



Caring for Smiles

Guide for Care Homes

Better oral care for
dependent older people

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Foreword

A clean, healthy mouth is fundamental to everybody's quality of life. Oral diseases and conditions are not only painful and distressing, they have an impact on a person's ability to eat and speak, and are increasingly linked to a number of other health problems, some of which are serious.

Older people living in care homes are at higher risk of oral health problems and related conditions because of high levels of dependency and dementia.

People in Scotland, including those living in care homes, are increasingly keeping more of their natural teeth into older age. Dependent older people living in care homes will rely on staff to maintain their oral health. It is essential, therefore, that management and staff understand the importance of good oral hygiene and, importantly, know how to deliver this aspect of personal care effectively and confidently to the people they look after.

Providing good oral care for residents can be challenging. Other tasks can take priority, and some residents can be uncooperative. However, to safeguard the health and wellbeing of vulnerable older people, good daily oral care is crucial. In palliative and end-of-life care it becomes particularly important to ensure the person's mouth is clean and comfortable.

The Care Inspectorate is delighted to have worked closely with professionals in producing this advice. The role of the Care Inspectorate is not simply to regulate and inspect care services across Scotland, but to support improvement and spread good practice. The majority of services perform well, but the Care Inspectorate's vision is that every person using a care service deserves to receive good quality care that reflects their needs and promotes their rights.

Caring for Smiles is Scotland's national oral health promotion, training and support programme for staff in care homes. Our aim is to work in partnership with managers and staff to deliver training that meets the needs of care homes. This ensures staff have the knowledge of best practice and the skills necessary to improve and maintain their residents' oral health and, in turn, maximise the health and wellbeing of all people living in care homes.



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Unit 1

Introduction

What is Caring for Smiles?

Caring for Smiles is Scotland's national oral health promotion, training and support programme, which aims to improve the oral health of older people, particularly those living in care homes. Caring for Smiles teams are delivering training sessions across Scotland and this *Guide for Care Homes* is designed to support this training and to be a source of best practice information and advice on oral health issues for care home staff.

Education and training of staff play an important role in the delivery and improvement of oral care. All care staff, including supervisors and managers, are encouraged to take up Caring for Smiles training where it is available. It is recognised that good oral health practice by staff is more likely when managers understand residents' oral care needs and support their staff in ensuring good care is delivered.

The oral health status of Scotland's older people is changing. Many more older people are retaining their natural teeth well into old age. As a result, the oral care needs of residents are becoming more challenging for those staff who are given the responsibility for delivering this aspect of care to dependent older people. Thinking of oral care as basic does not accurately reflect the complex skills required to care for someone else's mouth, especially those with physical or cognitive impairment. The purpose of the Caring for Smiles programme is to provide care staff with the necessary knowledge and skills to equip them to confidently and proficiently provide the best oral care for the people they look after.

This *Guide for Care Homes* is an important element of the Caring for Smiles training programme and should be used by care homes to complement the training delivered by NHS Caring for Smiles teams. Some care homes will have an oral health champion who may have the responsibility of delivering in-house training to colleagues. This *Guide for Care Homes* will support this by ensuring the content of in-house training is up to date and reflects current best practice. The learning outcomes linked to the training are included in the appendix for this purpose.

The *Guide for Care Homes* covers the core oral health knowledge that care staff will need to know, together with sections on practical skills required to deliver good oral care. It also has sections on dementia and care-resistant behaviour, assessment and care planning, and on the vitally important mouth care needs of people receiving palliative and end-of-life care.

The final section of the guide will contain information which is specific to your individual Health Board area, such as contact details of your local Caring for Smiles team, information on dental referrals, and who to contact with oral health enquiries.

Various icons are included in the guide for ease of use. These are:



Where contacting a dental professional is recommended.



Hazard warning – where potential risks exist.



Infection prevention and control – where careful steps to prevent and control infection are recommended.

All care homes should receive a hard copy of this guide. However, if you need additional or replacement copies, it will be made available for download from NHS Health Scotland's webpage. Search for '*Caring for Smiles – Guide for Care Homes*' on www.healthscotland.com

For further information on the Caring for Smiles programme in your area, details of who to contact are included in the Local information section of this guide.

Overview



Key message:

Improving the oral health of older people in Scotland is a government priority.

Why this guide was developed

In 2012 the National Oral Health Improvement Strategy for Priority Groups, which includes frail older people, people with special care needs and those who are homeless, was published by the Scottish Government. This recommends action to improve the oral health of older people in care homes.

The main reasons oral care is important for older people are:

- Poor oral health affects overall health, nutrition, quality of life, communication and appearance.
- The number of older people in the population, including dependent older people, continues to rise.
- Many older people are now retaining their natural teeth which makes caring for their mouth more challenging for care staff.
- The number of vulnerable older people in care homes is rising and inadequate oral care can have a detrimental impact on their nutrition and hydration levels.
- People often come into care homes with pre-existing oral problems as a result of inadequate oral care while living on their own.
- Many dependent older people cannot perform their own oral care satisfactorily and rely on others for help to maintain their health and welfare.

An area which is particularly challenging for care staff is the provision of oral care to residents who resist or reject care, often as a result of dementia. The number of care home residents who have dementia and also have retained their own teeth is expected to rise significantly in the future.

Challenges to achieving and maintaining good oral health in care homes:

Research has found the main obstacles to care staff carrying out mouth care are as follows:

- This aspect of care is considered by some as distasteful.
- With residents who retain some of their teeth, care staff can show a reluctance to carrying out care inside the mouth. This is not such an issue with denture care.
- Confusion over consent issues, fear of personal harm from resistant residents or a lack of dementia-specific care skills can discourage care staff from carrying out oral care.
- Care staff (and managers) may not give oral care the priority that other care tasks receive. They may also be influenced by other factors such as workplace pressures.



Key messages

These are the essential points that care staff should be aware of:

- Good oral health will contribute positively to overall health and wellbeing.
- Dental decay and gum disease are entirely preventable.
- Effective daily oral care can prevent oral disease.
- Looking after oral soft tissues is just as important as looking after the teeth.
- Early detection of mouth cancer is important so 'if in doubt, get checked out'.
- Oral care is the responsibility of every member of the care staff. Care is required 24 hours a day, so this includes both night and day staff.
- Toothbrushing, diet and dental visits are the main steps towards good oral health, but may need some adaptations for older people.
- Oral care should be enhanced if older people need or prefer a higher intake of food or drinks containing sugar.
- Oral health risk assessments, care plans and documentation of daily care should be carried out for every resident.
- When a resident with dementia becomes uncooperative and won't let you near their mouth – think! Are they in pain?
- Eating, drinking and swallowing problems are common among older people and require special assessment and care.
- In palliative and end-of-life care, mouth care must be carried out regularly to ensure the resident is kept as comfortable as possible.
- Improving the oral health of older people in Scotland is a Scottish Government priority.

Unit 2

Why oral health is important

What is oral health?



Key message:

Good oral health will contribute positively to overall health and wellbeing.

Oral health is defined as:

‘A standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease or embarrassment and which contributes to general wellbeing’

(Department of Health, 1994).

Oral health means more than having ‘good teeth’. It is part of (and should not be considered separately from) general health, and it could be argued that a person cannot have a healthy body without having a healthy mouth. It is essential for physical and mental wellbeing and is a key factor in quality of life.

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, including the:

- teeth and gums
- hard and soft palate
- soft tissue of the mouth and throat
- tongue
- lips
- salivary glands
- chewing muscles
- upper and lower jaws.

Why carry out oral care?



Key message:

Oral care is the responsibility of every member of the care staff. Care is required 24 hours a day, so this includes both night and day staff.

Oral care should receive the same priority as other aspects of person-centred care and should be incorporated as routine for all residents.

Good oral care is important for:

Overall health

Infections from the mouth can affect general health (and vice versa).

- Oral bacteria from a dental abscess or other oral infections may enter the bloodstream and cause septicaemia or blood poisoning.
- Oral bacteria can also cause specific heart damage (endocarditis) in people who have pre-existing heart valve problems.
- Poor oral hygiene is a key risk factor for pneumonia and respiratory tract infections in vulnerable residents.
- People with diabetes are more prone to gum disease, as reduced blood flow delays the healing process. Advanced gum disease may have an effect on blood glucose control, with any infection contributing to a rise in blood glucose levels.



All of these are potentially life-threatening for vulnerable older people.

Prevention of pain and suffering

- A painful mouth can be debilitating and upsetting.
- People with dementia may not be able to convey that they are suffering from oral pain or discomfort but this may affect their mood or increase confusion.

Adequate nutrition and hydration

- A painful mouth prevents people from eating and drinking, and so could contribute to under-nutrition and dehydration.

Quality of life and comfort

- Poor oral health can affect quality of life, lower self-confidence and alter self-image.
- A healthy mouth gives the person dignity and should be valued.

Communication, socialisation and appearance

- Poor oral health can affect the ability to speak, smile and kiss loved ones.
- A healthy mouth can encourage confidence.
- Many people dislike their appearance if their oral health is poor.

Benefits for care staff:

A painful mouth can cause challenging behaviour. Good oral care can help prevent dental 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.

It is important that oral care is documented – this will mean that care staff have protected themselves by providing evidence that residents' needs have been met. (See Unit 5 for sample recording documentation.)

Current regulations and guidance on best practice

National Care Standards: Care Homes for Older People

All care homes should have a copy of the Standards. They are also downloadable from: www.scotland.gov.uk/Publications/2011/05/16142828/0 or search the title at the home page.

