

# Oral Health

Maureen Hole  
Project Nurse, Quality and Improvement Team



Public Health  
England

**NHS**  
Humber and  
North Yorkshire  
Integrated Care Board (ICB)

**NHS**  
*Health Education England*

# Oral health for adults in care homes

## Carer Training

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

# Oral health is important

Good oral health means:

Less pain and discomfort

Ability to speak and smile

Can eat a range of foods

Keep hydrated

Dignity and confidence

Reduced risk of infection

Improved healing

Reduced risk to general health as poor oral health is associated with other health conditions such as diabetes and pneumonia

# Who's responsible for mouth care?

All care staff have a duty of care to provide mouth care if the person is unable to clean their own mouth

Mouth care is an important part of personal care - a clean mouth is essential

All care staff should be able to:

Deliver mouth care and ensure your residents are receiving the correct advice and support:

**This may be a prompt or reminder if the resident is independent or assistance if they are unable to clean their own mouth**

Keep accurate records

Help your residents to access routine, urgent 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**

# The causes of dental diseases

## **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**

# Prevention

# 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**

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

# Start with an oral health assessment

This is a systematic way of asking questions and examining the mouth to make a person-centred care plan

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

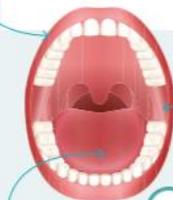
Use an Oral Health Assessment tool such as the one in the **NICE guidance**

### Oral health assessment tool

Resident: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

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



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

**TOTAL:** \_\_\_\_\_  
**SCORE: 16** \_\_\_\_\_

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

# Person Centred Care - Likes and dislikes

## Questions to ask the resident

When do you like your mouth cleaned?

What toothbrush do you like to use?

What toothpaste?

Do you use anything else (mouthwash, floss etc.)?

What do you use to clean your dentures?

Any other likes or dislikes?

## Lifestyle/ health and other factors

There may be other relevant information regarding the risk to oral health such as:

- Diet - high in sugar (prescribed or personal preference)
- Tobacco and/ or alcohol use

# 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

# 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?**

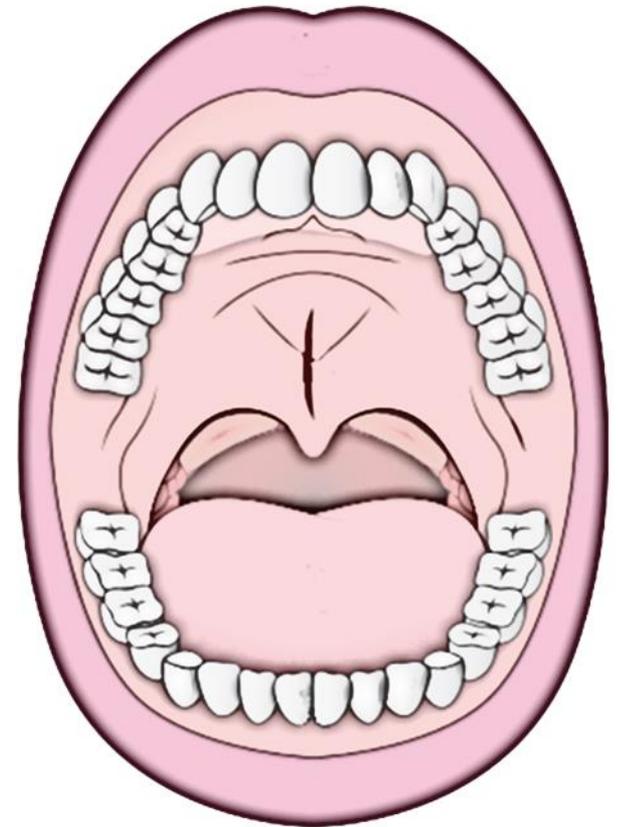
**Have you recently had any problems with your mouth?**

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

## 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



# ORAL ASSESSMENT GUIDE

<b>Physical feature:</b>	<b>Look for:</b>
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	Verbal or physical or behavioural signs of pain
Tongue (Inspect top sides and underneath)	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.

# A healthy mouth

Teeth are clean

The tooth surface is covered in enamel and free from tooth decay

Any fillings are intact and there are no broken teeth

The gums are pink and do not bleed when brushed

The skin in the mouth (Mucosa) e.g. inside cheeks, under the tongue, is pink and moist, with no sign of ulcers, swelling, red or white patches

The tongue is pink, symmetrical, has a slightly roughened surface, and is moist with saliva.

The lips are smooth, pink and moist.

The floor of the mouth is moist with saliva



# Dental pain

## Signs of dental pain if unable to communicate

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

**Dependent on baseline behaviour**

# 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

## Brushing and denture care record

It is important that you record when teeth and dentures are cleaned

This gives evidence that care has been provided

If it was not possible to clean the whole mouth, note which areas were cleaned so that the next carer can start to brush the teeth previously missed

Remember to record if mouth care has been refused, this shows that you have tried and then write down what action was taken

## SUMMARY How to to assess the mouth, plan and record mouth care

- 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**

# How to support residents with their daily mouth care

# 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

## Mouth care for people with Covid-19

When providing mouthcare wear personal protective equipment (PPE) to prevent contact and droplet transmission.

