online for the medicine to see if dry mouth is a side effect.
- Breathing through the mouth at night – this can happen if the nose is blocked or the person sleeps with an open mouth.
- Anxiety.
- Cancer treatment (radiotherapy or chemotherapy).
- Sometimes a dry mouth that does not go away may be caused by a condition like diabetes or Sjögren's syndrome.

Tips for mouth care when the mouth is dry

- Encourage the resident to take regular sips of water
- Use saliva substitutes/ oral gels. There are a number of products designed to provide moisture and comfort, usually in the form of gels or sprays and a dentist or pharmacist can give advice on these.
- Good quality olive oil can also be used to lubricate the mouth and lips.
- Increase frequency of mouth care to keep the mouth comfortable.
- When dry, the mouth becomes very sensitive so always choose products that are mild and not strong tasting.
- Pay attention to keeping the tongue clean. In a dry mouth the tongue can become fissured and sore.
- Keep lips moist with lip balm or petroleum jelly.
- Maintain good oral hygiene and review the mouth regularly.

OHC Slide 56 (cont.)	In addition: • If the mouth is sore, then spray with an atomizer filled with water. (This should be regularly cleaned and refilled with clean water). • Try to avoid sugary food and drinks or those containing acid e.g. cola, citrus fruit juices, biscuits, sweets, and cakes. • Cut down on things that dry the mouth, such as alcohol, caffeine (in coffee, cola, and tea) and cigarettes. • Drinking water or sugar-free juices at mealtimes is helpful, but avoid anything with citrus juices (e.g. lemon, grapefruit). Milk can retain moisture. Yogurt and buttermilk can also help. • Use an air humidifier, this can be particularly helpful at night. • Reassess regularly and consider seeking professional advice. It is important to use products containing fluoride and if the episode is prolonged it may be useful to use a toothpaste containing higher levels of fluoride which is available on prescription from a dentist. If dentures are difficult to wear, smear saliva replacement gel on the inner surface of the denture.

Treatments for dry mouth

There are a number of products designed to provide moisture and comfort, usually in the form of gels or sprays available to purchase over the counter in community pharmacies. Some have extra ingredients which may help prevent tooth and gum problems. There are also specially formulated products for dry mouth to help with oral hygiene (e.g. toothpastes and mouth rinses) and your dentist or pharmacist can give you advice.

When dry, the mouth becomes very sensitive so always choose products that are mild and preferably contain no alcohol or sodium lauryl sulphate. It is important to use products containing fluoride and if the problem of dry mouth is prolonged it may be useful to use a toothpaste containing higher levels of fluoride which is available on prescription from the dentist.

There are many products available that stimulate or mimic saliva (called saliva replacement or saliva substitutes) and these should be used, as necessary. Products can hasten tooth decay in a dry mouth if they contain sugar (for example fruit juices) or are acidic (for example topical artificial saliva or saliva stimulant products Glandsone® spray, Salivix® pastilles, and SST® tablets). Alternative products should be used as appropriate for people who still have their own teeth and are not in the terminal phase of life.

The products are useful to use overnight when a dry mouth may interfere with sleeping. If in gel form, these should be spread around the whole mouth and carefully massaged in.

Other treatments are available. Always discuss the options with the resident's dentist to ensure that they receive the most appropriate medication for their needs.

Note: some products may contain allergens or contain mucin from pigs (for example AS Saliva Orthana®) which may be unacceptable to certain groups of people, such as vegetarians, and people of Jewish or Muslim faith.

Dysphagia (Swallowing problems)

A professional assessment (by a health professional such as a speech and language therapist) should be carried out for individuals experiencing dysphagia and a specific oral health plan should be established.

Ensure all care staff are aware of the importance of regular oral care. Plaque still forms in the mouths of people who are no longer able to eat or drink. A clean, healthy mouth is essential for good overall health. Not eating regular food will make the mouth dry.

Some residents may need to use thickening agents in their drinks. These contribute to reduced oral clearance. They don't usually contain sugar but may be added to substances containing sugar, in which case the sugary foods will stay longer in the mouth and increase the risk of decay.