The Scottish Government developed *National Care Standards: Care Homes for Older People* which details what a resident and their family should expect from their care home. The Care Inspectorate use these standards when inspecting care homes and it expects services to be using best practice guidance to help them meet the national care standards. This document has several sections which apply to oral health. Care staff should undertake regular reviews of a resident's oral health and ensure that residents are able to access dental care and follow advice given by dental professionals. Oral health is included in several of the standards:



6.1 – Your personal plan should include your individual health needs, which will cover oral health.

13.10 – Staff will regularly review anything that may affect your ability to eat or drink, such as your dental health. They will arrange for you to get advice.

14.1 – You continue to be registered with your usual dentist. If this is not possible, staff will help you to register as quickly as possible with a new dentist of your choice.

14.3 – You will receive a full assessment of your healthcare needs – this should include oral health.

14.4 – If you need health advice from a dentist, staff will arrange this for you and help you to follow any advice you have been given.

(Note: These Standards are due to be reviewed and revised in 2013.)

NHS Quality Improvement Scotland (QIS) – Best Practice Statement (BPS)

Working with Dependent Older People to Achieve Good Oral Health

A best practice statement describes the best achievable practice in a specific area of care. This BPS is a key guideline developed for nurses and care staff on fundamental aspects of oral care practice in care homes and other long-stay residential establishments.

The statement is divided into four sections, each of which makes a series of recommendations:

- Raising nurses' awareness of the need to promote good oral health.
- Assessment (this should be done within 48 hours).
- Care of the mouth and teeth.
- Education and training.

This BPS draws together many of the recommendations in other key policy documents including the National Care Standards. It is an excellent step forward in the provision of oral care and support for older people resident in care homes.

Any QIS Best Practice Statements can now be downloaded from the website of the new regulatory body Healthcare Improvement Scotland:

www.healthcareimprovementscotland.org/home.aspx



Unit 3

Core oral health knowledge

Healthy mouth, teeth and gums

Achieving and maintaining a healthy mouth should be a priority when caring for older people.

What is a healthy mouth?

- Teeth are clean.
- The tooth surface is covered in enamel and free of decay.
- Gums are pink.
- Soft tissues are pink and moist.



Older adult's healthy mouth

Keeping the mouth healthy



Key message:

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

To keep the mouth healthy:

For the general population	For dependent older people
Brush teeth and gums thoroughly twice a day with a fluoride toothpaste. 'Spit, don't rinse' is advised to allow fluoride to act.	The 'spit, don't rinse' message may not be applicable for older people, especially those with a dry mouth or other oral conditions. Some people, especially those with dementia, may be unable to spit and should use a non-foaming toothpaste (without sodium lauryl sulphate).
Keep sugary snacks and drinks to mealtimes where possible.	Care home residents are at risk from dehydration and under-nutrition and may need (or prefer) a higher intake of food and drinks with sugar. Always remember that enjoyment of food is important. Nutrition advice should be sought for the individual resident if required.
Be seen by the dentist regularly for dental examinations. Even if people have no natural teeth, they should still visit the dentist at least every two years to check the mouth is healthy.	Older people should still see a dentist regularly. Access to a dentist will vary between care homes. Every area should have a local protocol for referring to a dentist – see the Local information section in this guide. Some older people will be liable to pay patient charges towards the cost of NHS dental treatment (see page 19).

Diet and nutrition advice for older people



Key message:

Oral care should be enhanced if older people need or prefer a higher intake of food or drinks containing sugar.

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. Older people in care homes are at increased risk of dehydration. A high proportion of residents are also likely to be nutritionally vulnerable. 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.

Care homes need to have in-house procedures to prevent the risk of dehydration and under-nutrition and manage these conditions if identified.

Residents can be nutritionally vulnerable if they:

- have unexplained or unintentional weight loss
- have physical difficulty eating and/or drinking
- have acute or chronic illness affecting appetite and food intake
- have cognitive or communication difficulties (such as dementia)
- require the texture of food or fluid to be modified.

Under-nutrition and unplanned weight loss

Under-nutrition is often unrecognised and untreated in care homes. It occurs when a person does not get enough calories in their diet, resulting in unplanned weight loss. A survey of nutrition screening was carried out among people admitted to hospitals and care homes which found that the overall risk of under-nutrition was 28%. The Care Inspectorate also receives complaints about unplanned weight loss.

Dehydration

Dehydration is when there is loss of fluid from the body, for example through illness or from not drinking enough fluids. Dehydration can have serious consequences for the health and wellbeing of older people. It can contribute to problems such as increased confusion, constipation, pressure ulcers and urinary tract infections.

Older people in care homes are at increased risk of dehydration. The Care Inspectorate recently reported that dehydration made up the largest number of complaints they received about eating and drinking.

Social enjoyment

It is important to take into account that eating and drinking is one of life's pleasures and provides a key social opportunity for residents in care homes. Older people's preferences and habits are well-established and so they may prefer sweet food. This should be respected while giving choice and suitable health advice.

Additional oral care requirements

Oral care should be enhanced if older people need a higher intake of foods containing sugar to ensure adequate calorie intake, or are on nutritional supplements. Enhanced mouth care includes brushing the teeth more often, or using high fluoride toothpaste or mouthwashes on the advice of a dentist. Other examples where additional mouth care may also be required include:

- where syrup medication is used
- when the resident has poor swallowing or pocketing of food due to an underlying medical condition – care staff should make sure the mouth is fully cleared, especially if thickeners are added to foods or fluids.

Ideally, the mouth should be cleaned, or at least rinsed with water, after meals and taking medication.

For further information, see:

Oral Health and Nutrition Guidance for Professionals, which can be downloaded from: www.healthscotland.com/documents/5885.aspx

Oral diseases and their causes

**Key message:**

Dental decay and gum disease are entirely preventable.

The most common oral diseases are dental decay and gum disease. Plaque causes or contributes to these preventable diseases.

What is dental plaque?

- It is present in all mouths.
- It is a sticky film of bacteria that forms minutes after brushing.
- It can form on all surfaces of the teeth, dentures, crowns and bridges.
- It contributes to decay and is the major cause of gum disease.
- If it is left in the mouth it can harden and become tartar (calculus).

How is plaque removed?

- By thorough toothbrushing, at least twice daily.
- Tartar can only be removed by professional cleaning.

- Plaque and tartar can form above and below the gum.
- Any irregularities around the teeth (crooked teeth, overhanging edges on fillings, partial dentures) will encourage the build-up of plaque.
- Plaque still forms in the mouths of people on the following regimes: nil by mouth; PEG (percutaneous endoscopic gastrostomy) fed; oxygen therapy.

Dental decay

What is decay?

- It is destruction of the enamel and dentine of the tooth.
- When the enamel is weakened it can break off and form a hole in the tooth (cavity).
- When the decay reaches the dentine, it can cause pain and infection.



Dental decay

What causes decay?

- The basic process which causes decay is demineralisation, and is sometimes called an 'acid attack'.
- This happens when sugars from foods and drinks are mixed with the plaque bacteria and acid is then formed.
- The acid attack will last for one to two hours.
- If more sugar-containing foods or drinks are taken within this time, the acid attack will last longer.
- The more acid attacks that take place, the higher the risk of tooth decay.
- Dental erosion, a separate condition, is the wearing away of enamel caused by other acids, mostly from acidic drinks.

How is decay prevented?

- Mainly by reducing the number of times that acid attacks occur, for example by trying to keep sugar containing foods and drinks to mealtimes when possible. Also by using a fluoride toothpaste twice daily.
- Brushing teeth with high-fluoride toothpaste, which can be prescribed by a dentist, helps reduce decay. Fluoride mouthwashes can also be useful, but may not be suitable for all vulnerable older people.
- People who have a dry mouth are more prone to tooth decay due to lack of saliva and require additional help (see page 29).

Good practice points: high-sugar drinks and preventing decay

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

These all have the potential to cause decay in residents with natural teeth,

especially if they are spread out over a period of time. They should, if appropriate, be drunk as quickly as possible and through a straw, if the resident is able to do so safely. If necessary, consult with other professionals such as a dietitian or a speech and language therapist. Enhanced oral care is necessary for residents who choose or need to drink these to maintain their nutrition and hydration levels.

Dental treatment

Dental decay and gum disease require treatment from a dentist. Details of how to contact a dentist in your area are in the Local information section of this guide. Many older people believe they do not have to pay for dental treatment. However this is not always the case.

Who gets help with NHS dental charges?

The guidelines are not straightforward and are subject to change, but here are some pointers:

- People on certain benefits, for example Pension Credit Guarantee Credit, may not need to pay.
- If the resident or family/guardian thinks they may be exempt from paying, they can complete form HC1.
- Some residents have all their dental treatment paid for, while others might pay something towards the cost of treatment.
- Care home managers can apply on behalf of residents funded by the local authority, by completing short form HC1(SC). Certificates are then given which say if patients are exempt from paying.
- Even if treatment has been free in the past, some patients may now have to pay, due to changes in legislation.

For up-to-date information on dental charges and typical costs for treatment see: www.scottishdental.org/index.aspx?o=1923 or click on 'Public' and then 'Treatment charges'.

Gum disease

There are two types of gum disease:

Early stage – gingivitis

- At this stage gum disease can be reversed and the gums restored to health.
- The gums around the teeth become red, swollen and bleed when they are brushed.
- In many cases people will suffer from bad breath (halitosis).
- The first sign can be blood on the toothbrush or after spitting out.

Good practice point: toothbrushing and gum disease

Even if the gums bleed slightly, continue to brush them. The bleeding is usually the result of plaque build-up and continued brushing will improve gum health.

Advanced stage – periodontitis

- At this stage the gum and bone supporting the teeth have been destroyed by the plaque underneath the gum, making the teeth loose.
- Periodontitis is irreversible and teeth can be lost through this.
- Loose teeth can cause numerous problems as they affect eating, speaking and quality of life.
- Loose teeth can fall out of their sockets and be inhaled or ingested, leading to a possible medical emergency.

