

Every Smile
Tells a Story



How to improve oral health for care home residents: A practical guide



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The impaCt Of dietary intake and Nutritional status in CarE homes on orAl health: an EviDence synthesis: Health and Social Care Delivery Research (NIHR 135060)

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How to use this guide

Who is this guide for?

This guide has been written for staff working in a care homes.

Care home residents, as well as their families and wider support network, may also find this guide useful.

The guide will also be a sharable resource for dental professionals. Helping them guide and support the oral health of care home residents.

The guide may also be useful to those providing care to older people living in the community, but this is not the target audience for the guide.



How to use this guide

Part 1

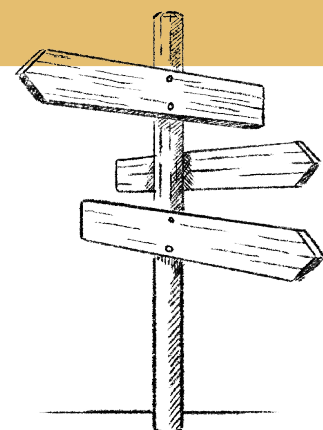
Explains why oral health is so important as we age and how aging can impact oral health.

Part 2

Outlines a 5-step approach to providing supportive oral health.

The guide signposts readers to lots of helpful resources.

More information about the research that underpins the guide can be found on the last page.

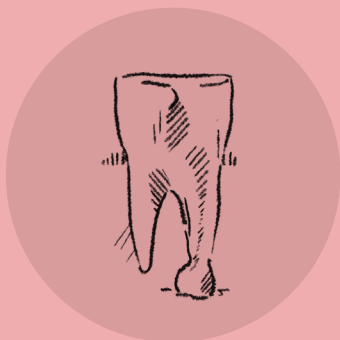


Part 1: Oral Health is Important

Oral health as we age

Oral health is sometimes known as mouth health. Having good oral health makes a real difference to quality of life.

As we age maintaining good oral health gets harder.



As people begin to lose their independence, they find brushing more difficult.

Tooth decay is three times as common in care home residents compared to older adults living in the community.



As brushing becomes more difficult, older people start getting more gum disease.

This causes bleeding and loose teeth.



Diets in care homes can contain a lot of sugar and many medications cause dry mouth.

Together they increase the risk of both tooth decay and gum disease.

Poor oral health impacts on care home resident comfort.

Good oral health supports dignity.

Poor oral health can worsen medical conditions.

Good oral health improves quality of life and confidence.

A healthy mouth

- No tooth decay (holes in your teeth)
- No gum disease (where your gums bleed and teeth become loose)
- No toothache, mouth or facial pain
- No infections or swellings

Oral health in care homes



High levels of dental disease are common in older adults living in care homes.

This can cause pain, difficulty eating, and can seriously impact on the quality of life of residents.

Many older people enter care homes with dental decay and gum problems.

Unfortunately, oral health often gets worse whilst living in a care home.

National Guidance

The National Institute for Health and Care Excellence (NICE) has published guidance to improve oral health in care homes.

Read the NICE guidance – [NG48 Oral health for adults in care homes](https://www.nice.org.uk/guidance/ng48).¹

The Care Quality Commission (CQC) Smiling matters: [Oral health in care homes – progress report](https://www.cqc.org.uk/publications/smiling-matters-oral-health-care-homes-progress-report)² shows that there is still a long way to go for the NICE guideline to be well implemented.

1 <https://www.nice.org.uk/guidance/ng48>

2 <https://www.cqc.org.uk/publications/smiling-matters-oral-health-care-homes-progress-report>

What we know works

Unscheduled care for dental problems is common, complex to deliver, and expensive.

Prevention is key to prevent problems developing and supporting residents.

We know what works:

Good oral hygiene practices like regular brushing (especially at night-time) are important.

Reducing sugar consumption is key for good oral health.

Ongoing access to prevention will make a positive difference.

But access to oral health care is poor for residents:

Access to dental services whilst in a care home is often difficult.

Often care home residents don't have their own dentist or find it difficult travelling to one.



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Credit: Fr

It is also challenging for care home staff to help:

Many care home residents need extra help with daily mouth care.

There is limited oral health training for staff.

Staff often have limited time for oral care due to competing care needs.

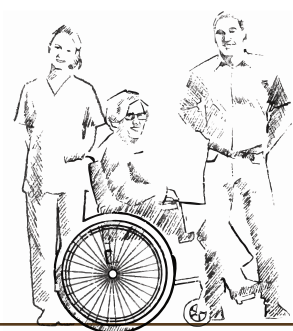
Residents can sometimes display challenging behaviour, which makes good oral health care difficult to deliver.