Person with natural teeth who has swallowing problems:

- Check the mouth carefully prior to cleaning and refer to the care plan.
- Keep the resident upright to help protect the airway, avoid tilting the head backwards.
- If possible sit the resident in a suitable chair with their feet firmly on the ground.
- If in bed- raise the bed to an incline and use pillows to support them.
- Use a small headed toothbrush and a smear of non-foaming toothpaste to clean natural teeth.
- Do not use mouthwash – this is due to the risk of choking or aspiration.
- Lubricate lips with a water-based saliva replacement gel to stop them feeling dry or cracked. Petroleum lip balms should be avoided, due to flammability and aspiration risk.
- Even if someone is not eating or drinking, they should continue to be seen by the dentist.

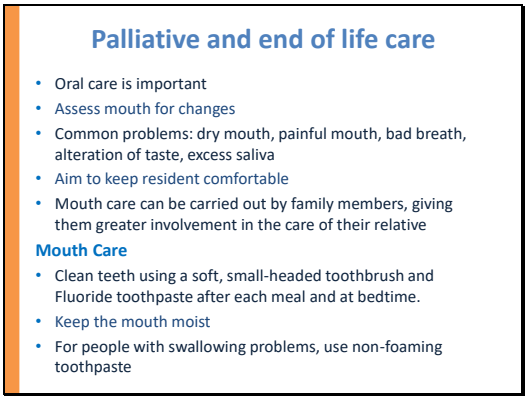
Person with dentures who has swallowing problems:

- Clean dentures daily
- Care must be taken when applying denture adhesives.

If the resident is still able to carry out their own oral care, ensure they are aware of the importance of good oral hygiene.

Oral care during palliative care

Slide 46 **OHC Slide 57**



Taste and touch are important at the end of life. If oral hygiene is neglected, the mouth rapidly becomes dry and sore. The resulting build-up of bacteria in the mouth will also increase the risk of mouth infections so mouth care is important.

Symptoms in the mouth are common when a person requires palliative and end-of-life care. Common oral problems include dry mouth, painful mouth, halitosis (bad breath), alteration of taste, and excessive salivation as a result of poor oral intake, drug treatments, local irradiation, oral tumours, or chemotherapy.

Try to keep the resident comfortable.

Mouth care could be carried out by family members, giving them greater involvement in the care of their relative.

Mouth care should be provided at least four times a day, after each meal and at bedtime, to gently remove coatings, debris and plaque from teeth, gums, and soft tissues. Some people may need more frequent oral care.

OHC Slide 57 (cont.)

Warning

Check the sponge head is secure before using as when soaked it may come loose and could be aspirated*.

*Medical Device Alert: Oral swabs with a foam head, all manufacturers (MDA/2012/020)

For residents with swallowing problems, use non-foaming fluoride toothpaste.

If resident has a healthy mouth:

- Assess daily for changes.
- Clean teeth using a soft, small-headed toothbrush and fluoride toothpaste after each meal and at bedtime. For people with swallowing problems, use non-foaming toothpaste.
- Clean dentures at least once daily and remove and store overnight.
- Regularly remove oral/dried secretions with gentle suctioning or a soft toothbrush.
- The mouth can be moistened every 30 minutes with water from a water spray or dropper or foam swab (please read caution in key message opposite).
- If the mouth is dry, apply water-based saliva replacement gels
- Avoid using lemon and glycerine swabs as these can dry the mouth even further.
- Smear petroleum jelly (for example Vaseline®) on the lips. However, if a person is on oxygen apply a water-soluble lubricant Aqueous cream (for example K-Y Jelly®).

Symptoms in the mouth are common in palliative care. If possible, identify the cause and refer to a dentist.

Oral care should be provided at least four times daily to gently remove coatings, debris and plaque from teeth, gums, and soft tissues. (use an OraCare Mini ® toothbrush or a child's brush) and a small amount of mild mint tasting fluoride toothpaste. Some people may need more frequent oral care. Small-headed toothbrushes are most effective at reaching all parts of the mouth. An aspirating toothbrush can be connected to suction tubes, to help remove excess saliva during brushing, and may be useful for unconscious or intubated residents who are at risk of aspirating.