What causes gum disease?

- Gum disease is caused by plaque and poor oral hygiene.
- Smoking can also make the disease worse as it causes a lack of oxygen in the bloodstream which makes healing more difficult.

How is gum disease prevented?

- Regular and methodical removal of dental plaque by thorough brushing twice daily.
- Information can be sought from dental professionals about effective oral care aids.
- Mouthwashes should be used under the advice of either medical or dental professionals. Ideally all mouthwashes should be alcohol-free.



Gingivitis



Periodontitis

Smoking and oral health

The appearance of gums of smokers can be misleading and mask more serious periodontal problems.

- The gums appear normal, as they can be pink in colour and do not bleed on brushing or flossing.
- This is due to the lack of blood supply caused by smoking.
- The gum condition may still be a problem, as the disease may have spread to involve more of the supporting tissues.

Oral care methods

**Key message:**

Effective daily oral care can prevent oral disease.

Natural teeth

Good oral care is extremely important to help avoid tooth decay and gum disease.

When do you need to help with toothbrushing?

- If the resident is able to brush their own teeth then they should be encouraged to do so morning and night, and assisted if necessary. A resident's ability may change so this should be regularly assessed and documented.
- Some medical conditions can make it harder for people to brush properly and this is where care staff need to help, for example stroke, arthritis, Parkinson's disease, dementia, and following some treatments such as radiotherapy or chemotherapy.

What type of toothpaste?

Using fluoride toothpaste twice daily increases the teeth's defences against decay. Some fluoride toothpastes can contain higher amounts of fluoride which gives extra protection against decay. A dentist will prescribe these for a resident if necessary. Non-foaming toothpastes are available for people with swallowing problems.



If required, seek advice from a dentist or a dental professional.

What type of toothbrush?

- A soft to medium small-headed toothbrush is suitable for most people. Toothbrushes should be replaced every three months, or sooner if bristles become deformed or splayed, as this decreases their effectiveness in removing plaque.
- Very soft toothbrushes are kinder to the soft tissues of a resident with dry mouth or ulceration or who is receiving palliative care.
- Adults with limited dexterity should have a large handle that provides a firm, comfortable grip. Toothbrush handles can be adapted to improve the grip. If assistance is needed with this, care staff should liaise with an occupational therapist.
- An electrically-powered toothbrush could be helpful for residents who suffer from arthritis or cannot grip a manual toothbrush. Powered toothbrushes also reduce plaque and gingivitis more than manual toothbrushing. As with manual toothbrushes, the heads on powered brushes do wear out and need to be replaced regularly.



Adapted toothbrushes

Additional oral products:

- Chlorhexidine gel and mouthwashes are available and should be used when a dentist advises this.



It is important to check the medical history for any previous allergies.

See Medical Device Alert no. MDA/2012/075 (25 October 2012).

- Dental floss and other aids such as mini interdental brushes can be used if residents are familiar with these and are able to use them safely.

Dentures

Like natural teeth, dentures need to be kept clean. Plaque can also build up on dentures and if not cleaned regularly can cause denture-related infections such as stomatitis (thrush). Other equipment, such as denture boxes, also needs to be kept clean.



Denture-related infection

Residents may wear full dentures or partial dentures (often called a 'plate').

- It can sometimes be difficult to tell what are dentures and what are natural teeth, so a thorough oral assessment should be carried out shortly after admission.
- All dentures should be marked with the resident's name or other form of identity.
- Some residents can be reluctant to remove their dentures. When this is the case, if possible dentures should be removed, cleaned and soaked for 20 minutes each day in disinfecting solution.
- Ideally, dentures should be removed overnight to allow the gums and soft tissues to rest and to help prevent fungal problems.

Denture hygiene methods

- Ideally, dentures should be rinsed after every meal.
- Clean dentures morning and night using a toothbrush and denture cream or unperfumed soap and water.
- Clean the roof of the mouth, gum ridges and tongue with a soft toothbrush.

Good practice points: disinfecting dentures

- Popular brands of effervescent denture cleansers do not effectively remove plaque, bacteria, heavy staining or tartar. Importantly, they also do not eliminate denture-related infections.
- Current best practice recommends daily disinfecting of plastic dentures in a solution of sodium hypochlorite (commonly used for baby feeding bottles). The solution should be made up according to manufacturer's instructions.
- Dentures should be soaked in a lidded box containing this solution for 20 minutes. The dentures should then be placed in plain water overnight.
- To prevent the ingestion of disinfection solution by residents with dementia, it should not be stored or used within residents' reach.
- Note: Dentures containing metal should not be soaked in this solution – they should be soaked in chlorhexidine 0.2% solution. This is available on prescription or over the counter at pharmacies. See page 23 for hazard information.



Chlorhexidine mouthwash and gel

Soft tissues



Key message:

Looking after oral soft tissues is just as important as looking after the teeth.

Tongue

What is a healthy tongue?

- Pink and symmetrical, with a slightly rough surface.
- The roughened upper surface is covered with tiny papillae.
- At the back of the tongue are large specialised papillae which look like big lumps.
- Like any surface in the mouth, the tongue should be kept clean and moist.
- When a person has a dry mouth the tongue surface can become sore and cracked and require a specialised cleaning regime. There are a lot of contributing factors to dry mouth and it is a common side effect of many medications.



If a resident has persistent dry mouth, it is best to seek advice from a dental professional.

- Conditions such as black hairy tongue are harmless, but need to be kept clean.



Healthy tongue



Dry tongue



Black hairy tongue

Other soft tissues

The lining of the mouth should also be cleaned.

- For cleaning the soft tissues, use damp non-fraying gauze (which has been thoroughly wetted in clean running water) wrapped round a gloved finger.
- The gauze should be changed when required and several pieces of gauze used to clean the mouth.

Sponge sticks

- These are **not** recommended, as there is a risk of the foam head detaching from the stick during use. This presents a serious choking hazard.
- They do not remove plaque from tooth surfaces.
- If they are used, it should only be to moisten the mouth or clean the soft tissues.



They must never be left to soak as this increases the risk of detachment.

See Medical Device Alert no. MDA/2012/020 (13 April 2012)

- Discard the sponge stick after one use.

Lips

- Dry, cracked lips are uncomfortable for any individual.
- Lips should be cleaned with water-moistened non-fraying gauze and protected with a lubricant, for example water-based saliva replacement gel or aqueous cream.
- Petroleum lip balms should be avoided due to flammability and aspiration risk.

Soft tissue conditions

Infections

- 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.



Angular cheilitis

Bacterial infections of the lining of the mouth can cause generalised redness. The bacteria can also cause serious respiratory tract infections such as pneumonia.



Diagnosis of soft tissue infections will be made by a dentist or doctor.

Prevention

Good oral care and denture hygiene helps prevent or reduce oral infections in many cases.

Treatment of fungal infections

- A high standard of oral and dental 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 in pages 37–39. Popular effervescent cleansers are not effective at eliminating fungal infections.
- The doctor or dentist will prescribe treatment for fungal infections and these should be used as prescribed.
- Remove dentures when applying antifungal treatment to the mouth.

Mouth ulcers

Causes

- There are numerous causes of ulcers in the mouth, for example denture trauma, reaction to drugs, underlying disease or oral cancer.

Treatment



Seek advice from a dental professional even if ulcers are painless.

Dry mouth

How important is saliva?

- Saliva protects and lubricates teeth and gums – in fact all soft tissues in the mouth.
- A lack of saliva can cause dry mouth (xerostomia), which is common in dependent older people in care homes.
- Dry mouth often goes undetected, especially in people with dementia.
- It is a very common side effect of many medications and is very unpleasant and uncomfortable.
- A dry mouth causes difficulty in speaking, swallowing and eating, which can lead to unplanned weight loss.
- It can result in a lowering of morale or self-esteem.
- A dry mouth is an important risk factor for decay in residents who have their own natural teeth.
- It can also make wearing dentures difficult.

How can you help a resident with a dry mouth?

- Encourage regular sips of water.
- Saliva substitutes, for example water-based saliva replacement gels and sprays, are widely available either on prescription or over the counter. They are very effective in relieving dry mouth symptoms.
- Both gels and sprays can be used as often as required. Gel can be smeared on the surface of the dentures closest to the gum.
- The use of high-fluoride toothpaste, prescribed by a dentist, is helpful in assisting with the prevention of tooth decay.
- Fluoride mouthwashes may also be prescribed for some residents.



Encourage regular sips of water

Oral cancer

**Key message:**

Early detection of mouth cancer is important so 'if in doubt, get checked out'.

What is oral cancer?

- Oral cancer can affect the lips, mouth or throat.
- Oral cancer is twice as common among males as females.
- Approximately 85% of new cases occur in people aged over 50 years.

What to look for:

- Any red, white or speckled patches.
- Ulcers or sores that do not heal within two weeks. Any ulcer present for two weeks or more – even if painless – must be investigated by a dentist urgently.
- Lumps or bumps in the mouth or on the lip.
- Unexplained speech patterns or difficulty in swallowing.

Risk factors:

- People who smoke and drink alcohol heavily are at higher risk.
- Cancers found on the lips are frequently associated with excessive exposure to the sun, for example building workers, gardeners and farmers.

Preventive tips:

- Regular examination by a dentist.
- Stop smoking and keep to safe drinking limits.
- 'If in doubt, get checked out.'



Seek advice from a dental professional.

