

Smiles better



Greater Manchester Mouth Care Toolkit

for Care Homes & Domiciliary Care providers

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Foreword


Good mouth care that care and nursing staff provide is vital in maintaining people's dignity, comfort, health and wellbeing, enabling them to smile, eat, drink and keep well. We know that there are more vulnerable older people with increasingly complex health needs in care homes, nursing homes and in the community where care is provided by domiciliary care providers. Many older people have their own teeth, lots of fillings and caring for their mouths has become more complex. Many of us will have seen older people (whether clients or family members) who have experienced dental problems or pain who have found it difficult to access or tolerate professional dental care. This can cause distress, and impact on their health and wellbeing.

Good assessment and care planning and dental prevention can prevent many dental problems and improve independence, nutrition, respiratory conditions, wellbeing and reduce infections and hospital length of stay. It has an excellent return on investment (£16:1). Care staff can find it difficult at times to provide good mouth care, particularly when there are challenges such as advanced dementia or complex dental conditions. This is a practical guide for care staff to go alongside face to face training. It also contains sample care policies, assessment and care plans for care agencies to use and adapt. It also provides links to online training resources and complements the Mouth Care Matters resources developed for hospitals. The toolkit provides information on how to access dental care for clients and clarifies issues around access, payment and transport.

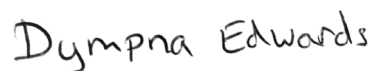
This training resource has been developed in collaboration with Health Education England, North West as part of the Mouth Care in the community initiative. There has been input and involvement of many people across Greater Manchester including older people, care providers, dental teams, local authorities, NHS England, Health Education England and Public Health England colleagues. Thanks are due to everyone who contributed and gave of their time, energy and expertise freely, particularly Bev Mason from RIS healthcare. We have drawn on the Chorus resource developed in Salford, the Mouth Care Matters hospitals resources and Caring for Smiles in Scotland and tools developed by RIS healthcare. The resource can be freely used and adapted with acknowledgements. Electronic copies of the toolkit, leaflets, policies and tools are available on the following website <https://www.gmicsn.org.uk/>

Thank you for using this resource and all you do to improve the health and wellbeing of local people. Feedback is always welcome to adapt and improve this resource and should be sent to Dympna.edwards@phe.gov.uk

Kind regards



Donna Holden MBE
Dean of Postgraduate Dental Education
Health Education England, North West



Dr Dympna Edwards
Consultant Dental Public Health
Greater Manchester Health and Social Care Partnership

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Section 1

Introduction

Why mouth care?

Care homes and domiciliary care providers are providing more complex care for an increasing number of older people, living longer with complex health and care needs. Due to improvements in dental health, an increasing number of vulnerable older people are keeping their own teeth for longer. As older people have heavily filled and crowned teeth many need more complex dental care at a time when they are least likely to be able to access or manage the treatment.

Good mouth care (oral health) and independence are linked. Loss of function (physical or cognitive) can impact on people's ability to care for their mouth and rapidly increase the risk of dental disease. For example the risk of dental disease increases rapidly when someone is diagnosed with dementia.

People with good oral health can stay independent for longer and recover from episodes of frailty more quickly if they are able to eat and drink properly and take part in life. Poor oral health can impact on quality of life and cause pain and discomfort, mood behaviour changes, speech, ability to smile and communicate, ability to eat, swallow and self confidence. Poor oral health is also linked with pneumonia, diabetes, coronary heart disease, strokes and peripheral vascular disease.

The costs to the NHS and social care are high due to additional bed days and dental care. An economic analysis found that every £1 spent on good mouth care in hospitals saved £16.

Good mouth care, advanced planning and fluorides can prevent most of the deterioration and mouth problems in older people and the associated pain and suffering. Care providers have an essential role in assessment, care planning and ensuring good mouth care. This resource will enable robust assessment, care planning and mouth care in accordance with CQC and NICE guidance. It will also facilitate access to dental prevention and care for care home clients.

Case study

Masie is 92 and was admitted to a care home following a hospital stay for a respiratory condition. She had been living at home with some limited support. Her independence had reduced recently, she had lost weight and was becoming increasingly confused. When she was admitted to the care home the assessment showed that she had a partial denture which she kept in overnight. This had resulted in oral thrush. Her dementia meant that she often forgot to brush her teeth. She was reluctant to eat as her mouth was dry and sore.

The assessment highlighted the issues above. The care staff cleaned the denture and left it out at night which along with antifungal treatment cleared her oral thrush. They worked with Masie to find the best time of day to clean her teeth and understand what she needed. A saliva substitute, high fluoride toothpaste and lip moisturiser made her mouth more comfortable and helped her to eat. A month later Masie was more comfortable, was enjoying her food and had put on weight. The recurrent respiratory conditions weren't troubling her. Her family noticed that she was happier and more sociable.