Additional information

- Avoid the use of acidic foods (for example pineapple) as this will dry the mouth.
- Avoid using glycerine, which dehydrates the mucosa further, and lemon juice, which rapidly exhausts salivary secretion; the combination acts to dry the mouth.
- Topical artificial saliva and saliva stimulant products may provide relief.

Mucositis is a fairly common side effect of chemotherapy and sometimes radiotherapy and can cause a dry mouth, bad breath, white patches, ulcers, or blood blisters and a sore or painful mouth and oral thrush. Oral thrush in cancer patients can be very serious, preventing the person swallowing. Specialist advice is crucial from the medical team caring for the resident. Alternatively, access to specialist palliative care advice is available from specialist palliative care teams based in general hospitals and hospices.

Basis for recommendation (NICE Clinical Knowledge Summaries) NICE /palliative-care-oral

The following website provides more detail about palliative and end of life oral care:
Scottish palliative care guidelines on mouth care at:
www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/Mouth-Care.aspx

Summary
How to support residents with their daily mouth care

- Promote independence, encourage, and support the individual
- Remember to consider the person's comfort, privacy, and dignity
- Be prepared and always explain what you are doing
- Work with the resident's needs to adapt mouth care to get the most effective clean – perhaps clean the mouth in smaller sections more frequently through the day

Keep a record of care provided and refer to a dentist if concerned about anything you find in the mouth.

The appropriate mouth care plan for each resident will be determined by the assessment. Care is then carried out following the care plan developed using evidence based best practice. Using the right tools and techniques will ensure oral care is delivered in a way that will maximise the benefit to the individual resident's oral health.

Where possible allow the person to manage their own oral care unless they are unable to do so. Give advice, if necessary, regarding the correct technique, products to use and frequency of brushing. Family and friends can be encouraged to participate in the delivery of care as appropriate.

How to access dental care

Every member of staff should know how to help a resident book an appointment with a dentist. It is helpful therefore to discuss how to do this and to review the local options.

Continuity in healthcare is valuable and, if possible, it is worth people maintaining links with their usual dentist. However, some people will be unable to visit their dentist owing to their restricted mobility or if the care home is a long distance from the surgery. They will then need to access services nearer the care home or be seen by a local dentist who makes domiciliary visits.

Please note these NHS rules and regulations may be subject to change.

- Ensure that staff are aware of how to access routine, urgent (which is defined as, an illness or injury that requires urgent attention but is not a life-threatening situation. Care should be provided within 24 hours unless the condition worsens.),out-of-hours and emergency (which is defined as life threatening illnesses or accidents which require immediate, intensive treatment) dental treatment for residents.
- When a resident starts to live in a care home, check if they need to apply for exemption or reduction of dental charges, they, or the care manager (on their behalf) will need to complete an HC1 form or HC1 (SC) form (whichever is appropriate). Resident's exemption status needs to be checked before dental appointments as it may change. For further information, please refer to:
  - www.nhs.uk/who- is-entitled-to-free-NHS-dental-treatment-in-England/
  - www.nhsbsa.nhs.uk/nhs-low-income-scheme.
  - https://www.nhs.uk/NHSEngland/Healthcosts/Documents/2016/HC1SC-April-2016.pdf

Care staff might need to help a resident complete the HC1 form or may need to involve the family or Lasting Power of Attorney to complete the form.

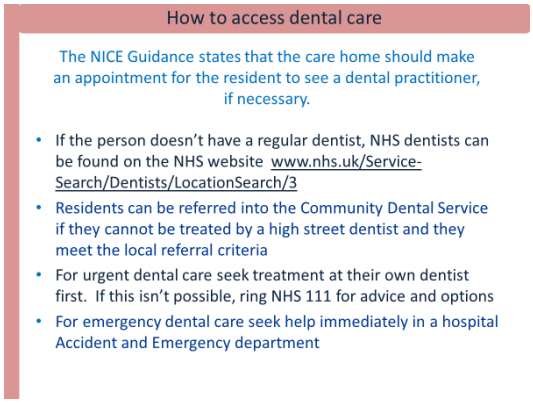
In terms of completing the HC1 (SC) form, 'SC' stands for 'special circumstances' and those circumstances are listed in the link below.
http://nhsuktest./when-should-a-claimant-complete-an-hc1-sc-instead-of-an-hc1-application-form

For care home residents, special circumstances only apply if their care home fees are partly funded by the local authority. The 'care' that funding relates to here is NOT for dental care but care home fees. Therefore, for many care home residents, the HC1(SC) form therefore isn't relevant.