Unit 4

Practical skills

The importance of practical skills in oral health care

Having to look after a resident's natural teeth will almost certainly become a more common task for care staff as many older people are keeping their natural teeth. If a resident is admitted into care with some or all of their own teeth this means that they have taken great care of their own oral health. They have a right for this to continue even if they become unable to look after their own teeth. Oral care should be carried out as an integral aspect of personal care. However, mouth care is often overlooked due to demands on staff time and priority is placed on other seemingly more urgent tasks. Some care staff report being nervous about brushing someone's teeth in case they hurt the person. They may be reluctant to persist in trying to care for a resident who resists or is uncooperative because of dementia.

However, it is now becoming more and more evident that neglecting to provide an adequate level of oral care can lead to serious, debilitating and even life-threatening conditions, so being appropriately trained in the practical skills to carry out oral care is crucial. NHS Caring for Smiles health teams provide training in practical skills and support for care staff. Care home managers should encourage staff to take up this training when offered, and are also encouraged to undertake the training themselves.

This section covers the practical aspects involved in caring for people with natural teeth, dentures, partial dentures and, equally importantly, those who have no teeth or dentures.

‘Many people have never been taught how to clean their teeth effectively – it is a skill that needs to be learned. It is even more difficult to clean somebody else's teeth, and almost impossible to learn from reading an article or a manual’.

(Frenkel, H., 2003)

Oral problems often go undetected because care staff lack the confidence to look into residents' mouths. Care staff are not expected to be able to identify oral problems by name, but if they are regularly checking a resident's mouth then they will be able to note changes or problems – basically **observe and report** – to a nurse or person in charge when something looks problematic. Some oral conditions can initially progress without any pain to the resident but can be very harmful if left undetected.

As with other parts of the body, it is recommended that care staff:

observe and report

Any changes should be reported to the person in charge who will record the detail within the resident's personal plan and take appropriate steps for the resident to be seen by a dentist.

Procedure for all oral care

Always encourage as much independence as possible. If a resident is able to carry out their own oral care, ensure they have the correct products.

When helping a resident with their oral care, remember to:

prompt – encourage – support

Promote self-care as much as possible.

For residents who require assistance with oral care:

- Always ensure the resident's comfort, privacy and dignity.
- Wash hands thoroughly and use disposable gloves. Cuts, abrasions and breaks in the skin must be covered with a waterproof dressing. See pages 36 and 42 detailing good practice on infection prevention and control.
- Explain the procedure appropriately to the resident.



Explain the procedure to the resident

Good practice points: infection prevention and control



- All staff should undergo training on infection prevention and control.
- Ensure water source being used is drinking water.
- Rinsing of toothbrushes must be thorough. They should be stored upright in a cabinet to air dry. Toothbrushes must not be exposed to contamination from a flushing WC or someone's dirty hands.
- Denture containers must be emptied, washed, rinsed, dried and stored dry in an appropriate area when not in use. Residents who carry out their own oral care should be encouraged or helped to ensure their oral care equipment is kept scrupulously clean.
- NHS Education for Scotland has issued a DVD called *Preventing Infection in Care* – this covers the correct use of personal protective equipment and other aspects of infection prevention and control relevant to oral care.
- See useful websites, pages 66–67 for more information on infection prevention and control resources.

Care of dentures

When helping a resident with their oral care, remember to:

prompt – encourage – support

Promote self-care as much as possible.

Suggested equipment:

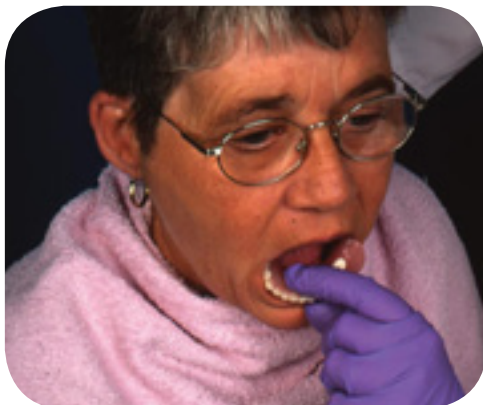
- Disposable gloves and apron
- Named denture bowl/lid
- Toothbrush or denture brush
- Denture cream or unperfumed soap (not regular toothpaste)
- Tepid water
- Soaking solution, either sodium hypochlorite or chlorhexidine (see page 25)
- Resident's own clean towel

Procedures for cleaning of dentures

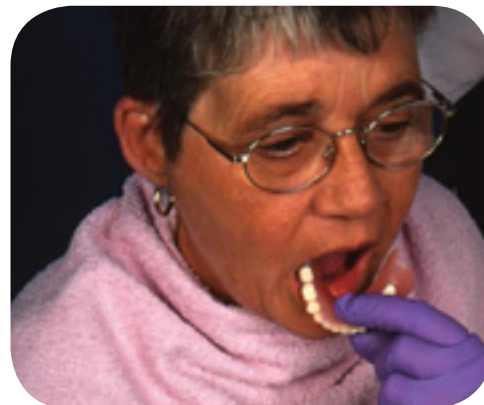
- All dentures should be cleaned morning and night.
- Dentures should also be removed after eating and rinsed in water.

Removing full dentures for cleaning:

- Check first if resident is able to remove their own dentures.
- Cover resident's clothing with their own clean towel.
- Before removal, ask the resident to take a sip of water.
- If the resident is unable to remove their dentures, remove the lower set first.

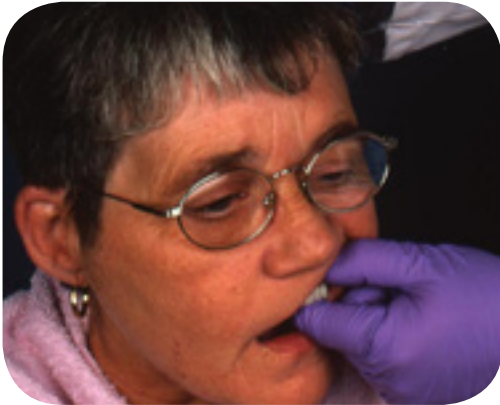


Lower denture rotating out



Lower denture removed completely

- To remove the upper denture, 'break the seal' by rocking the denture gently from side to side until dislodged.



'Breaking the seal' of upper denture

- Remove the denture at an angle.

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 gently push downwards.
- Take hold of the plastic part and pull carefully out of the resident's mouth. Avoid bending the wire.

Brushing dentures:

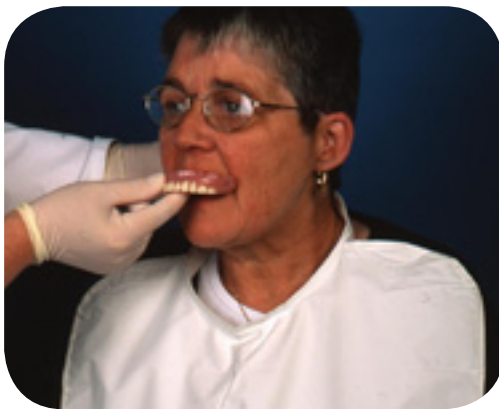
- Brush the dentures with a toothbrush and denture cream or unperfumed soap. Rinse thoroughly with water.
- Always clean dentures in a bowl of cold water to guard against splashing and prevent them from breaking if they are dropped.
- For partial dentures, carefully brush metal clasps to avoid distorting them.
- Remember to brush natural teeth while partial dentures are removed.

Soaking dentures:

- Once daily (usually after night cleaning), soak plastic dentures in disinfecting fluid for 20 minutes, then overnight in plain water (see good practice points on page 25).
- Dentures with metal parts should be soaked in chlorhexidine 0.2 % solution which is widely available on prescription or over the counter from pharmacists. See page 23 for information about checking medical history.

Inserting full dentures:

- Dentures should be rinsed under clean water before being replaced in the resident's mouth.
- If the resident is able to 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.



Inserting upper denture



Lower denture rotating in

Good practice points: denture care

- Always use a clean, named denture box with a lid for soaking dentures.
- Dentures should be marked with the resident's identity, for example name or initials. See pages 40–41 on how to mark dentures.

Inserting partial dentures:

- If the resident is able, encourage them to replace the denture.
- 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.

Good practice points: denture adhesives

- 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 on the product pack, and ensure that the correct amount is used. It is often the case that too much is applied, and 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.

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. Older people can find it difficult to adapt to new dentures and they are also very costly to replace.

Ideally, dentures are marked with the resident's name when they are being made. This may not be the case, especially with older dentures. If dentures do not have any identification, they should be marked with the resident's name. Ask the local Caring for Smiles team for guidance. Some teams may be able to offer help. If using a commercial kit, please follow the manufacturer's instructions. For care staff marking dentures, there are good practice points given on the following page. Remember that disposable items must only be used once.

Suggested equipment:

- Disposable gloves and apron
- Antibacterial wipes
- Denture cream 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).

Good practice points: marking dentures**Carry out denture marking in a well-ventilated area.**

1. Brush and soak dentures as described on pages 37–39. 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. On the roughened surface, write the resident's name as small as possible with the pencil. Mark both upper and lower denture.
3. Break the lead from the tip of the pencil. The pencil should then be cleaned with soap and water and an antibacterial wipe.
4. Using a micro-brush, dip once only into the bottle of sealant and replace the cap of the sealant immediately.
5. Paint the sealant over the named area, being careful not to smudge the pencil mark. Discard the micro-brush.
6. Wait for 5 minutes and repeat instructions 4–5 using new micro-brush, then discard.
7. The denture will be fully dry after about 10 minutes. Rinse the denture well and return to the resident.

This form of denture marking is not permanent. Using effervescent cleaners may increase the need to remark the dentures. Check the marking when carrying out oral health risk assessment reviews and remark if necessary.

Care of natural teeth

When helping a resident with their oral care, remember to:

prompt – encourage – support

Promote self-care as much as possible.