Case study

Hilltop Court is a specialist dementia care home. A client had experienced severe toothache and they struggled to get dental care. This made the care managers and staff more determined to improve mouth care. The care home implemented a policy on mouth care and staff undertook additional training. They tried different techniques and times of the day to offer mouth care. Care can still be challenging at times but with the training, processes and support they feel that they are making more of a difference to the lives of their clients.

Rochdale council has worked closely with home care and care home managers to improve oral health and make an impact on the quality of elderly people's lives improving hydration and nutrition reducing aspirating pneumonia and improving communication.

All care homes have worked hard to ensure oral health policies are in place and have promoted the use of an oral health assessment tool to support quality of care, the training and delivery to carers is delivered with an action plan and priority list. The audits of impact is showing improvement in confidence of managing dental conditions and positive signs of reducing healthcare costs.

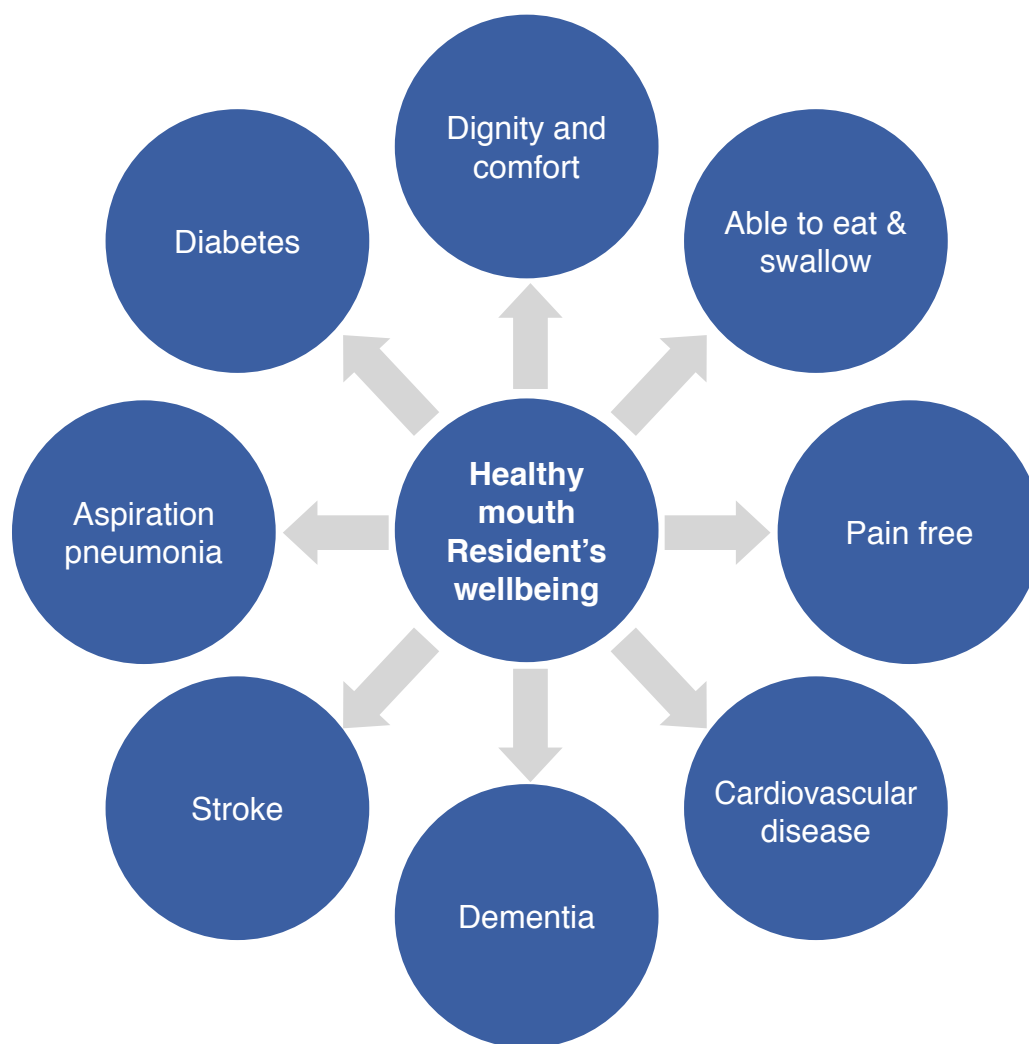
Key messages

- More dependent older people need help to maintain good mouth care
- Mouth care is linked with general health and wellbeing & aspiration pneumonia
- More older people have their own teeth - more complex needs

Why is mouth care important for older people?