Part 2: Implementing supportive oral health

Good oral health in care homes works best when it involves everyone.

We suggest you follow a 5 stepped approach to implement supportive oral health.

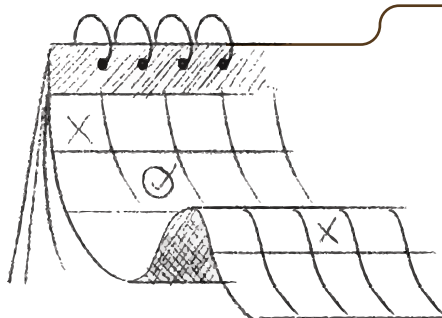
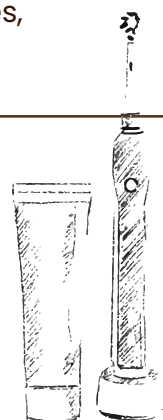


1 Raise awareness

Start to raise awareness of oral health in your care home with staff, residents and families, including the impact of dietary decisions.

2 Training and time

Provide training to support oral health in your care home and consider how to provide staff with time to help provide daily mouth care.

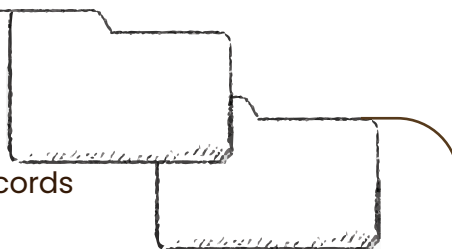


3 Implement healthy mouth routines

Use a Care Home Oral Care Toolkit to support residents.

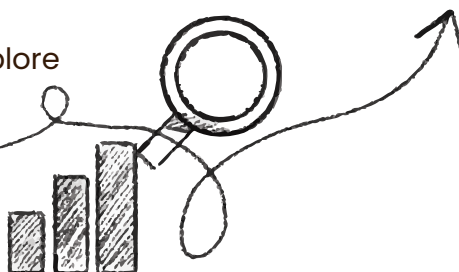
4 Keep records

Maintain ongoing oral health records to identify changes over time.



5 Evaluate

Review your progress and explore opportunities to improve.



Read more for practical ideas and suggestions for actioning each stage of implementation in your care home or in your community setting.

Stage 1: Raise awareness

Start to raise awareness of oral health in your care home with staff, residents and families. Good oral health is essential for the health and well-being of the residents, and is influenced by a range of factors, including dietary decisions.

When care home managers support oral health and staff feel confident, good care is much easier.

You can raise awareness by:

Introducing the subject at a staff meeting.

Putting up posters or sharing information in a resident newsletter.

Sharing this guide with staff or directing them to our online resources.

Don't forget the diet

Care homes operate under pressures to prevent weight loss, dehydration and frailty. High calorie snacks, sweetened drinks and nutritional supplements are common, particularly for residents with poor appetite or dementia. Many dietary decisions are understandable but are sometimes made without considering the potential to increase the risk of oral disease.

Frequent exposure to sugars creates ideal conditions for tooth decay and oral infection. Sugary food and drinks provided every couple of hours can significantly increase the risk of oral problems as the mouths natural defences don't have the time to neutralise the acids produced.



Oral health as a whole-system issue

Brushing residents' teeth, particularly at nighttime can help prevent disease, but oral health cannot be improved through brushing alone.

Prevention is also key. Incremental changes that may be more impactful include:

- using of a high-strength fluoride toothpaste
- reducing the amount of sugary food and drinks used
- reviewing the timing of sugary supplements (all in one go is better than a little and often)
- promoting water between meals rather than fruit juice
- arranging for the resident to be seen by a dental health professional where possible.

Oral health must be considered alongside:

- catering practices and hydration policies
- conversations involving dietitians, speech and language therapists, nursing staff, and family and friends.

Stage 2: Training & Time

Staff welcome training and the tools to use in practice, even when time pressures and staff turnover make this challenging.

Training ideas:

To accommodate shift patterns, share short video resources that are easy for staff to access at different times.

Have a joint training session with residents and families so everyone learns together.

Upskill a particular member of the team to become an Oral Health Champion. The champion can support other staff and lead oral health training.

More training resources are available from our website.

Making time for care staff to support oral health can be hard. Work as a team to see what might be possible within your own care home. Starting small can feel more achievable.