Suggested equipment:

- Resident's own clean towel
- Disposable gloves and apron
- Fluoride toothpaste
- Small, soft/medium toothbrush
- Hand mirror if available
- Dental floss and other aids such as mini interdental brushes should only be used if the resident is familiar with these and is able to safely use them.

Good practice points: infection prevention and control



- Always follow standard infection prevention and control precautions which include hand hygiene, cleaning of equipment and use and management of personal protective equipment such as disposable gloves and aprons (if there is a risk of splashing).
- Toothbrushes should be rinsed well after brushing and stored in the upright position or in individual ventilated holders. They should be protected from environmental contamination.
- Toothbrushes should be replaced if dropped on to the floor.
- Toothbrushes should be replaced every three months, or sooner if required, for example when the bristles become splayed.
- Toothbrushes should not be soaked in cleaner/disinfectant.
- Tubes of toothpaste can be cleaned with a damp tissue.

Brushing natural teeth

When explaining what you are doing, remember to take into account factors such as a resident's personal preferences and whether they have dementia or not.

1. Explain to the resident what you are about to do. The level of explanation should be appropriate to the resident's capacity to understand.
2. Find a position which is comfortable for the resident and ensure their head is supported, for example, in the crook of your arm. Do not approach a resident who has dementia from behind. You may need to try different positions to suit the resident's needs, making sure their head is supported.
3. Use a pea-sized amount of fluoride toothpaste.
4. Start on the upper or lower teeth. Work round the outside first, gently scrubbing each tooth for a count of six.
5. When you finish the outside, work your way back on the inside, methodically cleaning each tooth.
6. Clean the chewing surfaces.
7. Start again on the other jaw, repeating instructions 4–6 above.
8. Even if the gums bleed slightly, continue to brush them. The bleeding is usually the result of plaque build-up and only continued brushing will improve gum health.
9. Allow the resident to spit out, and prompt them if required. Only rinse the brush once toothbrushing has been completed.



Position for brushing teeth

Care of soft tissues

When helping a resident with their oral care, remember to:

prompt – encourage – support

Promote self-care as much as possible.

Suggested equipment:

- Disposable gloves and apron
- Gauze swabs (non-woven type is recommended)
- Resident's own clean towel

Procedure for cleaning using gauze:

- For cleaning the soft tissues, use damp non-fraying gauze (which has been thoroughly wetted in clean running water) wrapped around a gloved finger.
- The gauze should be changed when required and several pieces of gauze used to clean the mouth.



Do not cut gauze as loose threads represent an aspiration risk.



Cleaning the tongue with gauze



Cleaning soft tissues with damp gauze

Sponge sticks

- These are **not** recommended, as there is a risk of the foam head detaching from the stick during use. This presents a serious choking hazard.
- They do not remove plaque from tooth surfaces.
- If they are used it should only be to moisten the mouth or clean the soft tissues.



They must never be left to soak as this increases the risk of detachment.

See Medical Device Alert no. MDA/2012/020 (13 April 2012).

- Discard the sponge stick after one use.

Unit 5

**Oral health risk
assessments,
care plans and
recording of
daily care**

Oral health paperwork – the three steps



Key message:

Oral health risk assessments, care plans and documentation of daily care should be carried out for every resident.

The documentation involved in oral assessment and care is fundamental to ensuring that care is appropriate to the individual resident. It is also important for monitoring and regulatory purposes as it may be consulted to provide evidence that a resident's health and welfare needs are being met.

It is essential that an early assessment of a resident's oral health status is carried out after admission, as some older people may be admitted to care homes after years of declining self-care and may not have seen a dentist for some time. An assessment should also identify any risk factors to the resident's oral health and should result in the resident receiving the appropriate oral care.

It is possible that, in some care homes, only certain key staff will be designated with the task of carrying out assessments and care plan development. However, it is important that all staff are aware of the processes involved and are familiar with the paperwork used. A recommended oral assessment tool is included on page 49 and an example of an oral care plan is on page 51.

The requirement to document twice-daily care serves as a useful prompt to care staff and as evidence that care is being carried out, and also stands as a record of legitimate reasons for non-compliance. An example of a daily documentation chart is on page 53. Photocopy masters of all three documents can be found on pages 68–70.

In summary, the three steps involved to ensure daily oral care is tailored to each resident are:

1. Carry out an oral health risk assessment.
2. Develop an oral care plan.
3. Document daily oral care.

Step 1**Oral health risk assessment**

An oral health risk assessment is recommended early after admission, as part of an overall health assessment. This should ideally be within 48 hours of a resident being admitted. An oral health risk assessment is necessary because it:

- helps identify residents who have current oral health problems which may require the attention of a dentist
- highlights those who are particularly at risk of future problems because of physical or cognitive impairment or poor oral care habits
- allows the development and implementation of an individual oral care plan which indicates the daily oral care assistance required.

Training on how to undertake an oral health risk assessment is a key element of Caring for Smiles training. If you need help with conducting oral health assessments, contact your local NHS Caring for Smiles team.

There should be no longer than six months between assessments. This is in order that the service complies with regulation 5(2)(b)(iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) which say that personal plans have to be reviewed at least once in every six-month period. Personal plans set out how a service user's health, welfare and safety needs are to be met. This would therefore include their oral health needs. The ideal situation would be to bring oral health risk assessments in line with other review assessments carried out in the care home, for example nutritional risk assessments.

Repeat assessments should consider if the resident's capacity to self-care has changed. Denture marking should also be checked and reapplied if necessary.

The assessment tool on the opposite page is designed to be used by all levels of staff, to tailor oral care to the individual resident and to highlight when the resident needs to be referred to a local dentist. The next step is to develop an oral care plan.

Step 1

Oral health risk assessment sample form

Oral health risk assessment

A response in a red box – contact dentist
 A response in an orange box – may require more intensive oral health input, consider seeking advice from a dental professional.

Name of resident	D.O.B			Date of assessment
Circle which is appropriate.				Suggested outcome/actions.
1. Does the resident have any of their natural teeth?	No	Yes	Don't know	Encourage independence with cleaning teeth morning and night. Use a small-headed toothbrush and fluoride toothpaste.
2. Does the resident wear dentures? Specify:	No	Yes Upper Lower	Don't know	Supervise/help with cleaning dentures morning and night with unperfumed soap and water; rinse dentures after meals. Gently clean the oral mucosa with moist gauze. Leave dentures out overnight if acceptable to resident and soak in water with sodium hypochlorite.
(a) If YES, are dentures labelled?	No	Yes		Use kit for marking dentures
(b) If YES, how old are dentures?	Less than 5 years	More than 5 years	Don't know	Consider referral to dentist for replacement of old dentures.
3. Does the resident need help to clean teeth/dentures?	No	Yes		May need supervision/help with mouth care.
4. Does the resident complain of suffering any oral problems? Please tick: Facial swelling <input type="checkbox"/> Painful natural teeth <input type="checkbox"/> Non-healing ulcers <input type="checkbox"/> Decayed/broken teeth <input type="checkbox"/> Bleeding gums <input type="checkbox"/> Lost dentures <input type="checkbox"/> Denture problems <input type="checkbox"/>	No	Yes to any		Discuss with resident/family and if in agreement, complete a referral or make an appointment for resident to see a dentist.
5. Date of last dental treatment:	Less than 2 years ago	More than 2 years ago	Don't know	Consider referral to dentist for check up if the resident wishes.
6. Registered for dental care?	No	Yes	Don't know	Consider referral to dentist for check-up if the resident wishes.
If YES, record name and address of dentist				
7. Is the resident taking medication?	No	Yes		Consider drugs which may have oral side-effects. Check with pharmacist.
8. Does the resident complain of a dry mouth?	No	Yes		Clean lips and oral soft tissues with a water-moistened gauze and protect with water-based gel. Offer frequent fluids and/or iced water. If symptoms persistent, refer to dentist.
9. Does the resident smoke?	No	Yes		Note amount per day. Consider smoking cessation.
If further investigation required, please refer to dentist.	Referred to dentist? <input type="checkbox"/> No <input type="checkbox"/> Yes Advice from dentist? <input type="checkbox"/> No <input type="checkbox"/> Yes Resident refused referral? <input type="checkbox"/> Yes			

Signed _____ Date _____

Adapted from: Price, J., Collins, J., Jemison, R., Manager, © and British Society For Disability And Oral Health Working Group, 2000. Guidelines for oral health care for long stay patients and residents. Gerodontology 17(1), 55-64.

Step 2**Oral care plans**

The oral care plan is then developed as a result of the findings of the oral health risk assessment. The completed risk assessment should highlight any need for a dental referral. Information on the referral process in your area is included in the Local information section of this guide.

The oral health risk assessment will also show details of any specific individual care requirements of the resident, either as a result of their oral health status, or because of cognitive or physical impairments. These individual requirements should be documented in the care plan. This will then inform the care staff who carry out the daily care what form of assistance each resident requires.

An example of an oral care plan is on the opposite page.

The care plan should be reviewed each time that oral health is reviewed, that is after each oral health risk reassessment.

The ideal timing of this depends on the practice of the care home and the health status of the resident. It is recommended that the timing of the oral health risk assessment and care plan review is in line with others such as the nutritional risk assessment.

Step 2

Oral care plan example form

ORAL CARE PLAN
(including monthly review of care plan)

Following the initial assessment, please complete the care plan using tick boxes and note extra information in line below. After the monthly review assessment, please complete new care plan using tick boxes and note extra information in line below.