- 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 mouth care satisfactorily and rely on others for help to maintain their health and wellbeing

Impact of good mouth care



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:

- It is difficult to know how best to clean someone else's mouth and teeth - this needs specific training and skills
- Carers may not realise the impact of mouth care on health and wellbeing
- Some carers may consider this distasteful
- There are concerns and confusion about consent and clients being resistant to mouth care, particularly with clients with additional complexities (e.g. dementia)
- There are many pressures of time on care staff and a high turnover of staff in some areas
- Not all carers may be aware of products and techniques that can help in assessment and care

This toolkit is designed to complement face to face training and to be a resource for care homes and domiciliary care agencies. It provides policies, tools for care assessment, planning and recording, hints and tips for challenges and information on accessing dental and other services.



Section 2

Sample care agency policy

Care home policy

Mission statement:

Improving the dental health of our client/clients

Our aim is to improve the mouth health of our clients in order to improve their quality of life wellbeing and dignity.

Our staff understand how important good oral health is and by improving their oral health skills they will be able to assist the clients in achieving and maintaining good mouth care. Staff will be able to recognise oral conditions that need further professional care and help you to access dental care.

This policy has been designed to support the NICE Quality standards QS(151) required for CQC accreditation.

All clients will:

- Ensure daily recording of mouth care provided
- Receive an oral health assessment on arrival at the home which will be carried out by the Oral health champion or appropriately trained person
- Have a personal oral care plan completed that will be reviewed on a monthly basis or sooner if the client's needs change
- Be signposted or referred as appropriate to relevant dental services, if treatment or support is required
- Receive appropriate mouth care daily
- Be offered denture marking on admission if this has not already taken place

The manager of the care home will:

- Ensure all staff maintain up-to-date training in mouth care
- Appoint at least two staff members, who will be trained as oral health champions
- Ensure all staff are following the clients oral care plan and recording on a daily basis
- Ensure information is available and displayed about finding dental services for routine and emergency dental care
- Liaise with clients and their families about accessing dental care ensuring that clients and families are clear on their responsibilities and the support provided by the care home
- Ensure responsibility or exemption for dental charges are established on admission by completing form HC1(SC)(if care partly funded) or HC1 (if care self-funded).
- Support clients and families to access dental care when needed. This might include making appointments, facilitating transport or accompaniment. The care agency will clarify with clients and their families on admission what can be provided in this respect and any charges that this support will incur
- Ensure all staff have access to and understand the Mental Capacity Act 2005 and DOLS.
- Ensure all clients have access to mouth care equipment, such as appropriate toothbrush and toothpaste, and dry mouth products
- Ensure staff have access to Delivering Better Oral Health Toolkit (PHE 2014) www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
- Ensure staff are aware of Mouth Care Matters (HEE) Resources www.mouthcarematters.hee.nhs.uk/

Care staff will:

- Commit to providing good mouth care for those who no longer have the physical or mental capacity to undertake this for themselves
- Provide prompting and support for clients to undertake mouth care when needed. Report any concerns with a client's mouth to the on-duty manager or nurse who can escalate to access the appropriate referral or support required
- Understand the Mental Capacity Act 2005 to be able to support a client about refusal of mouth care
- Mark a clients denture with their initials/name and date of birth to facilitate retrieval if lost



Summary of usual daily mouth care for clients with natural teeth:

- Clients with natural teeth will have their teeth brushed with a fluoride toothpaste last thing at night and at one other time during the day
- Clients should be encouraged to spit, rather than rinse the toothpaste
- Any partial dentures should be removed at night cleaned with toothbrush/denture brush with soapy water and soaked in clean water in a denture pot overnight

Summary of usual daily mouth care for clients who do not have any natural teeth.

- Clients who have dentures will have their dentures removed at night
- On removal dentures will be cleaned with a nail brush/denture brush with soapy water
- Overnight and whenever it is not in the mouth the denture will be stored in a named denture pot in clean water
- A soft toothbrush or sponge will be used to clean inside the client's mouth at night to ensure removal of any food debris



Section 3

Assessment & care planning

Completing the oral health assessment

What you will need:

- Gloves
- Pen
- Oral health assessment sheet/care plan
- Pen torch

Getting started

Make sure the client is comfortable, and explain what you are doing as you go along. The assessment sheet asks important questions about a client's oral care routine to help you give them the best care possible. The client's family may also help provide answers to current routines or preferences.