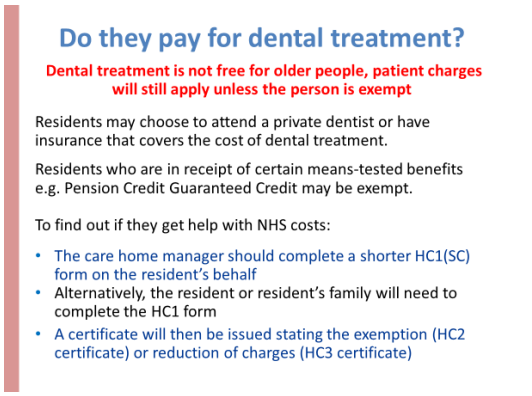
It is a great benefit to the smooth running of the dental appointment for the care home and the dental practice to communicate prior to the visit.

Section six How to access dental care

Slide 49 **OHC Slide 60**



Optional slide **OHC Slide 61**



Check exemption status and provide as much information as possible to the dental practice before the appointment

If possible, try to arrange for the resident to attend the same dentist that they saw before they moved into the care home. This maintains continuity of care and being seen by someone that knows them. This is important especially for someone with dementia but may not always be possible if they have mobility issues.

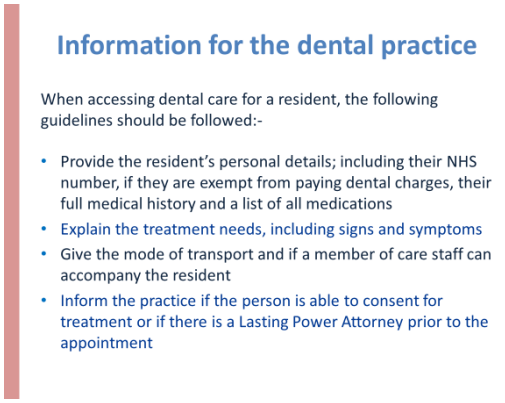
In England, NHS dental charges apply for those over 18 years of age. Individuals aged 60 years old or above still pay these. In Scotland and Wales dental check-ups are free for older people. On admission, residents that need to apply for exemption or reduction of dental charges, they, or the care manager (on their behalf) will need to complete an HC1 form or HC1 (SC) form (whichever is appropriate). The resident's exemption status needs to be checked before dental appointments as it may change. *For further information, please refer to the toolkit.*

Private dentists set their own fees for examination and treatment. If a home has an arrangement with a private dentist to provide services, patients' charges should be made known in advance. Some people may have insurance to cover the cost of dental treatment. The care home should ask about this as part of the oral health assessment. Community dental services or special care dental services are available to help people who are unable to use general dental services and who meet their criteria for receiving care.

For urgent dental care which is an illness or injury that requires urgent attention but is not a life-threatening, then care should be provided within 24 hours unless the condition worsens. An example may be when a resident needs to see a dentist due to pain which is not helped by painkillers.

Seek treatment at their own dentist first.
If this isn't possible, ring NHS 111 for advice and options.

For emergency dental care (which is defined as life threatening illnesses or accidents which require immediate, intensive treatment). For example, uncontrollable bleeding following extractions, rapidly increasing swelling around the throat or eye, or dental trauma, seek help immediately in a hospital Accident and Emergency department.

Slide 50 OHC Slide 62	
	Please make sure to provide the resident's personal details; including their NHS number, if they are exempt from paying dental charges, their full medical history and a list of all medications and an indication of the resident's need before the dental visit to ensure optimum use of clinical time and effective care is provided. Find out if there are any physical barriers at the dental practice before making an appointment and tell the practice if the resident has any physical impairment or disability so that they can signpost to an alternative more accessible practice, if necessary. Ask the dental practice to tell you if there is a long NHS waiting list to join the practice and if there is, then to suggest an alternative practice. At the end of the appointment, remember to ask for information that will help to develop an effective mouth care plan.