They are more likely to cough when performing mouth care, be gentle, stand to the side or behind them, take breaks to allow the resident to rest and swallow

If possible, sit the person upright, do not use an electric toothbrush as this may cause droplets and splash

If the mouth is dry, encourage sips of fluid and use a dry mouth product if a person is confused, refuses, or resists care, stop and try again later.

**Mouthcare is an important part of the overall care provided**

## Difficulty holding a brush

- Consider adapting the brush handle to make it easier to hold
- Try an electric toothbrush with a large handle - but note not everyone will cope with the sensation
- Or try a toothbrush that has three heads in one to surround the teeth



## ‘I need a lot of help’

Explain the procedure appropriately to the resident.

Stand in a position that is comfortable for you and the resident, ideally to one side, and it’s easier if the resident sits down

Check they are comfortable and agree a signal to stop if they need a break

Ask if there is something that the resident is concerned about

Check the mouth before you start for ulcers or areas that may be sensitive or sore

Be gentle, especially where you place your supporting fingers

**Check the oral care plan before you begin**

## Cleaning a mouth that has dentures

If dentures are not kept clean, residents can get infections like oral thrush



Dentures should be left out overnight to let the mouth rest and reduce the risk of infection

**If dentures are lost it may be difficult for a person to get new ones and they may not adjust to how these feel in their mouth**

## Care for dentures

Remove any partial or full dentures, be careful especially if there are metal parts

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



**Refer to the oral care plan before you begin**

**Make sure any dentures are removed before  
any natural teeth are brushed**

# Cleaning someone else's teeth

Gently move the lips and cheek so you can see

Try to start in the same part of the mouth each time, and clean every tooth in order

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, continue to brush gently but thoroughly

Encourage the resident to spit out after brushing, and ideally not rinse

Keep a record of any changes seen

# Tips if 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's been cleaned)

Use visual prompts/mime

Use two members of staff, one to support and the other to clean the mouth

Chaining: in which the carer starts the mouth care activity and the person completes it

Hand-over-hand: in which the carer guides the activity

Distraction – find out what works – e.g. music, talking, having another object to hold

Try a different time of day

# Dementia

Residents with Dementia may not be able to tell you if they are in pain

Guide or prompt them and break tasks down into easily manageable steps

If they don't seem to be coping, then pause and reassess

## Communication strategies are vital

Distressed or distressing behaviour represents an unmet need, try to understand the unmet need and acknowledge the feelings behind it

Listen carefully and look for visual cues

Give reassurance

Use distraction

## **Person exhibits care-related stress/distress Someone can refuse verbally or non-verbally**

If they have capacity to make that decision then it is their right to make it, explain why mouth care is important and the possible consequences of their choice

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

Look for any signs of soreness, infection, broken teeth etc. which could make mouth care uncomfortable

**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 persistently refuses mouth care**

## Dry mouth

A common problem, often due to medication  
Causes difficulty in eating, speaking, swallowing  
May be a reason a person can't sleep  
Increases risk of tooth decay and may make it  
difficult to wear dentures



## Mouth Care

Regular sips of water  
Use saliva substitutes/ oral gels  
Increase frequency of mouth care  
Try mild mint or no taste toothpaste  
Consider seeking professional advice

**Remember to  
keep lips moist**

# Palliative and end of life care

Caring for the mouth is important

Assess mouth for changes

Common problems: dry mouth, painful mouth, bad breath, alteration of taste, excess saliva

Aim to keep resident comfortable

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

## Mouth Care

Clean teeth using a soft, small-headed toothbrush and Fluoride toothpaste after each meal and at bedtime.

Keep the mouth moist

For people with swallowing problems, use non-foaming toothpaste

# **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**

# How to access dental care

## **The NICE Guidance states that the care home should make an appointment for the resident to see a dental practitioner, if necessary.**

If the person doesn't have a regular dentist, NHS dentists can be found on the NHS website [www.nhs.uk/Service-Search/Dentists/LocationSearch/3](http://www.nhs.uk/Service-Search/Dentists/LocationSearch/3)

Residents can be referred into the Community Dental Service if they cannot be treated by a high street dentist and they meet the local referral criteria

For urgent dental care seek treatment at their own dentist first. If this isn't possible, ring NHS 111 for advice and options

For emergency dental care seek help immediately in a hospital Accident and Emergency department

## **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**

# Signposting

[Oral health a quick guide for care home managers.pdf \(nice.org.uk\)](#)

We have collated the below resources produced by Department for Health and Social Care, Public Health England and National Institute for Health and Social Care Excellence which may help you support the oral health needs of residents in your care setting

[NHS Vale of York Clinical Commissioning Group - Oral Health in Care Homes \(valeofyorkccg.nhs.uk\)](#)

- [Oral Health Information and Resources 2022](#)
- [Oral Health Training for Adults in Care Homes- Training Slides for Carers](#)
- [Oral Health Information Pack to Support Training](#)
- [Oral Health Assessment Tool](#)
- [Oral Needs Assessment and Care Plan \(2016\)](#)
- [Links to PHE Toolkit- Oral Health in Care Homes](#)
- [Oral Health- Quick Guide for Care Home Managers](#)