



**Humber and North Yorkshire**  
Health and Care Partnership



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

# Oral health care for individuals in care settings

**Adult Social Care Nursing Team**

# Aims of the training

We are going to look at:

- ▶ Why oral health is important
- ▶ Care plans and oral health assessments
- ▶ Cleaning the teeth, dentures and the mouth
- ▶ Accessing dental care

# Oral health is important

## Good oral health means:

Less pain and discomfort

Ability to speak and smile

Can eat a range of foods

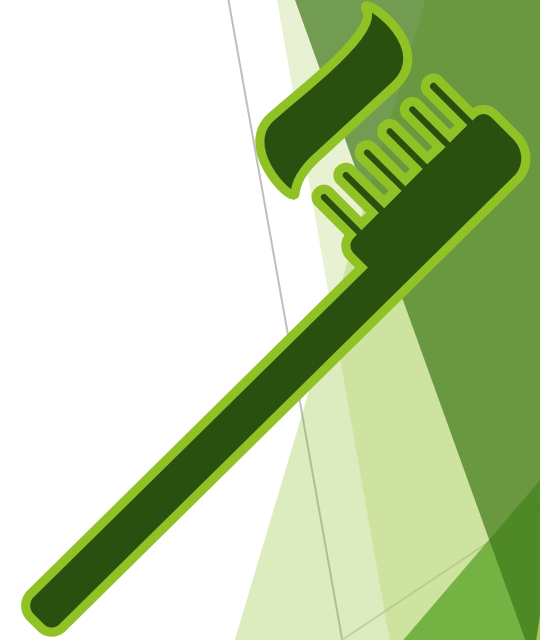
Keep hydrated

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



# Why oral health is important



Oral Health is important for general health.



The NICE guidance should be followed.



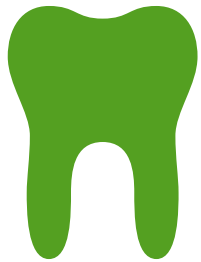
CQC will inspect on oral health and want evidence that staff are trained and following the NICE guidance.

# 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



# 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

## 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

# Care Plans

Individuals need a person-centered 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, toothpaste, toothbrush, denture cleaner and denture pot
- ▶ Level of cooperation and support needed
- ▶ Mobility and how the person will access the dentist
- ▶ The date and outcome of any visits to the dentist



# 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 individuals are receiving the correct advice and support.
- ▶ Keep accurate records
- ▶ Help individuals to access routine, urgent and emergency dental care.

