Introduction to the Care Home Oral Care Toolkit

This toolkit aims to support staff to provide good oral care in alignment with the 2018 NICE guidelines for oral care in care homes. It has been developed with health care assistants and nurses who understand the complex nature of providing good oral care. They told us that they wanted to provide good oral care for residents and knew it was important for both health and wellbeing but highlighted the challenges they often faced.

We hope this toolkit will help care home staff to find ways to overcome these challenges and enable them to provide the best care possible. We also understand it will need to be adjusted as we get feedback from the people who use it. We would love to hear your thoughts about the tool - what works, what doesn't work and any ideas for future improvements. Just send an email to **topic.oralhealth@gmail.com** with your thoughts or suggestions.

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Acknowledgements

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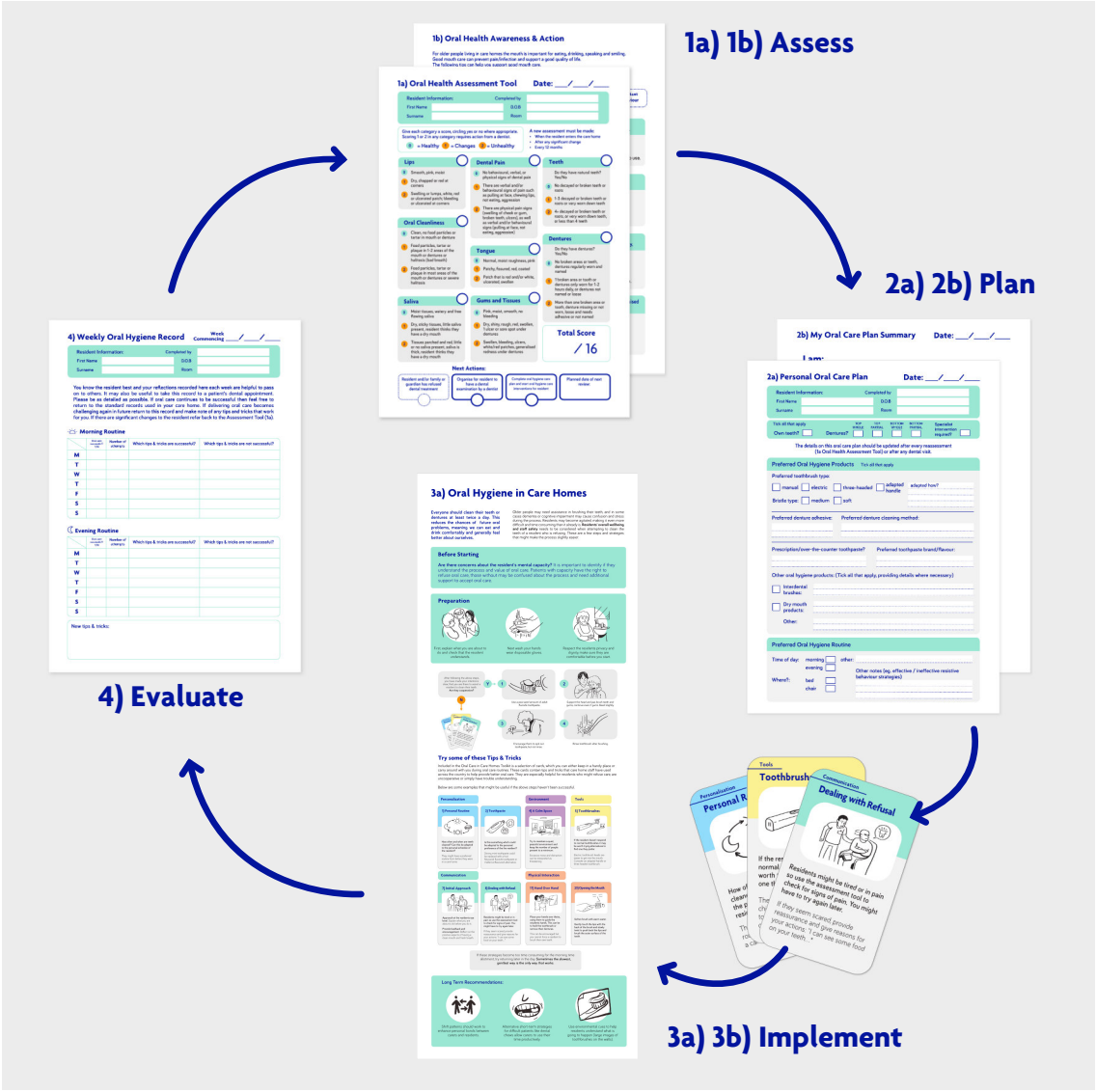
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User Guide

When a resident enters the care home for the first time they should have an Oral Health Assessment **(1a)** to begin to understand their specific needs, including any potential risks to their oral health **(1b)**. Once the assessment is complete this information can be used to create a formal plan **(2a)**. This will keep track of the residents preferences of products as well as routines that work for them. This is distilled into a more informal summary which can be kept in the residents room for easy access **(2b)**.

