Oral Health Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as ‘we statements’, they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people’s individual needs.

Infection prevention and control

We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

Assessing needs

We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering evidence-based care and treatment

We plan and deliver people’s care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

How staff, teams and services work together

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Scope

To ensure residents, receive a good standard of oral health and hygiene to prevent dental disease and ensure their comfort.

This policy and procedure are provided for the regulated activity of accommodation for people requiring personal care or nursing.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

- Oral health is a key fundamental of care.
- Oral health will form part of the assessment of need.
- Every resident will have a care plan that provides care workers with appropriate guidance to support a resident's needs with their oral health care.
- The service will support or arrange, when requested, for residents to have a dental check and treatment as required.

This policy must be read and complied with by all members of staff who are involved in the assessment of a person's care needs and in supporting them with oral hygiene. The Registered Manager is responsible for ensuring that systems are in place to support best practice in the provision of oral care and to make sure staff comply with these guidelines.

The Policy

EFH aims to provide a safe, effective, caring, responsive and well-led service to all residents. This is achieved through training, competency assessment, policies and procedures, staff supervision and oversight from management, which includes quality assurance and audit. The organisation will ensure that staff are trained to support residents effectively and safely with their oral hygiene and dental care and will escalate concerns immediately as they arise, or issues are identified.

At every stage of life, people need a good standard of oral health to remain comfortable and enable them to eat and drink properly. Oral health is important for general health and well-being. Poor oral health can affect someone's ability to eat, speak, smile and socialise normally, for example, due to pain or social embarrassment. Oral health problems include gum disease, tooth decay, tooth loss, poorly fitting dentures and oral cancers.

Older people may undergo changes to the condition of their teeth and gums. For example, the tissue in their mouth changes. The lining of the mouth loses its elasticity and becomes thinner. This leaves the skin inside the mouth more prone to injury and infection. This can affect their overall health particularly as a result of poor oral care. For example, poor oral care has been linked to the development of chest infections, coronary heart disease and septicaemia.

The Mental Capacity Act 2005 (MCA) protects residents' rights to make capacitated decisions and ensures that where people lack capacity to make a specific decision, decisions are made in their best interests.

EFH staff will respect residents' decisions about their oral hygiene. Where residents lack capacity to make a day-to-day decision about their oral health routine, we will undertake a decision specific mental capacity assessment and any decision made will reflect their best interests including their wishes and preferences. Staff will be guided by the resident's care plan which will include information about the mental capacity assessment and best interests decision-making.

Where significant dental decisions are required and the resident lacks capacity, staff will escalate concerns to the Registered Manager or the office, who will liaise with the carer, family, Power of Attorney for Health and Welfare or other

appropriate representative. The Registered Manager will work with the resident's representative to refer the resident to the dental team supporting the individual. Where a new oral care regime is identified by the dental team, the care plan will be updated, and staff informed of the changes.

Recognising Changes in Oral Health

Gum disease and tooth decay can occur through a build-up of plaque (a sticky film of bacteria that forms on teeth) through ineffective brushing. If plaque is not removed, it can affect the bone under the gums and teeth can gradually become loose. Gum disease can be painless although common signs include bleeding gums during brushing, loose teeth, receding gums and bad breath. Plaque can also cause tooth decay particularly if the person has a lot of sugary foods and drinks.

NICE guidance includes 'Oral health for adults in care homes NICE guideline (NG48) ' and 'Oral health promotion in the community 2016 Quality standard (QS139) , and includes guidance to commissioners on ensuring oral health is considered and included in health and social care service delivery.

Quality statement 3 sets out that oral health should be included in the written care plans of residents in receipt of health and social care services, especially residents with a high risk of poor oral health.

EFH includes oral health assessment and care and support planning in every resident care and support plan. This ensures that the residents have their oral health needs, including preferences and choices, recorded in their written care and support plans which are agreed with them.

In June 2019, The Care Quality Commission published a report of their review of oral care in 100 care homes across England ('Smiling Matters- Oral health care in care homes,' see references).

EFH will ensure residents and their family are provided with information relevant to the guidance provided by CQC. This will be achieved through staff training and provision of information in oral care.

Assessment

EFH includes oral health assessment and care and support planning in every resident's care and support plan. This ensures that the residents have their oral health needs, including preferences and choices, recorded in their written care and support plans which are agreed with them.

EFH will complete an assessment of need before the provision of services. This will include assessing the resident's oral care needs.

The assessment will identify whether the resident is independently managing their oral care, and if support needs are identified details will be gathered on:

- How they usually manage their oral care
- What support they require
- Any cultural or ethnic preferences in regard to oral care
- What dental products they prefer to use
- Whether they have dentures or partial plates
- Any concerns they have about their oral care
- Who their dentist/hygienist is and how often they see them

Information from this assessment will inform the resident's care plan and be kept updated with any changes to their needs or preferences.