Date/task	Teeth	Dentures	Dry mouth	Lips	Tongue and soft tissues	Other problems, e.g. swallowing	Other problems, e.g. nutrition	Signature
	Brush twice a day	Clean twice a day, rinse after meals, soak in sodium hypochlorite	Offer frequent fluids	Apply water-based gel	Clean with moist gauze	Clean teeth and oral cavity after each meal	May require two-hourly mouth care	
Initial assessment _/_/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any other information: (e.g. smoking, medication, dexterity or cognitive function; ulcer, pain or referral to dentist)								
Monthly review assessment _/_/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review notes: (e.g. changes in smoking, medication, dexterity or cognitive function; ulcer, pain, or referral to dentist)								
Monthly review assessment _/_/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review notes: (e.g. changes in smoking, medication, dexterity or cognitive function; ulcer, pain, or referral to dentist)								
Monthly review assessment _/_/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review notes: (e.g. changes in smoking, medication, dexterity or cognitive function; ulcer, pain, or referral to dentist)								
Monthly review assessment _/_/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review notes: (e.g. changes in smoking, medication, dexterity or cognitive function; ulcer, pain, or referral to dentist)								

Step 3


Daily documentation of oral care

Accurate record-keeping by care staff is essential and this requirement to document care often acts as a useful prompt. It is also important that any reasons for non-cooperation on the part of the resident are recorded in notes in a way that highlights any ongoing deficiencies in essential care, to enable this to be addressed.

Care homes may have their own versions of daily recording paperwork. Ideally, recording of oral care should be noted separately from general personal care. An example of a daily documentation template is on the opposite page.

Daily oral care

Name: _____ Month: _____

Day					Non-compliance code/notes	Initials
	Please tick:		Please tick:			
	AM	PM	AM	PM		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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17						
18						
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26						
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28						
29						
30						
31						

- Ensure natural teeth are brushed twice a day with a fluoride toothpaste.
- Ensure dentures are cleaned every night and preferably left to soak overnight.

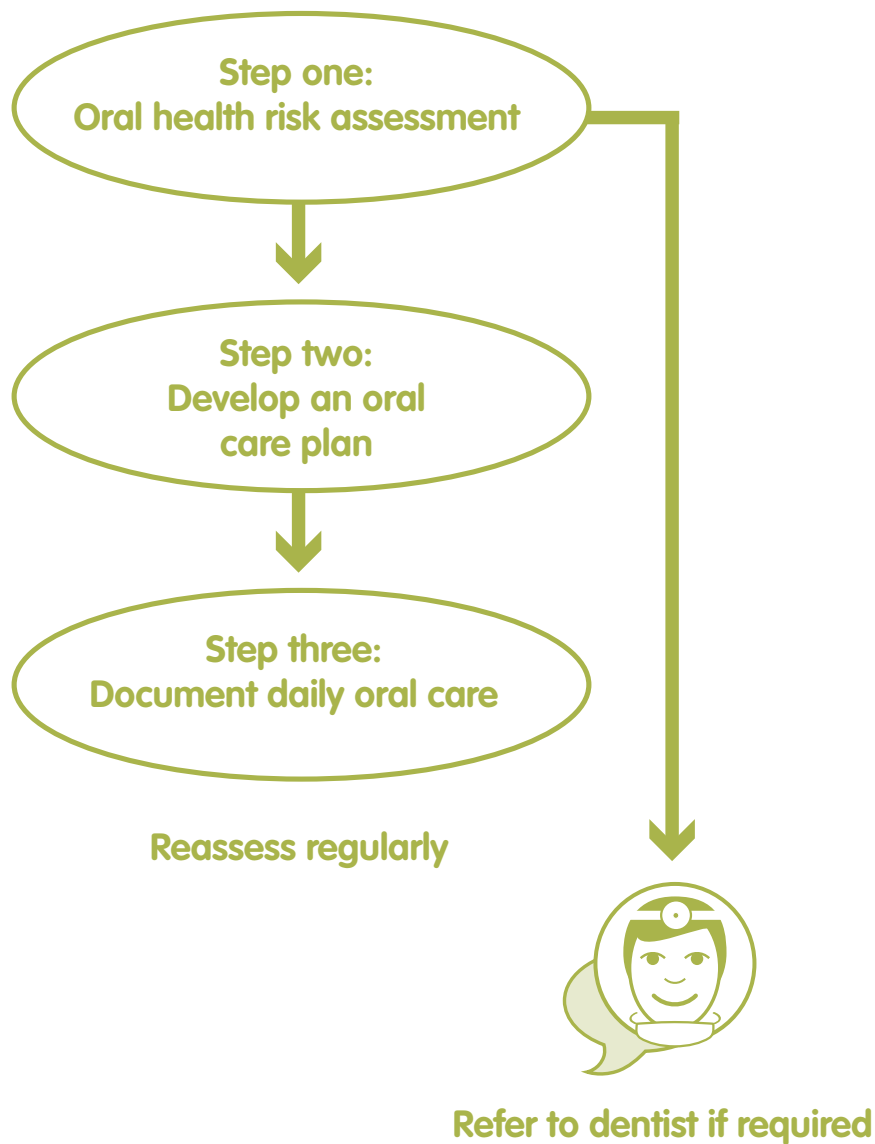
Codes: reasons for non-compliance

Patient non-cooperative	A	Staffing levels	C
Patient asleep	B	Other	D

Comments:

Three steps to ensure daily oral care is tailored to each resident

Below is a flow chart detailing the stages involved to ensure daily oral care is tailored to each resident:



Unit 6

Dementia and oral health

Dementia



Key message:

When a resident with dementia becomes uncooperative and won't let you near their mouth – think! Are they in pain?

Currently, around three-quarters of people living in care homes in Scotland have dementia of some kind and of different degrees and this is expected to rise over time.

Some people with dementia, especially those in the early stages, will remain able to care for their own oral health or will merely need reminding. For those who are dependent on care staff to assist, dementia is the main cause of residents resisting help with their oral care. People with dementia, especially those who have retained their natural teeth, are likely to present care staff with the greatest challenges. However, if regular oral care is not carried out, a vicious circle of pain and discomfort leading to increased resistance becomes likely. If oral care is not carried out for a prolonged period this can result in life-threatening conditions – see pages 8–9 which give details of the health consequences of poor oral care.

Dementia skills training can be helpful, but for staff who have not had any dementia training, the section on simple techniques (pages 58–60) should be helpful. There is no one solution for every individual person, and techniques which are found to be helpful may need to be adapted as the resident's dementia progresses.

It must be remembered that people with dementia, especially those in advanced stages, may be unable to communicate that they are in pain or have discomfort with their mouth. They may do this in other ways such as crying, pulling or hitting their face, hitting out at care staff, or being very passive. Resistance to oral care by people with dementia is most often a response to fear, and it is more helpful to view this behaviour as a sign of distress rather than the resident choosing to be aggressive and uncooperative. It may be the only way that the person can communicate fear, pain or distress.

As any lasting change in a resident's normal response to oral care may be due to discomfort or pain, this should never be ignored and should be investigated by a nurse or a dental professional.

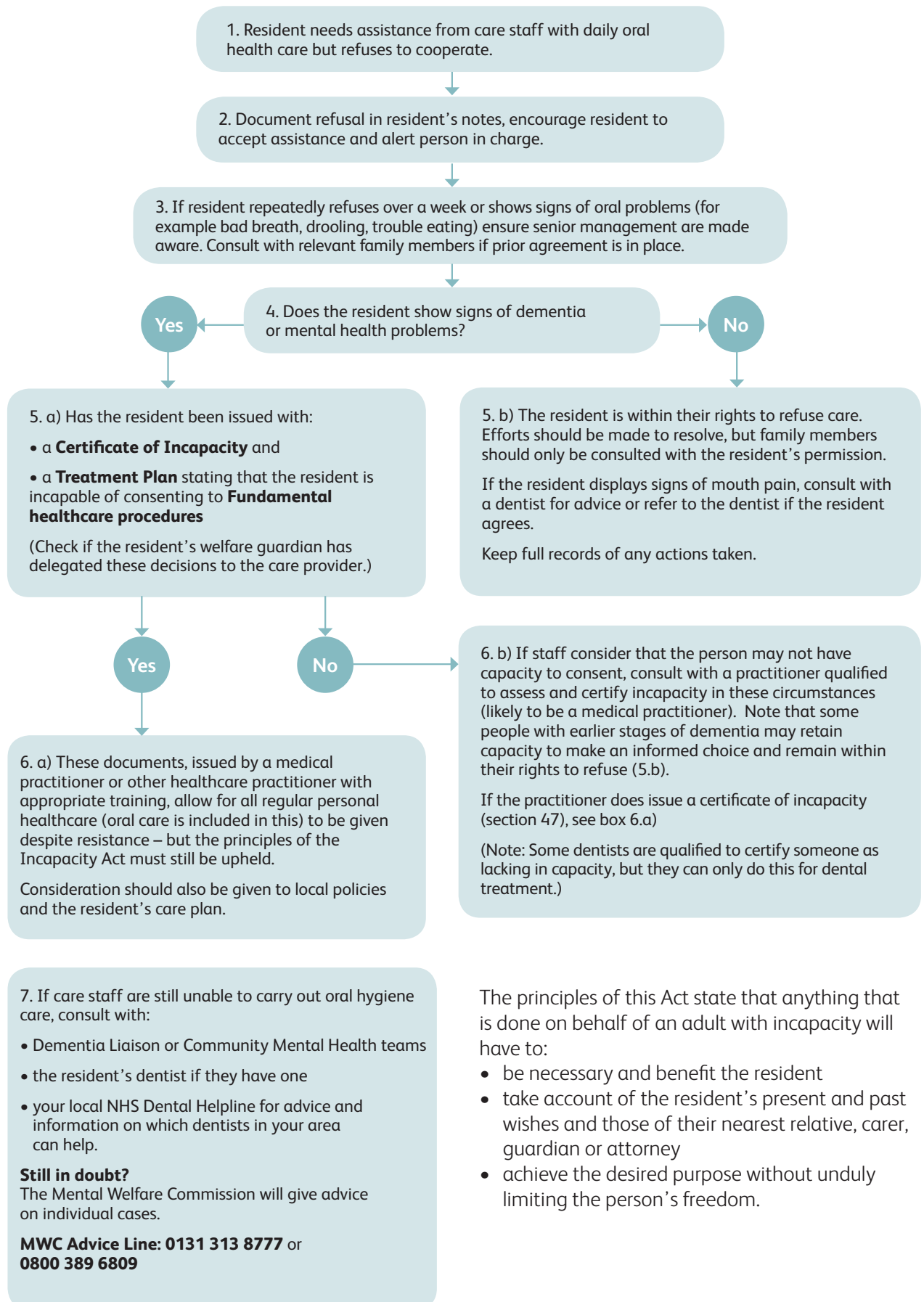
The legislation that covers caring for people who are not able to understand or consent to necessary care is the Adults with Incapacity (Scotland) Act 2000. Please use the flow chart opposite if there are any uncertainties over a person's capacity to consent to oral care. This flow chart is also available as a poster, which is included with this guide.