Does the client have any natural teeth?

Wearing your gloves and using a pen torch look into the client's mouth, make sure to check for top and bottom teeth.

Does the client wear dentures?

Wearing your gloves and using a pen torch look into the client's mouth for upper and lower dentures. Ask client are they happy with the condition of their dentures.

Can the client remove and insert their dentures themselves?

If yes let them do it as it is more comfortable if they can do so.

Does the client have a dry mouth?

How is their current dry mouth being managed? Do they use any saliva replacement gels/sprays?

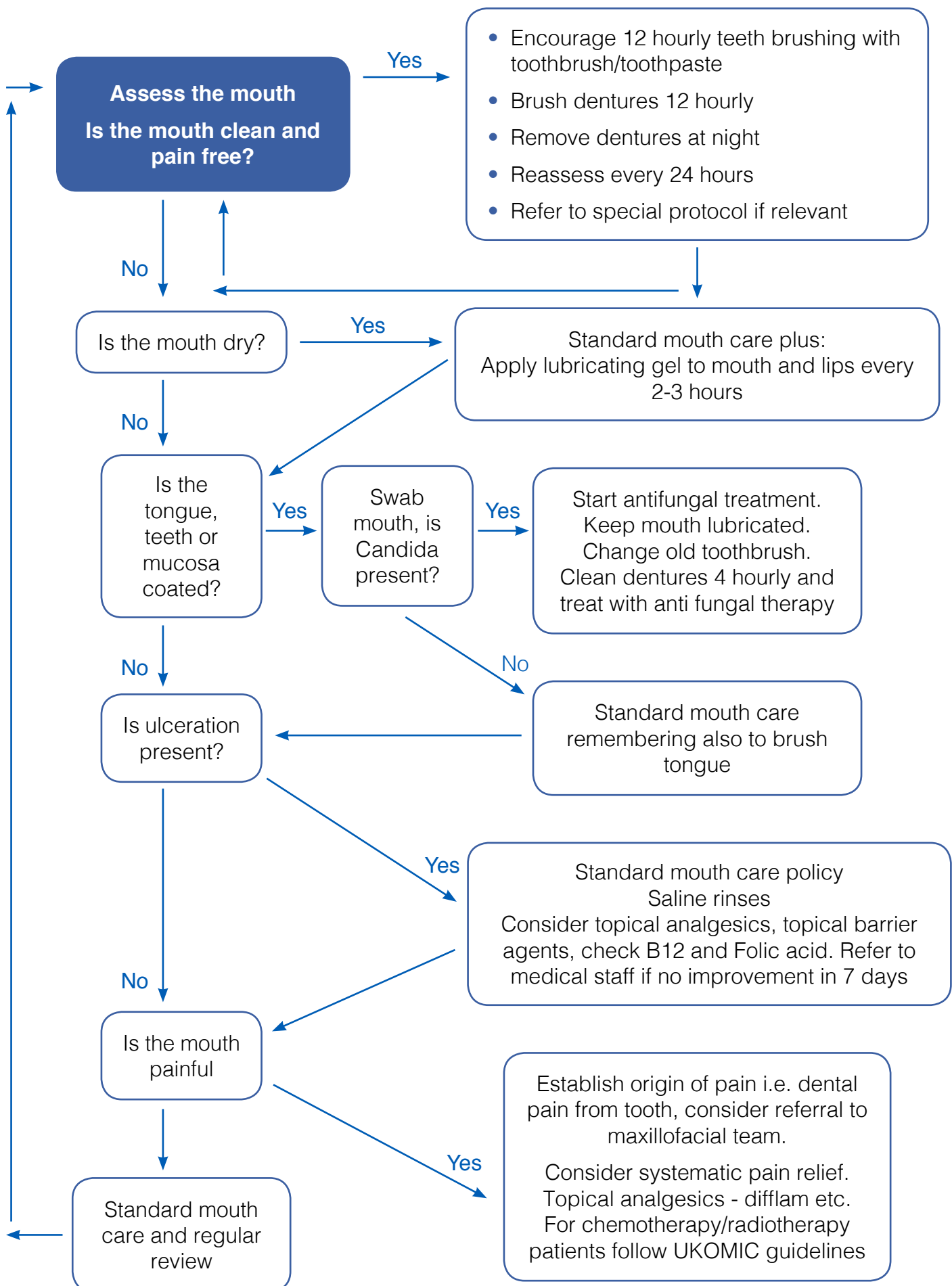
Does the client have any swallowing issues?

Has a non-foaming toothpaste been considered?

Does the client suffer from any mouth infections?

