

# **Adult Social Care and Health Directorate – Enablement and support services**

## **Adult Short Break Services Oral health and hygiene**



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<b>Related Documentation</b>	<b>Location</b>
Medication in adult short breaks and community services policy	Adult Social Care and Health (KNet)
Policy & Guidance for the selection and Use of PPE (Gloves) (May 2007). All staff to be aware of latest guidance for PPE in respect of Covid 19 outbreak	Adult Social Care and Health (KNet)
Infection, prevention and control policy	Adult Social Care and Health (KNet)

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## Introduction

### 1. Why mouth care matters?

- a. Having a healthy mouth is something that helps everyone to live well. Pain free eating and drinking is something that many people can take for granted. Keeping teeth and dentures clean and in good condition can be a struggle for people living with disabilities, complex conditions or frailty. Maintaining good oral health improves a person's general health and wellbeing and can also play a part in helping people stay independent for as long as possible. This oral health guidance sets out how our staff will work with people to care for their mouths.
- b. This guidance supports the [Smiling matters: oral health care in care homes - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk) review and should be read alongside the adult short break personal and intimate care guidance and [Oral health for adults in care homes NICE guidance](https://www.nice.org.uk).
- c. Staff must at all times when involved in the physical or intimate care of a person adhere to policies and procedure on all matters of infection prevention and control. This includes when required the use of personal protective equipment.

### 2. Daily mouth care

*Includes activities such as removing and cleaning dentures, toothbrushing and using fluoride toothpaste.*

- a. Staff should follow the persons care and support plan and "About me" documents on their routines for oral health and hygiene, these documents should include:
  - the level of support a person needs with oral health care,
  - how to brush natural teeth at least twice a day with toothpaste,
  - how to provide daily oral care for full or partial dentures (such as brushing, removing food debris and removing dentures overnight)
  - using their choice of cleaning products for dentures, if possible,
  - using their choice of toothbrush, either manual or electric/battery powered,
  - daily use of mouth care products prescribed by dental clinicians,
  - daily use of any over-the-counter products preferred by the person, if possible, such as particular mouth rinses or toothpastes; if the person uses sugar-free gum, consider gum containing xylitol.
- b. Staff should ensure they follow the "Medication in adult short break and community services policy" relating to "over the counter" medication.

- c. Any prescribed medication from the person's dentist, for example fluoride toothpaste, needs to be stored with the person's medication and recorded on a MAR chart, if staff are responsible for the person's administration of medication. If the person self-administers their medication, staff are to record any prompting support on their daily records, as described in the "Medication policy for adult short breaks and community services".
- d. Some personal and intimate care tasks that the person's family or carer carries out at home might not be possible or safe to carry out in the short break service. If the person lacks capacity to complete this task themselves, this should be discussed with the referring team and family/carer considering the Mental Capacity Act and best interest decision.  
It may mean this task is not completed during the persons stay, this should be recorded in the person's "About me" document. An example of this would be "flossing".

### 3. Care of dentures

- a. Those with dentures will be encouraged to wear their dentures throughout the day and to remove them at night. If they refuse to remove their dentures at night and have the capacity to make this decision, this will be respected and recorded in their daily notes.
- b. Ideally the persons dentures should be removed and rinsed after every meal, at least once a day the persons denture will be removed and will be cleaned using a denture brush or soft toothbrush with unperfumed liquid soap denture cleansing foam or crème. People without any natural teeth will have their gums cleaned and food debris removed with a soft toothbrush whilst the denture is removed.
- c. When dentures are removed, they will be stored dry in a denture pot in after brushing and will be rinsed before being put back in the person's mouth.
- d. People who are able to carry out these denture tasks should be encouraged to do this as independently as possible.

### 4. Recording, monitoring, and reporting

- a. Some people will be able to maintain their own mouth care, and some may benefit from prompting and support to undertake mouth care when needed. Where more help is required, a record of this will be documented in their daily records, including refusal of mouth care. If this refusal becomes a regular concern the management team should raise this with the person's representative and social care team.

- b. Teeth will usually be brushed with a fluoride toothpaste last thing at night and at one other time during the day.
- c. Any changes to a person's eating habits and loss of weight will be monitored and recorded and reported to the management team or on-call out of hours. Problems with eating and chewing may have an oral health cause including mouth or jaw pain, and/or infection or broken teeth. If other causes have been ruled out, staff will consider reviewing the Oral Health Assessment and when appropriate, consulting a dentist.
- d. The management team will be responsible for ensuring the person, their representatives and the social care team are informed of any concerns to enable them to take this forward. As a short break service, the level of support to access a dentist is limited and so reporting concerns whilst at the service is vital to the welfare and safe care of their oral hygiene and health.

## 5. Recording a person's dentist information

- a. During the assessment stage and introduction to the service, staff are to gather the name and address of the person's dentist or any dental service they have had contact with.
- b. As a short stay service, this might not be required during their stay but is beneficial to hold this information.
- c. If on gathering this information it is noted the person does not access the dentist, this should be reported to the management team who in turn will advise the social care team of this information.