Key points to remember when considering whether a resident has capacity to consent are:

- An adult does not necessarily have impaired capacity simply because they have dementia – particularly in the early stages.
- A person can be assessed as having capacity to consent to some decisions and not others.
- It will normally be the resident's GP who will assess capacity for consent to personal care but other healthcare practitioners with appropriate training can certify incapacity.
- If the resident is assessed to lack capacity to consent to medical treatments and care, the GP or person assessing will provide an Adults with Incapacity (part 5) certificate, (a 'section 47'), which the service will keep on the premises. If the resident has some capacity to participate in some of their own care decisions, the certificate's 'treatment plan' will clarify what the resident is capable of consenting to, and what decisions need to be made for them.
- The certificate of incapacity will state the duration that the doctor considers the incapacity will continue for.
- The term used in the Act to cover personal care tasks, including oral care, is 'fundamental healthcare procedures'.
- Under this Act, anything that is done on behalf of an adult with incapacity has to:
 - be necessary and benefit the resident
 - take account of the resident's present and past wishes and those of the nearest relative, carer, guardian or attorney
 - achieve the desired purpose without unduly limiting the person's freedom.

The Mental Welfare Commission for Scotland (MWC) is available to give advice by telephone on complex individual cases. Details of the MWC website are on page 59.

This flow chart is designed to help care homes and staff follow the guidelines set out in the Adults with Incapacity (Scotland) Act 2000 when a resident refuses oral care



Some ways to help when residents resist

Do all you can to encourage as much independence as possible. Residents may exhibit less resistance when care staff encourage them to carry out their own oral care. The following are simple techniques and strategies to keep in mind when assisting people who resist:

Time and place

- Develop a routine with oral care. Carrying this out at the same time every day may help. People with dementia can have patterns so consider asking family members or previous carers for advice or assistance.
- Sometimes it may be helpful to have more than one care assistant helping, but the person may also respond better to one well-known member of staff.
- Carry out the task in a quiet distraction-free environment with sufficient light, and where the resident is most comfortable. The location should be as private as possible to preserve the dignity of the resident.

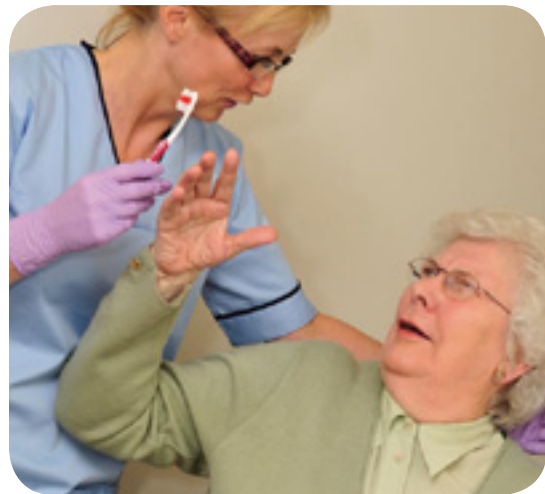
Communication strategies

- Be caring, calm and friendly, and smile.
- 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.
- Use reassuring and appropriate body contact and gentle touch.
- Remain positive and try to refrain from showing any frustration.

Behaviour strategies

- Be aware of the resident's needs.
- Position – don't approach the resident from behind. Rather, come down to eye level. Be aware of individual need for personal space.
- Ensure the resident is relaxed and be willing to slow down or try later.
- Use task breakdown – simplify and break down the steps of any activity and don't expect a person with dementia to remember more than one step at a time. Offer praise for completion of each step if appropriate.

- If the resident shows reluctance, these are some strategies from the research:
 - **Bridging** – this helps to engage a resident with the task through their senses and helps them to understand the task. Describe and show the toothbrush to the resident, mimic brushing your own teeth, give a spare toothbrush to the resident, and the resident may mirror your behaviour and brush their own teeth.
 - **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 by placing a familiar item in the resident’s hand while you brush the resident’s teeth.
 - **Rescuing** – this is a common tactic used with other hygiene tasks. 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.



Resident resisting oral care

For more information, see:

Mental Welfare Commission for Scotland

The MWC can give information or advice about people’s rights in relation to care and treatment for people with mental health problems such as dementia. They can advise on rights and best practice in relation to the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003

www.mwcscot.org.uk/about-us/

Adults with Incapacity (Scotland) Act 2000 – A short guide to the Act

A short guide to the relevant legislation that covers caring for people who are not able to understand or consent to necessary care.

www.scotland.gov.uk/Publications/2008/03/25120154/0

or search on the title at the home page.

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

- Think again about your attitude and body language – showing any frustration will be counter-productive.
- Is the location comfortable and familiar for the resident?
- Is it the best time of day for the resident?
- Do you need to ask others for help?
- If all attempts fail, do not just give up! See the flow chart on page 57 for more information.
- Consider alerting the resident's family if this has not been done previously (unless the resident's medical practitioner has assessed the person as having capacity to consent – in this case the resident should agree prior to family members being informed).



Seek advice from a dental professional.

People with dementia and denture wearing

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. Badly fitting dentures make eating difficult which increases the risk of under-nutrition.

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. Some older people will be able to tolerate the process of having new dentures made, but it can be very distressing for others. In some cases a dentist can make a copy of a resident's dentures using their current set and this may result in a resident adapting to new dentures more easily. In

this case, care should be taken to ensure the existing dentures are not disposed of.

As people get older it can be difficult to make dentures that fit well. Adjusting to new dentures can also be very difficult for some older people, particularly those with dementia.

It can be upsetting for some family members to see their relative without their dentures and they may ask that that they continue to be worn. However, the best interests of the resident must always prevail. 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.

Unit 7

Special care

Dysphagia



Key message:

Eating, drinking and swallowing problems are common among older people and require special assessment and care.

- Dysphagia is the medical term for difficulty in swallowing.
- It is a series of symptoms rather than a disease.
- One in 10 people over the age of 65 have swallowing problems.
- The three main health complications of dysphagia are under-nutrition, dehydration and pneumonia.
- 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.

Signs that may indicate dysphagia include:

- Problems eating or drinking or a feeling of obstruction.
- Gurgly, wet or hoarse voice, frequent clearing of throat.
- Coughing or choking with or after food and/or drink.
- Taking time with meals or changed eating habits.
- Food remaining in mouth.
- Recurrent chest infections/pneumonia or unexplained temperature spikes.
- Drooling/dribbling.
- Refusing certain types of food.
- Difficulties or pain with chewing or swallowing.
- Unplanned weight loss.

Additional points when caring for someone with dysphagia

If the resident is on a 'nil by mouth' regime:

- A clean, healthy mouth is essential for good overall health, but is often forgotten when someone is unable to eat or drink easily.
- Ensure all care staff are aware of the importance of regular oral care.
- Plaque still forms in the mouths of people who are on the following regimes: nil by mouth, PEG-fed and oxygen therapy. They may require additional mouth care.

Person with natural teeth:

- Check for residual food and medication prior to brushing. Any debris should be removed with moist non-fraying gauze on a gloved finger.
- A small headed toothbrush and a smear of non-foaming toothpaste (without sodium lauryl sulphate) should be used to clean natural teeth .
- If the resident is still able to carry out their own oral care, ensure they are aware of the importance of good oral hygiene.

Person with dentures:

- Care must be taken with denture adhesives.
- The speech and language therapist or dietitian may be able to offer assistance and advice if a person has difficulties.

- If the resident is unable to tolerate a toothbrush, a dampened non-fraying gauze swab may be used.
- Do not use mouthwash where residents have dysphagia – 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.

Palliative and end-of-life care



Key message:

In palliative and end-of-life care, mouth care should be carried out regularly to ensure the resident is kept as comfortable as possible.

The Scottish Government's *Living and Dying Well: a national action plan for palliative and end-of-life care* aims to place a statutory duty on NHS Boards to provide high quality care for those who need it. More care homes are now involved in palliative and end-of-life care.

Symptoms related to the mouth are prevalent when a person requires palliative and end-of-life care and it is important that oral care at this time is not overlooked by staff caring for the resident. It is essential during this period in a resident's life that good care and a thoughtful approach be adopted. In palliative and end-of-life care, examination, assessment and re-examination of the mouth is one of the most important tasks. Mouth care at the end of life should be carried out regularly to ensure the resident is kept as comfortable as possible and all care should be fully documented. The importance of regular mouth care should be explained to the resident's family or carers at this sensitive time.