Are there any visible mouth infections, or sores at the corners of the mouth? Has the nurse in charge / manager been informed? Is the client on any medication for the infection? Do they require a dental appointment?

Oral assessment flow chart



Oral health risk assessment & care plan

Clients full name: _____ Known as: _____

Clients date of birth: _____ Address/Room no: _____

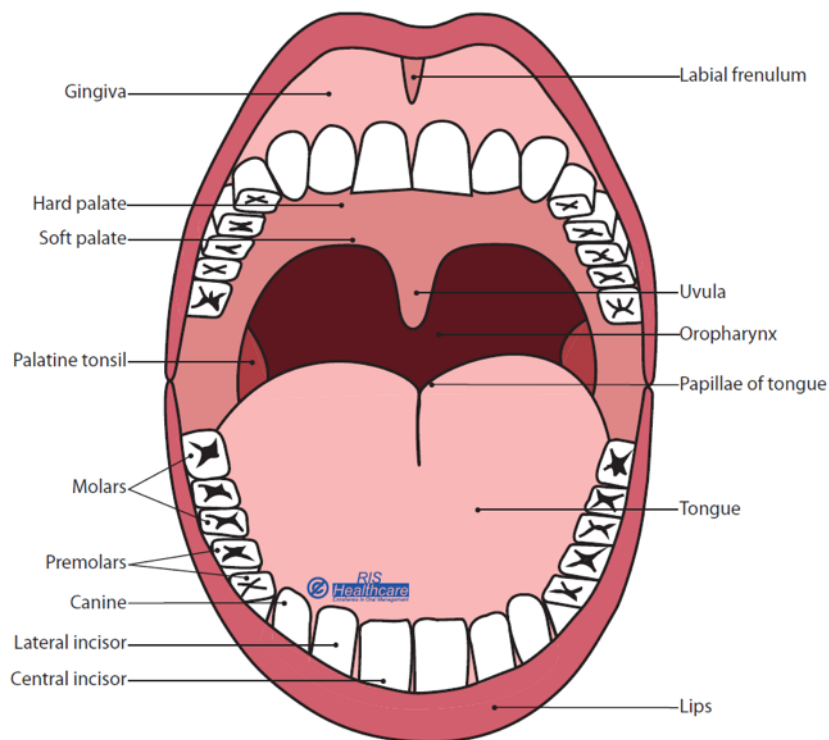
Please circle relevant answer

	Assessment			Suggested action for care plan
1.	Does the person have any natural teeth?	Yes	No	If yes get prescription for high fluoride toothpaste prescription from dentist
	Do they need help cleaning their teeth?	Yes*	No	Explore support needed to clean twice per day with soft toothbrush and pea sized amount of toothpaste
	Type of support needed...	Yes	No	
2.	Does the person have dentures?	Yes	No	If yes encourage cleaning morning and night. Clean mouth with moist gauze, rinse dentures after meals, Leave out at night & soak in water overnight.
	Do they need help cleaning their dentures?	Yes*	No	
	Are the dentures labelled	Yes	No*	If no-label dentures
3.	Cleaning teeth Preferred toothbrush & toothpaste			Consider whether adapted toothbrush or specialist toothpaste is needed
4.	Routine: Preferred time Location Have previous mouth care routines been discussed with residents/ relatives?			
5.	Is the person experiencing any problems? e.g. pain, difficulty eating, loose dentures[#], ulcers, bad breath*			Circle any issues Dry mouth - saliva substitutes, fluorides, support with cleaning
6.	Looking at the person's mouth can you see any problems? dry mouth[#], redness at corner of lips, dirty teeth, red gums or mouth, ulcers*, bleeding gums, poorly fitting dentures, broken teeth[#]. Photo where possible			
7.	Cognitive/ behavioural issues	Yes*	No	
8.	Relevant medical history e.g. smoking, medication, alcohol, speech & language, dietetics*	Yes*	No	
9.	Name and address of dentist Next appointment due.... Do they need to pay for treatment			If unsure about payment help them to complete a HC1 form

Action: # Red Underlined issues - contact dentist * *Blue Italics* - additional care needed

Signed: _____ Job title: _____ Date: _____

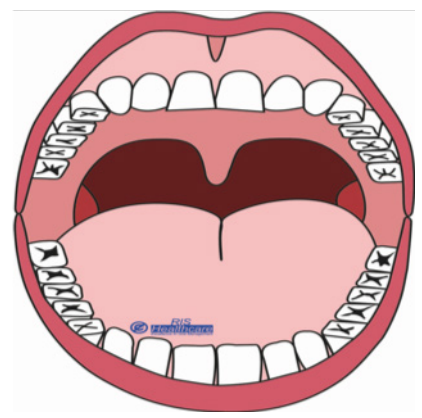
NB: Assessment to be reviewed on a 3 monthly basis or sooner if any changes are noted.