## 6. Oral health assessments

- a. Staff will complete an Oral Health Assessment Form at least annually, to capture information about the person's oral health care requirements and preferences. Where family and/or close carers are involved in on-going care, they may be involved in the oral health assessment (with the person's permission if the person has capacity to consent). Where the person does not have capacity to consent, staff will follow the Mental Capacity act process including making a best interest's decision for the person and involve family and/or carers.

**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 = change? 2 = unhealthy

<p><b>Lips:</b></p> <p>0 Moist, pink, moist</p> <p>1 Dry, chapped or red at corners</p> <p>2 Swelling or lump, white, red or ulcerated areas, bleeding or ulcerated at corners</p>	<p><b>Dental pain:</b></p> <p>0 No behavioural, verbal, or physical signs of dental pain</p> <p>1 There are verbal and/or behavioural signs of pain such as pulling at face, covering eye, eye watering, aggression</p> <p>2 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)</p>	<p><b>Normal teeth:</b> Yes/No:</p> <p>0 No decayed or broken teeth or roots</p> <p>1 1-3 decayed or broken teeth or roots or very worn down teeth</p> <p>2 4+ decayed or broken teeth or roots, or very worn down teeth, or less than 6 teeth</p>
<p><b>Oral cleanliness:</b></p> <p>0 Clean and no food particles or tartar in mouth or dentures</p> <p>1 Food particles, tartar or plaque in 1-2 areas of the mouth or on small area of dentures or hallows (bad breath)</p> <p>2 Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath)</p>	<p><b>Disorders:</b> Yes/No:</p> <p>0 No broken areas or teeth, dentures regularly worn, and named</p> <p>1 1 broken area or tooth or dentures only worn for 1-2 hours daily or dentures not named or a note</p> <p>2 More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive or not named</p>	
<p><b>Saliva:</b></p> <p>0 Moist tissues, watery and free flowing saliva</p> <p>1 Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth</p> <p>2 Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth</p>	<p><b>Tongue:</b></p> <p>0 Normal, moist, roughness, pink</p> <p>1 Puffy, fissured, red, coated</p> <p>2 Patch that is red and/or white, ulcerated, swollen</p>	<p><b>Gums and Dentures:</b></p> <p>0 Pink, moist, smooth, no bleeding</p> <p>1 Dry, shiny, rough, red, swollen, ulcer or sore spot under dentures</p> <p>2 Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures</p>

**Notes:**

0 = Normal, moist, roughness, pink

1 = Puffy, fissured, red, coated

2 = Patch that is red and/or white, ulcerated, swollen

**Options for residents to have a dental examination by a dentist:**  
 Consider and/or send or patient and staff oral hygiene care instructions for resident  
 Review this resident's oral health again on date: \_\_\_\_\_

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

## 7. Dental emergency and out-of-hours care

- During working hours the person's usual dentist should be contact and where possible this should be alongside working with the person and their family/carer.
- If support is not available via the person's usual dentist, staff should contact NHS 111, who can put you in touch with an urgent dental service. Remember to quote the services 111 priority number.
- The GP is not the correct person to contact, as they will not be able to offer urgent or emergency dental care.
- Staff should only consider attending Accident and Emergency (A&E) in serious circumstances, such as:
  - severe pain
  - heavy bleeding
  - injuries to the face, mouth, or teeth
- If staff are unsure sure whether to attend A&E, they should contact NHS 111, for advice. The staff member dealing with this situation should ensure the management team or out of hours on-call is updated.

## 8. Arranging dental appointments

- As a short break service, it would not be the responsibility of the staff to make dental appointments.
- If during a stay a person has an appointment arranged, a decision with the person and their family and/or carer should take place to decide on the appropriateness of the service supporting this. Ideally appointments should be arranged outside of the person's short break.

## 9. Staff training

- a. All staff are required to have a basic level of understanding on oral health and hygiene and are required to read the [Improving oral health for adults in care homes](#) and watch the [Webinar recording: Improving oral health for adults in care homes \(scie.org.uk\)](#).

This will enable the staff to:

- understand the importance of a person's oral health and the potential effect on their 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.
  - know how and when to reassess a person's oral health (see the including recommendation on oral health assessment).
  - know how to deliver daily mouth care
  - know how and when to report any oral health concerns for people, and how to respond to a person's changing needs and circumstances.
- b. All staff will be expected to have read the medication in adult short breaks and community services policy and the Infection prevention control policy.
- c. Prior to each person's stay at the short break service, staff are required to read the person's "about me" and relevant documentation to ensure they know how to support the person correctly during their stay. Any queries regarding this will be raised with the management team.

## 10. Available resources and references

The following documents are available as resources for staff:

- Delivering better oral health: an evidence-based toolkit for prevention.  
<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>
- Care Quality Commission: Smiling Matters Report  
[https://www.cqc.org.uk/sites/default/files/20190624\\_smiling\\_matters\\_full\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20190624_smiling_matters_full_report.pdf)
- A quick guide for care home managers. Improving oral health for adults in care homes  
[Recommendations | Oral health for adults in care homes | Guidance | NICE](#)
- NICE Oral health in care homes guidance (NG48) available here:  
<https://www.nice.org.uk/guidance/ng48>
- NICE Oral health in care homes Quality Standard (QS 151) available here:  
<https://www.nice.org.uk/guidance/qs151>
- [Oral health toolkit for adults in care homes - GOV.UK \(www.gov.uk\)](#)