Summary
How to access dental care

- Ask if the person has a dentist when a resident moves into the home
- Find out about your local NHS Dental Services and make sure details of how to access a dentist are in the Oral Health Policy
- Try to find out about exemption status in advance of a dental appointment

Agree with the family and carers who will be responsible for organising an appointment and taking the individual to the dentist.

Assessment questions

You can use a selection of these assessment questions at the end of the training. Choose the correct answer from the choices given and circle the answer.

1. Does poor oral health affect general health?

    A. Yes
    B. No

2. How long should you take to clean your teeth?

    A. 1 minute in total
    B. 2 minutes overall
    C. 3 minutes for the whole mouth

3. At least how often should you brush your teeth each day?

    A. Once a day
    B. Twice a day
    C. Three or more times a day

4. When should you brush your teeth?

    A. In the morning and at night
    B. At night before bed and one other time of day
    C. Doesn't matter as long as it is twice a day

5. How much Fluoride should your toothpaste contain?

    A. 500ppm
    B. 1000ppm
    C. 1350-1500 ppm

6. Should you rinse your mouth after brushing your teeth?

    A. Yes, with water
    B. Yes, with mouthwash
    C. No, just spit out the excess toothpaste

7. If a person wears partial dentures should you remove these before you clean their natural teeth?

    A. Yes
    B. No

8. Do you still need to clean the mouth if someone has full dentures?

    A. Yes
    B. No

9. When out of the mouth where should dentures be stored?

    A. In a named denture pot with a lid
    B. In a tissue near the patient
    C. In a glass of water

10. In order to help prevent tooth decay, when should foods and drinks containing sugar be consumed?

    A. Snack times
    B. Main mealtimes
    C. Main mealtimes and snack times

11. What is the main cause of Gum disease?

    A. Eating too many sweets
    B. Using an old toothbrush
    C. Not brushing plaque off your teeth
    D. Brushing too hard

12. If gums bleed when you brush, what should you do?

    A. Brush gently but more thoroughly and try a product for gum disease
    B. Leave well alone to let the gums heal
    C. Use just mouthwash instead

13. If someone has a problem in their mouth what should you do?

    A. Make a note
    B. Make a note and inform your manager/refer to a dentist
    C. Leave it to get better

14. What should you do if it has not been possible to clean all the teeth?

    A. Try a different toothpaste
    B. Make a note on the mouth care record
    C. Complete the mouth care record sheet detailing which teeth have been cleaned, try again at a different time of day, and start the next brush in a place that didn't get cleaned this time

15. If a person can do some oral hygiene themselves but not all of the tasks, what should be documented in the mouth care plan?

    A. The parts of the oral hygiene care task that the person can do themselves with clear instructions on the areas where they need help.
    B. Nothing- they are independent so do not need help
    C. The time that they had their teeth cleaned

16. What should you do if the person is tired or sleepy when it is the time for mouth care?

    A. Wake them up and clean their teeth anyway
    B. Try mouth care at another time of day when the person is more alert.
    C. Get a relative to do it

17. When brushing a person's teeth who has dementia what things should you try to consider?

    A. Creating the right environment
    B. Your own body language
    C. How you will communicate
    D. Retaining a caring attitude
    E. All of these

Oral health for adults in care homes

CERTIFICATE OF TRAINING

Awarded to

……

This is to confirm that this member of staff undertook training from the Oral Health for Adults in Care Homes Toolkit and completed the assessment getting a minimum of 14 questions correct.

A copy of the assessment is kept with this certificate and can be produced as part of the evidence of completed training

It is the responsibility of the Care Home Manager to check that the training and assessment have been completed

Signed by manager or senior member of staff: ……..

Date training and assessment was completed: …….

The award of this certificate has not been overseen by PHE or HEE and cannot be seen as having been endorsed by them.