A guide on how to deliver oral care, especially to people who might resist it, is included as a poster that can be displayed in staff rooms and offices **(3a)**. This is combined with a set of Tips and Tricks Cards that collect useful strategies from care homes across the country **(3b)**.

Finally the residents oral health is monitored on a weekly basis with the Weekly Care Record, this is also a good place to record any tips and tricks that have improved care for this resident. This information can then be easily accessed by care home staff. When 12 months pass or if any significant change is noticed return to **1a** and deliver another assessment.



1a) Oral Health Assessment Tool

Date: ___/___/____

Resident Information:		Completed by	
First Name		D.O.B	
Surname		Room	

Give each category a score, circling yes or no where appropriate.
Scoring 1 or 2 in any category requires action from a dentist.

0 = Healthy 1 = Changes 2 = Unhealthy

A new assessment must be made:

- When the resident enters the care home
- After any significant change
- Every 12 months

Lips

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

Dental Pain

- 0 No behavioural, verbal, or physical signs of dental pain
- 1 There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression
- 2 There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression)

Teeth

Do they have natural teeth? Yes/No

- 0 No decayed or broken teeth or roots
- 1 1-3 decayed or broken teeth or roots or very worn down teeth
- 2 4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth

Oral Cleanliness

- 0 Clean, no food particles or tartar in mouth or denture
- 1 Food particles, tartar or plaque in 1-2 areas of the mouth or dentures or halitosis (bad breath)
- 2 Food particles, tartar or plaque in most areas of the mouth or dentures or severe halitosis

Tongue

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

Dentures

Do they have dentures? Yes/No

- 0 No broken areas or teeth, dentures regularly worn and named
- 1 1 broken area or tooth or dentures only worn for 1-2 hours daily, or dentures not named or loose
- 2 More than one broken area or tooth, denture missing or not worn, loose and needs adhesive or not named

Saliva

- 0 Moist tissues, watery and free flowing saliva
- 1 Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth
- 2 Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth

Gums and Tissues

- 0 Pink, moist, smooth, no bleeding
- 1 Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures
- 2 Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures

Total Score

/ 16

Next Actions:

- Resident and/or family or guardian has refused dental treatment
- Organise for resident to have a dental examination by a dentist
- Complete oral hygiene care plan and start oral hygiene care interventions for resident
- Planned date of next review:

1b) Oral Health Awareness & Action

For older people living in care homes the mouth is important for eating, drinking, speaking and smiling.
Good mouth care can prevent pain/infection and support a good quality of life.
The following tips can help you support good mouth care.

Level of Support Identify the amount of assistance needed.

None (Independent)	Need Reminding	Observation & Help	Physical Assistance	Resistant Behaviour



Routine Mouth care twice a day can prevent pain and infection.

- Remove dentures and clean them with a denture brush.
- Brush teeth with a fluoride toothpaste.
- Speak to the person's dentist about the best toothpaste and toothbrush to use.



Sugar in food and drinks causes tooth decay and pain/infection.

- Keep sugar to mealtimes - between meals encourage savoury snacks (e.g toast with butter, cheese, sausage rolls).
- Use sweeteners rather than sugar in tea and coffee.
- Use cream and butter to provide energy rather than sugar.



Dry Mouth makes tooth decay and pain/infection more likely.

- Encourage frequent sips of water.
- Regularly apply Vaseline to the person's lips.
- Speak to the person's dentist about artificial saliva gels.
- Speak to the person's doctor about medications worsening the dry mouth.



Pain It's vital that pain and infection in the mouth is recognised and the person is seen quickly by a dentist.

If the person cannot tell you they have pain, you may recognise changes to behaviour that may indicate pain & infection. Examples include:

- Grimacing or flinching during eating or drinking.
- Holding face or swollen face.
- Refusing food or drink, waking from sleep more than normal.