Daily oral care log

Name: _____ Month: _____

Day	Natural teeth		Denture cleaning		Please record any deviation from care plan.	Codes: reason for deviation from care plan. Please use all that apply.																																																		
	AM	PM	AM	PM																																																				
1						A. Client complied fully B. Client complied partially C. Client verbally declined D. Client declined non-verbal E. Relative carried out care F. Client refused and no other attempt was made G. Client refused and a second attempt made at another time																																																		
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10						Please record any ulcers or lesions on diagram of the mouth and the date when noted below. If not healed within two weeks they will need to be seen by a dentist.																																																		
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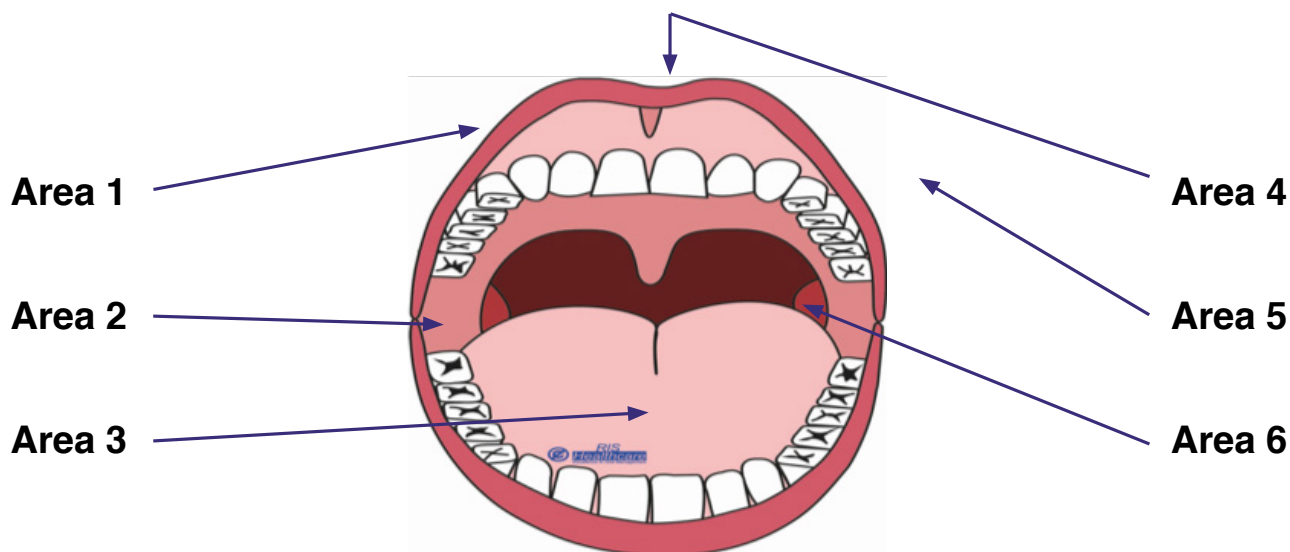


Oral health champion review:
 Does the log raise any concerns? Y/N
 Does the oral care plan need to be reviewed? Y/N

Signed: _____ Date: _____

ORAL HEALTHCARE Daily log sheet for people with cognitive impairment or dementia

Not all clients can complete this task themselves and require care staff to remove their denture, clean them and put them to soak. This task is very important not only for the dignity of the client, but also reduces problems with mouth infections, ulcers, thrush etc. Tick the box for which area you have cleaned and if there are any concerns.



Date	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Concerns	Sign

Identifying people who may have mouth problems

You may become aware of the following behavioural changes:

- Agitation
- Refusal to eat and drink
- Pulling at ears or face
- Banging head
- Drooling
- Grinding
- Temperature
- Swollen and bleeding gums
- Odour coming from mouth
- Pimple/yellow spot at side of tooth which is oozing
- Swelling of the face or neck
- Loose or mobile teeth



People will need different levels of support to clean their teeth. Below are some examples to consider with clients during the assessment.