Oral assessments are reviewed as part of the quarterly care plan review or as needs change.

Daily Mouth Care

Whenever possible, care staff should encourage people to be involved in cleaning their own teeth or caring for their dentures. When someone needs assistance with mouth care, staff must also monitor the condition of their mouth and gums as part of that care and document/report changes.

Daily mouthcare will be documented at least twice per day on the ADL chart on Access and Clinical.

Staff must enable and support resident to complete their daily mouth care in accordance with their care plan. Details of best practice care guidance can be found in the 'Delivering Better Health Toolkit' (Public Health England 2017, see references). This includes:

- Brushing natural teeth at least twice a day with fluoride toothpaste.
- Using the resident's choice of 'over-the-counter' products including toothpaste and mouthwash rinses. If the resident uses sugar-free gum, consider gum containing xylitol. (Be aware excessive use of Xylitol can cause diarrhoea as it has a laxative effect)
- Seeking advice from the Registered Manager about obtaining prescribed mouth care products, if required, or helping someone to use them.
- Using the resident's choice of toothbrush, either manual or electric/battery powered.
- Supporting the resident to rinse their own mouth vigorously and spit out the contents into the sink or a small bowl. Offer tissues to dry any spillages.
- Daily use of mouth care products prescribed by dental clinicians (for example, this may include a high fluoride toothpaste or a prescribed mouth rinse).
- Providing daily oral care for full or partial dentures (such as brushing, removing food debris and removing dentures overnight). Dentures need to be cleaned as often as you would normal teeth (at least twice a day, every morning and night).
- Using the resident's choice of cleaning products for dentures.
- Observing and reporting any soreness, bleeding, pain or marks while carrying out oral care.

Helping Someone to Clean Their Teeth

Assisting someone to clean their teeth should be done with their consent and at a time they are happy to do this. This will usually be when they are supported with personal care at the start of the day and again at night before supporting them to bed.

Long-term conditions (including arthritis, Parkinson's disease and dementia) can make it harder to hold and use a toothbrush, and to go for dental treatment.

- Ensure the resident is in a comfortable position with a mirror and wash basin/bowl to hand.
- The care worker must wear gloves and either stand or sit with the person to support them to remove their dentures (if worn).
- Support the resident to gently brush their teeth.
- This should include a few teeth at a time and cover all surfaces as well as gentle brushing of the gum line.
- Take special care of any loose teeth or sore areas.
- If someone is reluctant to allow their teeth to be cleaned, it may be due to pain or their ability to understand what is happening. Listen to the person and try to alleviate their fears. Explaining the importance of oral care can help, as can trying again a little later.
- Raise a concern with the Registered Manager if a resident does not consent to the oral care guidance documented in their care plan.
- If the resident lacks capacity involve a relative or another carer they relate well to, as this can make a difference.

If it becomes too difficult to brush their teeth, further guidance will be needed, including advice from the dental team.

Denture Care

Dentures need to be cleaned as often as you would normal teeth (at least twice a day, every morning and night).

- Brush the dentures with toothpaste or soap and water before soaking them to remove food particles.
- Soak them in a fizzy solution of denture-cleaning tablets to remove stains and bacteria (follow the manufacturer's instructions).
- Brush them again (but do not scrub them too hard).
- Rinse dentures under clean running water before returning them to the resident's mouth.
- Check that dentures are comfortable and fitting correctly.
- Empty and clean the denture container, leaving it to dry during the day.

NB Dentures may break if you drop them, so you should clean them over a bowl or sink filled with water, or something soft like a folded towel.

Dentures should always be removed at night unless advised by a dentist.

If a resident declines to wear their dentures, seek advice from the dental team about how best to store them.

Dentures are custom made to fit and should not need a denture fixative. However, some residents prefer to use a fixative to give them extra confidence or if their dentures start to become loose before they have them replaced. A poorly fitting denture may cause irritation and sores. Dental advice should be sought for poorly fitting dentures.

Completing Oral Hygiene in End-of-Life Care

When someone is unable to assist with any mouth care the following care should be provided to them by a member of staff who is competent to do so:

- Encourage family members who may wish to participate in mouth care activities with guidance and support from the team looking after the resident.
- Seek medical advice on changing or stopping medicines that are causing a dry mouth.
- Carry out mouth care with the resident as often as necessary to maintain a clean mouth.
- Use palliative care oral care products including a mouth care pack and cleaning items such as gauze, disposable gloves, disposable cups, toothpaste or prescribed/over-the-counter mouthwash.
- Apply a small amount of the cleaning agent to a gauze swab then, using your index finger, wipe around the mouth in one direction and then discard. Continue this process around the mucosa of the mouth.
- Use a small, soft brush to gently clean around the teeth, tongue, and palate. Alternatively, use small plastic tweezers and gauze to clean the front of the teeth.
- Wipe around the lips to clean away any trickles of saliva or cleaning agent to leave the skin dry. Apply a lip balm if necessary.
- In people who are conscious, the mouth can be moistened every 30 minutes with water from a water spray or dropper or ice chips can be placed in the mouth.
- In unconscious people, moisten the mouth frequently, when possible, with water from a water spray, dropper, or ice chips placed in the mouth.
- To prevent cracking of the lips, a water-soluble lubricant should be applied.
- When the weather is dry and hot, if possible, use a room humidifier or air conditioning.
- Ensure help is offered to clean teeth or dentures.
- Manage oral pain symptomatically using prescribed analgesics and seek medical advice if concerned about the resident experiencing pain.
- Record the care given and report any concerns.