Stage 3: Implement healthy mouth routines

Daily support from care staff, healthier diets, and ongoing preventive care are all important for improving residents' oral health and well-being.

While visiting dental teams can help, good oral health in care homes depends on teamwork and care homes undertaking a leading role. As noted in Stage 2, it can be helpful to appoint a member of staff as an Oral Health Champion. The Oral Health Champion can act as lead for oral health and help distribute training and resources.

We recommend using a Care Home Oral Care Toolkit to support residents.

Use the TOPIC Care Home Oral Care Toolkit

Download the TOPIC intervention materials online.

The TOPIC set of intervention materials were co-designed with care home staff and residents as part of a research project that aimed to improve the oral health of residents in care home settings.

They are based on NICE guidelines.

Toolkits include suggestions about how to:

- Provide support for easy brushing.
- Help reduce sugar consumption.
- Facilitate external preventative support – dental nurse visits, support residents to visit the dentist.

Stage 4: Keep records

Keeping ongoing records helps maintain momentum and demonstrates progress. It is important to record each resident's starting point when care begins (e.g. on entering the care home).

A first assessment can help identify factors that could limit improvement, such as:

- high levels of oral disease (e.g. obvious holes in teeth, mobile teeth or those that are causing pain).
- high sugar diets, that make prevention harder.
- a belief that oral care is just the responsibility of the dentist, rather than part of daily care.
- do they regularly see a member of a dental team?

Top tips:



Most Care Home Oral Care Toolkits include information on how to conduct oral health assessments (e.g. when a resident arrives and at routine intervals).



Adapt existing record keeping forms rather than introducing an extra form.



If records are not kept for a while don't worry. Restart record keeping when resource allows, rather than giving up on them completely.

Stage 5: Evaluate

Take time to reflect on your progress and explore opportunities to improve.

The evaluation doesn't need to be resource intensive if that is not feasible.

It can be helpful to schedule evaluation alongside other regular milestones, so it feels less daunting.

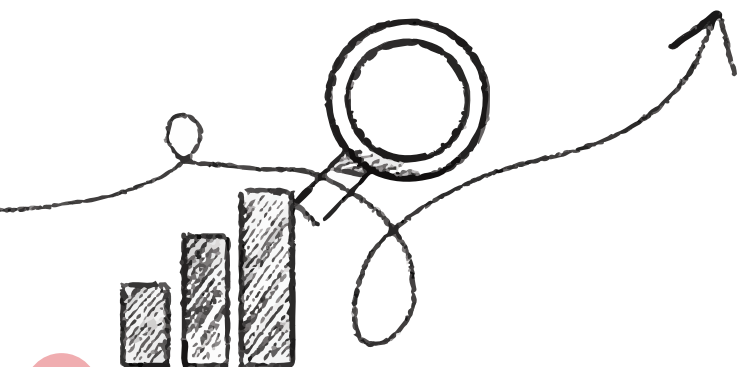
Ideas to help make evaluation possible:

Add a question to your routine resident's survey.

Ask a member of staff to oversee the evaluation as part of a personal development objective.

Work with a research team to review your progress or take part in an existing research project.

Explore our interactive resource to learn more about how to implement healthy mouth routines in your care home.
[Link in here to website]



Evidence based

All the implementation ideas presented in this guide are based on the latest research and evidence. Research from the three studies outlined below shows that improving oral health in care homes is achievable.

SENIOR

The SENIOR study explored whether dental therapists and dental nurses visiting care homes could improve residents' mouth health.

The study took place in 48 care homes across England, Wales, and Northern Ireland.

SENIOR showed that while visiting dental teams can help, good oral health in care homes depends on teamwork and care homes undertaking a key role.

Find out more about the SENIOR study online.

SENIOR Award ID: NIHR128773

TOPIC

In the TOPIC study researchers and care home teams worked together for over a year to create a Care Home Oral Care Toolkit.

119 residents in 22 care homes in England and Northern Ireland took part.

TOPIC showed that staff are able to use the tools and training in practice.

Find out more about the TOPIC study online.

TOPIC NIHR Award ID: 17/03/11

CONCEALED

The CONCEALED study explored the role of dietary intake on dental disease in older people in care homes.

The study involved talking to residents, care home staff, and families.

CONCEALED showed that oral health cannot be improved through brushing alone. Oral health must be recognised as a whole-system issue, prevention is always the preferred option.

Find out more about the CONCEALED study online.

CONCEALED Award ID: NIHR135060

Contact Us



We would like to hear from you:

Tell us about how you are using this guide.

Find out more about our research outputs.

Partner with our research team on future projects.

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