	I need reminding to brush my teeth		I like the television or music on when I'm having my teeth cleaned
	I prefer an electric toothbrush		I can put my toothbrush in my mouth
	I need a small amount of toothpaste or non-foaming toothpaste		I need you to support my head when brushing my teeth
	I can brush well with a little support		I can spit out after brushing my teeth
	I need significant help brushing my teeth		Please moisten my lips before brushing my teeth
	I like to be able to see with a mirror		I like to have my teeth brushed in the shower
	I can pick up and hold my own toothbrush		I need some help putting the toothpaste on my brush
	I gag when my teeth are brushed - please do a little at a time.		I need help removing my dentures
	I need prompting to brush for longer		I can't spit and need a small amount of non-foaming toothpaste
	I bite down on the brush - please use a toothbrush handle or wedge		Please wipe my face after cleaning my teeth

	Specialist care plans - examples
Care plan no:	Example : Oral hygiene and mouth care
Name	
DOB	
Date of admission	
Date problem identified	
Diagnosis / problem Ethel has had a Stroke and does not have full use of her hands Ethel needs assistance of 1 person with her Oral Hygiene. Ethel has a full set of dentures Ethel is able to communicate her needs but sometimes forgets and needs prompting	
Aim / rationale For Ethel to have excellent Oral Hygiene For Ethel to have a Clean and Pain Free Mouth For Ethel to have Privacy and Dignity at all times For Oral Care to be provided according to Ethel's preferred routine	
Actions / process Ethel's preferences <ul style="list-style-type: none"> Ethel would like to wear her dentures every day Ethel would like assistance removing dentures every night after her evening medication and kept in water in her pink denture box (on side table) Ethel would like her dentures to be rinsed and assisted to be put in before her breakfast at 8AM Ethel is registered with Mr Sparkle Dentist who is happy to visit her at Happy Care Home Ethel's daughter Sarah buys her dental products Carers / staff actions <ul style="list-style-type: none"> 1 carer will help Ethel with her oral hygiene needs morning and night as Ethel prefers above Ethel will be encouraged to take part in her oral hygiene routine as much as she can and be prompted where needed. Ethel's dentures should be cleaned each night by brushing every surface of them with toothbrush and toothpaste, rinsed then kept in clean water in her pink denture box Ethel should be encouraged to remove any debris in her mouth by brushing with a soft toothbrush and rinsing and spitting out Ethel's mouth will be inspected daily and any deterioration will be documented, mouth mapped and reported to senior staff for action Ethel's privacy and dignity will be maintained at all times Any changes to Ethel's health or usual oral hygiene routine will be documented and dealt with appropriately 	
Key contacts in relation to this care plan Name: _____ Phone No: _____ HC2 Certificate Number: _____ Name: _____ Phone No: _____	
How often is this Care plan to be reviewed?	
Date of Review	Comments

Care plan no:	Example : oral thrush
Name	
DOB	
Date of admission	
Date problem identified	
Diagnosis / problem Ethel has oral thrush which is causing Ethel some mild discomfort Ethel's tongue and mouth appears white and coated Ethel needs assistance of 1 person with her Oral Hygiene and Treatment	
Treatment regime Ethel has been prescribed Nystatin oral suspension 1ml 4 times per day (9AM, 1PM, 5PM & 9PM) to swill round her mouth after food and to try and hold in her mouth for 5 minutes Continue use for 2 days after healing has occurred.	
Start date of treatment Treatment Duration / Review Date by GP	
Aim / rationale For Ethel to be free from oral thrush For Ethel's treatment for oral thrush to be administered correctly For Ethel to have excellent oral hygiene For Ethel to have a clean and pain free mouth For oral care to be provided according to Ethel's preferred routine	
Actions / process Ethel's preferences <ul style="list-style-type: none"> Ethel would like her teeth to be cleaned after her breakfast at 8AM Ethel would like her teeth to be cleaned every evening after her night time tablets Carers / staff actions <ul style="list-style-type: none"> 1 carer will help Ethel with her oral hygiene needs morning and night as Ethel prefers above A senior carer will assist Ethel to take the Nystatin at 9AM, 1PM, 5PM & 9PM The senior carer will assess for oral discomfort and escalate as required Ethel will be encouraged to take part in her oral hygiene routine as much as she can and be prompted where needed Ethel's mouth will be inspected daily and any further deterioration will be documented, mouth mapped and reported to senior staff for action Ethel's privacy and dignity will be maintained at all times Ethel's mouth and treatment will be inspected on the GP ward round on Tuesday mornings 	
Key contacts in relation to this care plan GP Pharmacist	
How often is this care plan to be reviewed?	
Date of review	Comments