Implications of Poor or Inefficient Oral Care

The tissues in the mouth undergo change as a person gets older. The lining of the mouth loses its elasticity and becomes thinner. This leaves the skin inside the mouth more prone to injury and infection. Often problems in the mouth, including decay, will be painless in the first stages.

If dentures are ill-fitting or broken, they can cause sore spots on the soft lining of the mouth.

If a person has experienced previous oral health disease, their lifestyle, habits, and nutrition will also affect the condition of their teeth and soft tissues of the mouth.

Whatever the cause, problems can lead to considerable discomfort which can alter the person's eating habits and speech. This will impact upon their weight and can lead to other health problems. Behavioural changes can also cause loss of self-esteem, embarrassment, and social isolation.

For people who are not able to articulate their pain or discomfort or ask for help, care workers must consider oral health problems as a potential cause.

It is therefore especially important that care workers provide effective mouth care and observe for signs of dental problems.

Mouth Ulcers

Mouth ulcers can be either painful or painless. They can be caused by poor diet, denture friction or drug interaction (anti-inflammatories).

When someone has an ulcer, assess them for possible causes. If dentures are worn, check for sharp edges and observe natural teeth for any chips with sharp edges. Report concerns to the Registered Manager.

If dentures are worn and the person agrees, leave them out if possible as this will assist with healing. A prescription may be needed for a mouthwash or ointment which should be administered as directed.

Oral Thrush

Oral candidiasis (thrush) is a common yeast/fungal infection that occurs in the mucous membranes of the mouth. The mouth appears reddened with white patches and the corners of the mouth are often cracked. It can feel painful, alter taste, and cause difficulty eating. If this is suspected, a GP can prescribe treatment.

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).
- 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.
- People with dry mouth are more at risk of tooth decay, infection of the oral soft tissue and periodontal disease.
- It can also make wearing dentures difficult.

How can you help a resident with a dry mouth?

- Encourage regular sips of water.
- Ask the resident if they need their mouth cleared after eating.
- 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-strength 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.

Oral Cancer

What is oral cancer?

- Early detection of mouth cancer is important so if in doubt, get it checked out.
- 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.
- Jaw swelling, unusual pain or bleeding in the mouth.
- Unexplained speech patterns or difficulty in swallowing.

Risk factors:

- People who smoke and drink alcohol heavily are at higher risk.
- Other causes include chewing tobacco or paan, human papillomavirus, diet, and exposure to chemicals.
- Cancers found on the lips are frequently associated with excessive exposure to the sun, for example, in people who have worked as 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.’

Taking Action when a Person has Oral Health Concerns or Discomfort

Any sign of a deterioration in oral health must be reported to the designated dental team. They will recommend an appropriate programme of care/treatment, taking into account the person’s general health needs and wishes.

Training

EFH commitment to all care staff will receive training in delivering best practice in oral care. This will be provided through the Care Certificate as a minimum requirement upon induction.

Ongoing training on general oral health includes:

- Understanding the importance of residents oral health and the potential effect on their general health, well-being, and dignity.

- Understanding the role of diet, alcohol, and tobacco in promoting good oral health.
- Understanding the potential impact of untreated dental pain or mouth infection on the behaviour, and general health and well-being of people who cannot articulate their pain or distress or ask for help.
- Knowing how to deliver daily mouth care.
- Understanding how to support people who lack capacity with their oral health care.
- Understanding the impact of medication or oral health.
- Knowing how and when to report any oral health concerns.
- Knowing how to respond if a resident does not want daily mouth care or to have their dentures removed.

Regular supervision of staff will monitor and maintain care standards and staff competence. This will also be done through monthly care record audits. at all suitable stages of their employment from induction onwards.

Seeking Feedback about

EFH will seek feedback from people, families, staff, involved professionals and volunteers about their experiences of oral hygiene where it is appropriate to do so. We will seek feedback in person during conversations and via surveys and meetings. We will respond to feedback and tell people about changes and improvements we make as a result of their feedback.

References

https://www.nice.org.uk/guidance/ng48

https://www.cqc.org.uk/publications/major-report/smiling-matters-oral-health-care-care-homes

Review date	Next Review Date
May 2024	May 2027