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

# Person Centered Care – Likes and dislikes



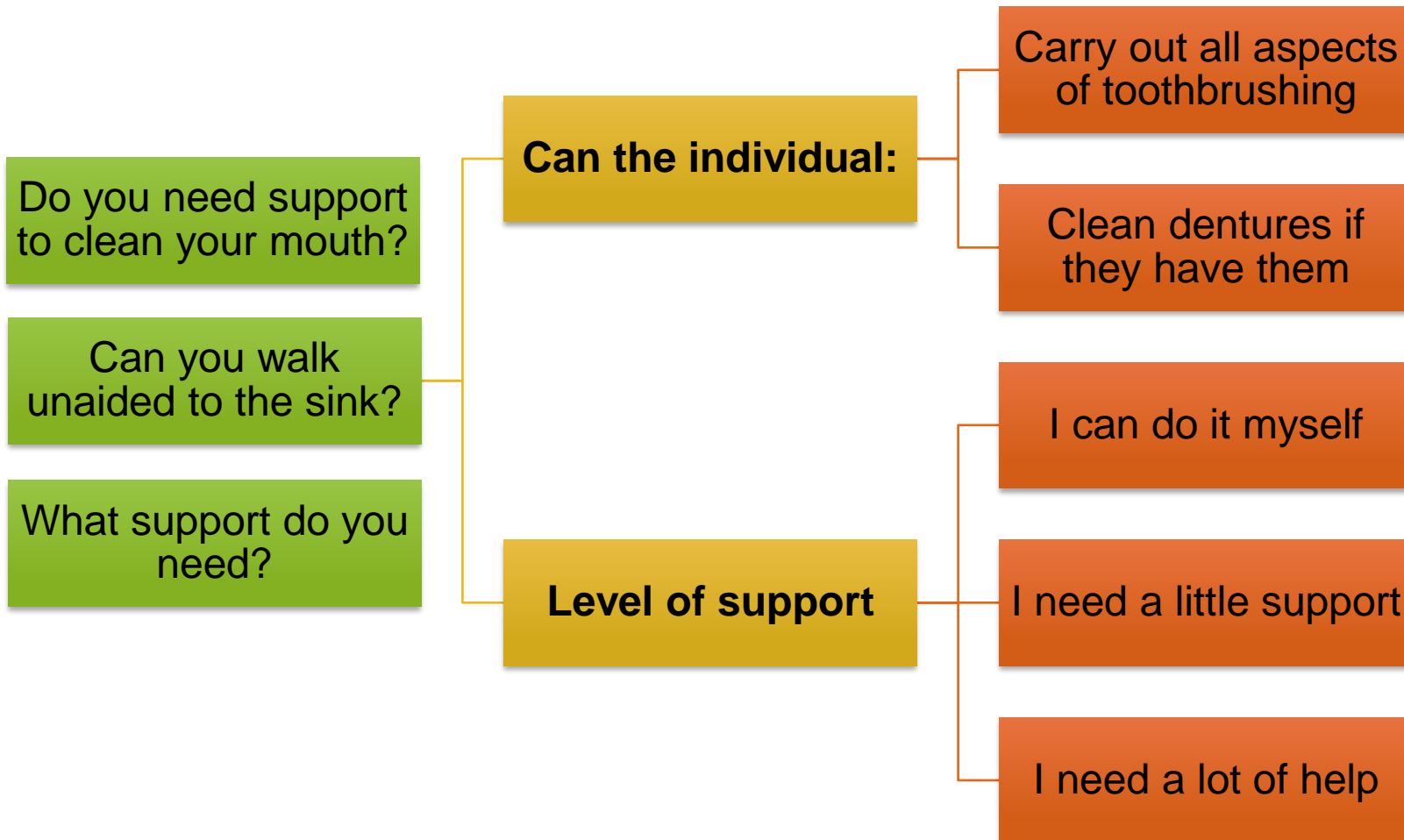
## Lifestyle, health and other factors

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 individual



# Dementia

- ▶ Individuals 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

# Palliative Care

Common oral problems: include dry mouth, painful mouth, halitosis (bad breath), alteration of taste, and excessive salivation

Advice should be offered to prevent oral problems, including:

- ▶ Regular tooth brushing, rinsing the mouth with warm water or chlorhexidine mouthwash, or removing dentures at night
- ▶ Smoking cessation and reducing alcohol

Ask the individual where possible if they feel there is anything impacting on their oral health and observe the oral cavity where appropriate.

Seek advice or refer onto specialist for input when required.

# End of life care

Mouth care should be provided as required to maintain a clean mouth:

- ▶ The mouth can be moistened every 30 minutes to 1 hour with water from a water spray, dropper, ice chips, or sponge stick
- ▶ Petroleum jelly on the lips may help to prevent lip cracking
- ▶ A room humidifier or air conditioning can be used if needed
- ▶ Pain should be managed symptomatically, using analgesics via a suitable route

NICE – January 2025 – Palliative Care – Oral



## 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:

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

### 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

### Dental pain:

No behavioural, verbal, or physical signs of dental pain  
0  
There are verbal and/or behavioural signs of pain such as pulling at 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

### Tongue:

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

### 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

### Natural teeth Yes/No:

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

### Dentures Yes/No:

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, denture missing or not worn, loose and needs denture adhesive, or not named  
2

- 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: \_\_\_\_\_

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).

**TOTAL:** \_\_\_\_\_

**SCORE: 16**

# Oral health assessments



# Start with an oral health assessment

- This is a systematic way of asking questions and examining the mouth to make a person-centered care plan
- Assess the mouth care needs of all individuals as soon as they start living in a care home, regardless of the length or purpose of their stay

### 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: \_\_\_\_\_

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**TOTAL:**  
**SCORE: 16**

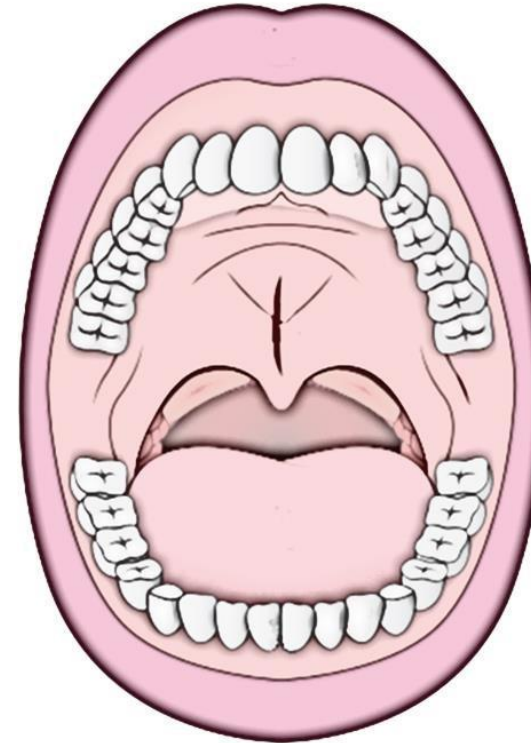


# Oral Health Assessment:

## Check the mouth

### Check the 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	
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	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.