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. Keep any dentures scrupulously clean.
- Damp gauze (non-fraying type, which has been thoroughly wetted in clean running water) wrapped around a gloved finger may be used if the resident is unconscious or unable to tolerate a toothbrush.
- Apply water-based saliva replacement gels or aqueous cream to lips.

If resident has a painful mouth:

If possible, identify cause. Refer to dentist urgently.

- If caused by dry mouth, water-based saliva replacement gels can help.
- If dietary advice is required, ask a dietitian or nurse.

Common oral problems in palliative care**If painful mouth ulcers are present:**

If possible, identify cause. Refer to dentist urgently.

If there is general redness of the soft tissues:

- This could be a bacterial infection. The bacteria can also cause respiratory tract infections such as pneumonia.

If a resident is receiving cancer treatments and oral thrush develops:

- Oral thrush in cancer patients can be very serious, preventing the person swallowing. Specialist advice is crucial.

Access to specialist palliative care advice is available from specialist palliative care teams based in general hospitals and hospices.

Additional reading:

Making Good Care Better

National practice statements for general palliative care in adult care homes in Scotland

www.palliativecarescotland.org.uk/content/publications/Makinggoodcar-bette--CareHome-PracticStatements.pdf

or search on the title on the home page.

Palliative Care Guidelines – Symptom Control – Mouth Care

Guidance on how to care for the mouth in palliative care

www.palliativecareguidelines.scot.nhs.uk/symptom_control/

or click on 'Symptom Control' and then 'Mouth care' from the home page.

Unit 8

Appendix

Caring for Smiles – learning outcomes

After completing the training, care staff should be able to:

		Unit/s
L01	Explain why good oral health is important for older people in care	2
L02	Recognise the factors that contribute to poor oral health in older people	3
L03	Demonstrate good practice in day-to-day oral care for residents who require assistance	4
L04	Know when and how to report any oral health concerns (referring to local protocols)	3 and 4
L05	Summarise the importance of the different oral care forms (for example risk assessment, care plans and documentation of daily oral care)	5
L06	Carry out an oral health risk assessment	5
L07	Describe the techniques and strategies that may help those residents with dementia, with specific reference to those resisting oral care	6
L08	Recognise the need for specialised oral care	7

Useful websites

The Care Inspectorate

The Care Inspectorate is the independent scrutiny and improvement body that regulates and inspects care services and carries out social work and child protection inspections in Scotland.

www.careinspectorate.com

Oral health on the Care Inspectorate website

This links to a range of publications and resources relating to the oral health of older people and other groups regulated by the Care Inspectorate.

www.scswis.com/index.php?option=com_content&task=view&id=8202&Itemid=725#

or from the home page go to 'Professionals', then 'Health professional advice', then 'Oral care for Older People'.

The Knowledge Network (NHS)

Care for Older People Portal – Oral Health Topic Area

This portal links to a number of documents and websites relevant to the care of older people. The oral health topic area provides links to policies, guidelines, oral and dental health websites, best practice documents and training resources.

www.knowledge.scot.nhs.uk/home/portals-and-topics/care-for-olderpeople-portal/topics/oral-health.aspx

or from the home page go to 'Portals and Topics', 'Community Health and Social Care', 'Care for Older People' 'Topics', 'Oral Health'.

Social Services Knowledge Scotland

Same information as the Knowledge Network above but from the SSKS platform:

www.sks.org.uk/topics/care-for-older-people-portal/topics/oralhealth.aspx

or from the home page go to 'Topics', 'Care for Older People', 'Topics', 'Oral Health'.

Improving Nutrition....Improving Care

With links to the MUST calculator and the MUST screening tool

www.knowledge.scot.nhs.uk/improvingnutritionalcare.aspx

NHS Health Scotland

Information about the organisation, library service, resources and news.

www.healthscotland.com

Caring for Smiles – Guide for Carers

This is a downloadable version of the Guide for Carers handout given to staff who attend training. It contains the central messages delivered in the Caring for Smiles training sessions.

www.healthscotland.com/documents/5751.aspx

Food in Hospitals in Scotland (Scottish Government, 2008)

National Catering and Nutrition Specification for food and fluid provision in hospitals in Scotland. Although written for hospitals most is applicable to care homes for older people. It includes food and nutrition standards for menu planning. It also explains nutritionally-well and nutritionally-vulnerable people.

www.scotland.gov.uk/Resource/Doc/229423/0062185.pdf

or search on the title from the home page.

British Dental Health Foundation

A charity dedicated to raising public awareness of dental and oral health and promoting good dental health practices.

www.dentalhealth.org.uk

Scottish Dental Website

Up-to-date information on emergency dental treatment, finding and registering with a dentist and information on who needs to pay towards dental treatment.

www.scottishdental.org

Health Protection Scotland

Provides up-to-date evidence-based information on infection prevention and control.

www.hps.scot.nhs.uk

NHS Education for Scotland

Preventing Infection in Care is available as a DVD programme and includes a supporting CD Rom. Further details about the course or information on how to obtain a copy of the DVD, please go to:

www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/preventing-infectionin-care.aspx#nav

or from the home page, click on 'Education and training', then under 'By theme/initiative', 'Healthcare Associated Infections', then 'Training Resources', then 'Preventing Infection in Care'.

Evidence for Caring for Smiles

A full list of references supporting the content of this document can be found at the end of *Caring for Smiles – Guide for Trainers*, downloadable from www.healthscotland.com/documents/4169.aspx

Local information

Oral health risk assessment

A response in a red ■ box – contact dentist

A response in an orange ■ box – may require more intensive oral health input, consider seeking advice from a dental professional.

Name of resident	D.O.B			Date of assessment
	Circle which is appropriate.			Suggested outcome/actions.
1. Does the resident have any of their natural teeth?	No	Yes	Don't know	Encourage independence with cleaning teeth morning and night. Use a small-headed toothbrush and fluoride toothpaste.
2. Does the resident wear dentures? Specify:	No	Yes	Don't know	Supervise/help with cleaning dentures morning and night with unperfumed soap and water; rinse dentures after meals. Gently clean the oral mucosa with moist gauze. Leave dentures out overnight if acceptable to resident and soak in water with sodium hypochlorite.
		Upper		
		Lower		
(a) If YES, are dentures labelled?	No	Yes		Use kit for marking dentures
(b) If YES, how old are dentures?	Less than 5 years	More than 5 years	Don't know	Consider referral to dentist for replacement of old dentures.
3. Does the resident need help to clean teeth/dentures?	No	Yes		May need supervision/help with mouth care.
4. Does the resident complain of suffering any oral problems? Please tick: Facial swelling <input type="checkbox"/> Painful natural teeth <input type="checkbox"/> Non-healing ulcers <input type="checkbox"/> Decayed/broken teeth <input type="checkbox"/> Bleeding gums <input type="checkbox"/> Lost dentures <input type="checkbox"/> Denture problems <input type="checkbox"/>	No	Yes to any		Discuss with resident/family and if in agreement, complete a referral or make an appointment for resident to see a dentist.
5. Date of last dental treatment:	Less than 2 years ago	More than 2 years ago	Don't know	Consider referral to dentist for check up if the resident wishes.
6. Registered for dental care?	No	Yes	Don't know	Consider referral to dentist for check-up if the resident wishes.
If YES, record name and address of dentist				
7. Is the resident taking medication?	No	Yes		Consider drugs which may have oral side-effects. Check with pharmacist.
8. Does the resident complain of a dry mouth?	No	Yes		Clean lips and oral soft tissues with a water-moistened gauze and protect with water-based gel. Offer frequent fluids and/or iced water. If symptoms persistent, refer to dentist.
9. Does the resident smoke?	No	Yes		Note amount per day. Consider smoking cessation.
If further investigation required, please refer to dentist.	Referred to dentist?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Advice from dentist?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Resident refused referral?	<input type="checkbox"/> Yes		

Signed _____ Date _____

ORAL CARE PLAN

(including monthly review of care plan)

Following the initial assessment, please complete the care plan using tick boxes and note extra information in line below. After the monthly review assessment, please complete new care plan using tick boxes and note extra information in line below.

Date/task	Teeth	Dentures	Dry mouth	Lips	Tongue and soft tissues	Other problems, e.g. swallowing	Other problems, e.g. nutrition	Signature
	Brush twice a day	Clean twice a day, rinse after meals, soak in sodium hypochlorite	Offer frequent fluids	Apply water-based gel	Clean with moist gauze	Clean teeth and oral cavity after each meal	May require two-hourly mouth care	
Initial assessment _/_/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any other information: (e.g. smoking, medication, dexterity or cognitive function; ulcer, pain or referral to dentist)								
Monthly review assessment _/_/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review notes: (e.g. changes in smoking, medication, dexterity or cognitive function; ulcer, pain, or referral to dentist)								
Monthly review assessment _/_/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review notes: (e.g. changes in smoking, medication, dexterity or cognitive function; ulcer, pain, or referral to dentist)								
Monthly review assessment _/_/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review notes: (e.g. changes in smoking, medication, dexterity or cognitive function; ulcer, pain, or referral to dentist)								
Monthly review assessment _/_/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review notes: (e.g. changes in smoking, medication, dexterity or cognitive function; ulcer, pain, or referral to dentist)								
Monthly review assessment _/_/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review notes: (e.g. changes in smoking, medication, dexterity or cognitive function; ulcer, pain, or referral to dentist)								

Daily oral care

Name: _____ Month: _____

Day					Non-compliance code/notes	Initials
	Please tick:		Please tick:			
	AM	PM	AM	PM		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

- Ensure natural teeth are brushed twice a day with a fluoride toothpaste.
- Ensure dentures are cleaned every night and preferably left to soak overnight.

Codes: reasons for non-compliance

Patient non-cooperative	A	Staffing levels	C
Patient asleep	B	Other	D

Comments:

