care inspectorate

Caring for Smiles

Open Wide

Supporting better oral care in care homes:

what quality looks like

HAPPY TO **TRANSLATE**®

Supporting better oral care for people living in care homes

A clean, healthy mouth is fundamental to everybody's quality of life and a basic human right. 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. These can include, for example, heart disease, diabetes, dementia, malnutrition and pneumonia.

People living in care homes are at greater risk of oral health problems and related conditions because of high levels of dependency, co-existing medical conditions, effects of medication, physical disabilities and dementia or other cognitive impairments.

People in Scotland, including those living in care homes, are increasingly keeping more of their natural teeth especially into older age. People living in care homes may rely on staff to help maintain their oral health. It is essential, therefore, that inspectors and care home staff understand the value of good oral care and, importantly, know how to deliver this aspect of personal care effectively and confidently to the people they look after. For those without their natural teeth, having a clean, comfortable set of dentures is also extremely important for their general wellbeing and quality of life.

Providing good oral care for residents can be challenging. Other tasks can take priority, and some residents experience care-related stress and distress. However, to safeguard the health and wellbeing of vulnerable 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.

This quality illustration does not replace the need for training.

Training, including SCQF accredited training, is available through local NHS board Caring for Smiles (older people) and Open Wide (adults with additional care needs) teams. For more information on mouth care training, and contact details for your local Caring for Smiles or Open Wide Coordinator, please see the NHS Education Scotland Turas website:

Caring for Smiles | Turas | Learn (nhs.scot)

Open Wide | Turas | Learn (nhs.scot)

Caring for Smiles/Open Wide teams are also happy to link with local inspectors / inspection teams.

We have produced this quality illustration to:

- highlight good practice in oral care for care services and staff
- help care services and staff / inspectors to identify indicators that a care service's practice could be better and support them to improve
- support care providers to better understand and implement good quality oral care.

What is important to the person about mouth care?	Examples of very good practice	Examples of weak practice where improvement is required
Personal oral care plans are	• Residents are given an oral health risk assessment upon	• Oral health risk assessments completed

based on assessment and involvement of residents/their families.	moving into the care home. • Oral health risk assessments are updated regularly – minimum six-monthly. • Oral health risk assessments are transferred into a personal oral care plan for each resident. • Personal plans note the wishes and preferences of the resident in terms of when/where to undertake mouth care and which oral health supplies to use, for example at the time of showering, after breakfast or if the resident prefers to use an electric toothbrush. • Mouth care is documented daily in the residents' notes.	infrequently, or not at all. • Oral health risk assessments which are completed are not updated at regular intervals. • Oral health risk assessments do not, or infrequently, inform the personal oral care plan for each resident. • Personal plans do not note the wishes and preferences of the resident around mouth care. • Mouth care is not recorded or infrequently recorded in the residents' notes.
Mouth care is appropriate for the resident's individual needs.	• Natural teeth are cleaned twice daily, once during the day and last thing at night before bed. • Dentures should be marked with the residents' names and checked that the marking is still in place during an oral health risk assessment review. • If dentures are misplaced, they are able to be returned to the resident as they are marked. • If a resident loses their dentures, the dentist is contacted to consider replacement of the dentures, if it is judged in the resident's best interest. • Dentures are cleaned morning and night with a denture cream or unperfumed soap and soaked in either sodium hypochlorite or chlorhexidine for 20 minutes. • Dentures are stored overnight in plain water. • Soft tissues are checked and cleaned with non-fraying gauze around a gloved finger.	• Mouth care is undertaken infrequently. • Mouth care is not considered part of the daily personal care routine. • Dentures are not marked and often lost/not returned to the resident. • Dentures are not cleaned regularly or soaked in disinfectant. • Dentures are left in disinfecting solution for prolonged periods (for example overnight) • Dentures are left in the resident's mouth overnight and not stored in plain water. • Oral soft tissues are not checked or cleaned regularly.
Independence is encouraged and	• When helping a resident with mouth care, remember to:	• Residents are not encouraged to undertake

support offered when required	**prompt-encourage-support.** • Residents should be encouraged to undertake their own mouth care if possible. • Assistance should be given to a resident when it is needed. • The transition for a resident from independence in mouth care to dependence on a staff member to provide support should be recognised in a timely manner and dealt with sensitively. • It is recognised in a timely manner when a resident is experiencing stress and distress while mouth care is being delivered. This is documented and dealt with sensitively. • The transition for a resident from using their dentures to not using dentures is recognised in a timely manner, documented and dealt with sensitively with both the resident and their family.	mouth care. • It is not recognised when a resident's needs change and that they may require support with mouth care. • The need for a resident to have additional support with mouth care is not dealt with sensitively. • Stress and distress during mouth care is not documented. • The transition from using dentures to not using dentures is not recognised, documented or discussed with both the resident and their family.
Environment and positioning	• Mouth care, for patients with dementia, is delivered facing the resident at eye level. • Mouth care, and how this is going to happen, is explained to the resident before commencing. • The resident is settled in a private, safe and quiet environment where mouth care will be delivered. • If the resident has dysphagia, the resident's head is positioned and supported, ensuring comfort, to protect the resident from choking. • Techniques are used to ease distress during mouth care or consideration given to trying again at a later time/with different staff member. • Residents are kept safe from disinfecting solutions.	• Staff do not approach residents face to face at eye level. • Staff do not explain what is going to happen regarding mouth care. • Mouth care is not undertaken in a private, safe and quiet environment. • Residents with dysphagia are not supported appropriately to protect the resident from choking. • Staff do not recognise when a resident experiences distress during mouth care and do not use techniques to ease distress. • Disinfecting solutions are not safely stored to protect residents.
Enhanced support at difficult	• Extra mouth care is delivered for residents in circumstances where this becomes	• Extra mouth care is not delivered for residents who experience oral infections,

times	necessary, for example at times of oral infection, mouth cancer, palliative and end-of-life care. • Staff are in contact with dental services/Caring for Smiles/Open Wide teams to request extra assistance when needed.	mouth cancer, palliative and end-of-life care. • Staff are not in contact with dental services/Caring for Smiles/Open Wide teams in a timely manner when extra assistance is needed.
Involvement of other professionals	• All residents are registered with a dentist. • Residents have the right to choose to remain registered with their own dentist, providing this is possible and they wish to do so. • Residents visit their dentist if possible or are visited by the dentist in the care home at regular intervals. • Mouth pain is recognised quickly, and the resident is referred to a dentist if necessary. • Loose fitting dentures are recognised quickly, and the resident is referred to a dentist. • Loss of dentures is recognised quickly, and the resident is referred to a dentist. • Changes in the mouth are noted and acted upon.	• Dental registration is not checked when the resident moves into the care home. • Regular visits to or from the dentist are not set up for individuals. • Dentists are only called in at times of dental emergencies. • Mouth pain is not recognised as a potential factor for consideration when a resident is for example not eating properly or distressed when any sort of mouth care is undertaken. • Loose fitting dentures/lost dentures are highlighted but not referred to a dentist. This may cause inability to eat or mouth pain. • Staff do not check the mouths of residents regularly so changes are not noted or acted upon until it reaches an emergency dental situation.

Improvement support actions and resources are listed below to assist care homes and inspectors with actions that can be taken to improve mouth care for residents.

Improvement support actions	**Key improvement resources**
• Staff should be trained on delivering mouth care and techniques for easing stress and distress during mouth care. • Services should have an oral care policy and cover oral health as part of initial health assessments. • Completion of an oral health risk	• Caring for Smiles/Open Wide teams in each NHS board can provide training for care home staff. The below links will signpost you to your local Caring for Smiles/Open Wide Coordinators. Caring for Smiles | Turas | Learn (nhs.scot)

assessment and use of this to inform the personal plan for each resident. • Discussion with residents and their families to inform the personal plan on preferences and wishes of the resident for mouth care. • Review of oral health risk assessments at a minimum every six months or more often if possible (ideally monthly). • Preventive advice on maintaining good oral health should be easily available for people living in care homes and their families. • All staff should be trained in infection prevention and control. • Where relevant, all staff should be trained in Promoting Excellence in Dementia Care. • Provision of mouth care as part of personal care, twice per day. • Ensuring that residents are registered with a dentist and that there are processes in place to identify any issues and refer to a dentist. • Documentation of daily oral care. • Services should have policies in place to minimise denture loss and have protocols for when dentures are lost. • Oral care should be part of end-of-life care pathways. • Staff should be aware of and be trained to deliver safe oral care to residents with difficulty swallowing.	Open Wide | Turas | Learn (nhs.scot) • Caring for Smiles Guide for Care Homes/Open Wide Guide provides detail relating to mouth care including examples of oral health risk assessments and daily documentation: Caring for Smiles Guide | Turas | Learn (nhs.scot) Open Wide Guide | Turas | Learn (nhs.scot) • NHS Education Scotland have a range of resources/courses for infection prevention and control: Preventing infection in care | Turas | Learn (nhs.scot) • Health & Social Care Standards: Health and Social Care Standards | Care Inspectorate Hub • My life, my care home – the 2017 report into dementia care by the Care Inspectorate has a section on Caring for Smiles: My life, my care home | Care Inspectorate Hub • SSSC website has a useful introduction to Promoting Excellence in Dementia Care: Promoting Excellence in dementia care - Scottish Social Services Council (sssc.uk.com) • NES Autism Training Framework Optimising Outcomes:

	NES autism training framework | Turas | Learn (nhs.scot) • The Keys to Life – Scotland's Learning Disability Strategy: Home - The keys to life • NES Mental health, learning disabilities and dementia (NMAHP): Mental health, learning disabilities and dementia (NMAHP) | (scot.nhs.uk) • Brush my teeth – toothbrushing videos: Welcome | Brushmyteeth.ie • Care Inspectorate, Supporting people with eating, drinking and swallowing difficulties (dysphagia) guidance: Supporting people with eating, drinking and swallowing difficulties.pdf (careinspectorate.com) • NES Palliative and end of life care: Palliative and end of life care | Turas | Learn (nhs.scot)

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