# Your dentist

## Questions to ask the individual

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



Assessing everyone allows you to plan their mouth care to meet their needs and pick up on any issues they may be experiencing

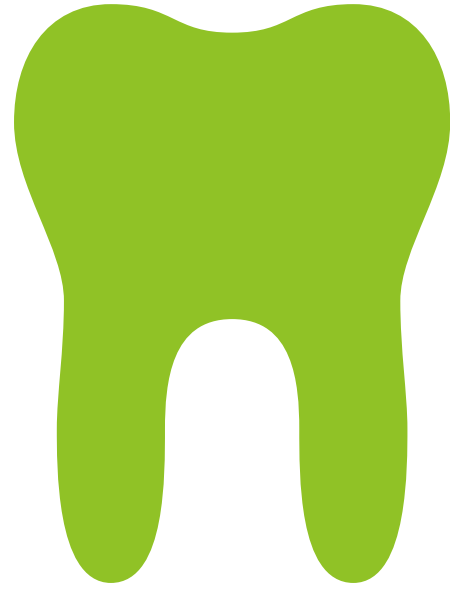


It is important to review the care plan regularly, as things can change quickly in the mouth and the person may not always be able to voice their concerns



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



# **Cleaning teeth, dentures and the mouth**

# 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 and 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 2 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 individual to spit out after brushing and ideally not rinse
- ▶ Keep a record of any changes seen

# Cleaning dentures

- ▶ Remove dentures, brush remaining teeth, gums and tongue
- ▶ Dentures to always be cleaned over a bowl of water or towel as they may break if dropped.
- ▶ Keep in water, polythene bag with damp cotton wool, or overnight denture cleaning bath or solution

## General denture cleaning

- ▶ Brush and soak everyday
- ▶ Brush dentures first to remove any food or debris
- ▶ Use a nonabrasive denture cleaner (not toothpaste)
- ▶ Soak dentures daily in denture cleaning solution – follow individual manufacturer instructions

[Denture cleaning - Oral Health Foundation](#) – link via the NHS

# Denture care



- ▶ If dentures are not kept clean, individuals 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 a new one and they may not adjust to how these feel in their mouth.
- ▶ Look out for red or sore areas caused by the dentures, and update the care plan if needed



# 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.

# 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.



Everyone 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.



Individuals who carry out their own oral care should be encouraged or helped to ensure their oral care equipment is kept clean.

# 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 an individual persistently refuses mouth care

# 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

# 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



# Dental pain

Signs of dental pain if unable to communicate



Dependent on baseline behaviour

## **Dry mouth**

- ▶ A common problem often due to medication
- ▶ Causes difficulty in eating, speaking and 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 or oral gels
- ▶ Increase frequency of mouth care
- ▶ Try mild mint or no taste toothpaste
- ▶ Consider seeking professional advice

## **Remember to keep lips moist**

# How to support individuals 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 individual's needs to adapt mouth care to get the most effective clean – perhaps clean the mouth in smaller sections, more frequently throughout the day

Keep a record of care provided and refer to a dentist if concerned





**How to  
access  
dental care**



Ask if the person has a dentist when they move 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



**The NICE Guidance states that the care home should make an appointment for the individual 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)

Individuals can be referred to 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 A&E department

# Knowledge Check

QUI

# 1. Who is responsible for mouth care?

- a) The individual should provide their own mouth care
- b) All care staff have a duty of care to provide mouth care if the person is unable to clean their own mouth
- c) Staff should support all individuals in their care with mouth care
- d) Staff should only support if an individual asks for support

## 2. What are signs of dental pain?

- a) Rubbing – pulling at a face
- b) Facial expressions – clenching teeth
- c) Body language – huddled, rocking
- d) Change in appetite
- e) Being more restless, moaning or shouting
- f) Disturbed sleep
- g) Leaving out denture
- h) All the above



### 3. Why is it important to observe an individual who has dentures natural teeth?

- a) To check there aren't any missing
- b) To enable them to be brushed
- c) To look for decay, loose or broken teeth, any crowns or bridges, missing fillings.

## 4. What might you do if someone who lacks capacity declines mouthcare?

- ▶ 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



## **5. How should mouth care be provided during end-of-life care?**

**The mouth can be moistened every 30 minutes to 1 hour with water from a water spray, dropper, ice chips, or sponge stick**

# Signposting

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 individuals in your care setting.

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

*Thank you for listening.  
Any questions?*