Section 4

Oral conditions & factsheets

Conditions of the mouth

The healthy mouth



Healthy floor of mouth

FEATURES: Pink pale colour, Pool of saliva



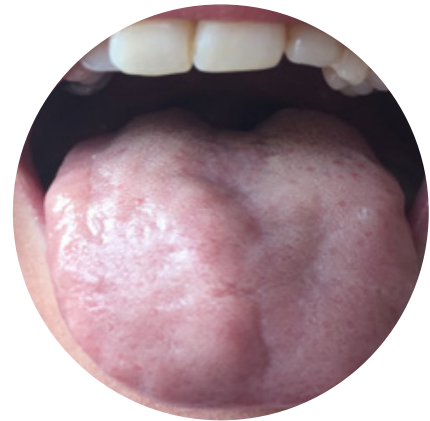
Healthy cheek mucosa

FEATURES: Moist, Pink



Clean healthy lips

FEATURES: Pink, Moist



Healthy tongue

FEATURES: Symmetrical, Normal coating, Moist



Healthy roof of mouth (hard palate)

FEATURES: Pink, Ridges

Specific oral conditions



Mouth problems often go untreated because care staff lack the confidence to look into someone's mouth. Care staff aren't expected to know about different mouth conditions by name. If they are regularly checking and supporting people they will be able to see and report any changes and report these to managers or nursing staff. The following section is a reference for common mouth problems in vulnerable older people.

See and report

Angular cheilitis



Cause:	Bacterial, fungal, or bacterial and fungal infection
Clinical features:	Redness, crusting and bleeding, painful
Contributing factors:	Fungal infection inside mouth, haematinic deficiencies, diabetes, drooling, old dentures that are too small
Prevention:	Prevention of intra-oral fungal infections
Treatment:	Topical antifungal treatment, Oral antifungal treatment, Topical steroid medication, topical/oral anti-staphylococcal antibiotic, correct haematinic deficiencies **Swab for culture and sensitivity
Prognosis:	Mild cases respond well, advanced cases may respond poorly

Denture stomatitis

Key message:

Fungal infection caused by denture being kept in at night - good denture hygiene important



Cause:	Chronic fungal infection
Clinical features:	Redness of hard palate beneath fitting surface of denture
Contributing factors:	Continuous denture wearing, dry mouth, poor denture hygiene, diabetes
Prevention:	Remove denture at night, clean denture with soap and water, change denture toothbrush regularly, soak denture in water or a recommended solution
Treatment:	Antifungal medication, treat denture with topical antifungal treatment, leave dentures out as much as possible, leave dentures out at night
Prognosis:	Will respond to treatment together with good denture hygiene

Dental decay

Key message:

Dental decay is caused by sugar and bacteria present in dental plaque. People with dry mouth and dementia are at high risk of tooth decay. Decay can be prevented by keeping sugary foods to mealtimes, high fluoride toothpaste and daily cleaning of teeth.



Cause:	Dental decay happens when sugar from food and drinks is converted to acid by bacteria in plaque - an acid attack. The more often sugar is taken the more teeth will decay. Saliva is protective and fluoride reverses this process - one of the main reasons for brushing twice per day
Clinical features:	White or brown stain on teeth which then becomes a hole. Teeth may be more sensitive to hot or cold foods. If left untreated this can lead to a dental abscess in the mouth and bloodstream infection
Contributing factors:	Frequent intake of sugar, dry mouth (saliva is protective), not using a fluoride toothpaste
Prevention:	Keeping sugary foods and drinks to mealtimes, fluoride varnish and high fluoride toothpaste can help to prevent decay, good mouth care with a high fluoride toothpaste
Treatment:	Dental advice is needed to assess the decay. Treatment may include fluoride varnish and high fluoride toothpaste to stop the decay, a dressing or filling or extraction of the tooth
Prognosis:	Can be reversed in the early stages by a good diet and fluoride. It is best treated early

Dehydration, malnutrition & sugar

- Sugary food should be kept to mealtime and avoided at bedtime
- Enjoyment of food and avoiding malnutrition and dehydration is important
- Mouth care should be enhanced if older people have a higher intake of sugar



Cause:

Dehydration and malnutrition are common risks for vulnerable older people

Clinical features & contributing factors:

- Unexplained or unintentional weight loss
- Physical difficulty eating and or drinking
- Loss of appetite
- Cognitive or communication difficulties (e.g dementia)
- May need texture of food to be modified
- Although many people have loose dentures this does not usually cause difficulty eating

Prevention:

- A good and varied diet is important, particularly in care homes to encourage nutrition
- Drinks are important to keep hydrated. Drinks and snacks between meals should be sugar free
- If older people need medication in a liquid form then sugar free alternatives should be requested
- Many people will be on a high calorie diet to avoid or manage malnutrition. If high sugar drinks (e.g. nutritional supplements, fruit juices and squash, malted drinks) are drunk as quickly as possible and through a straw this will minimise the impact on dental health
- Making sure that the mouth is cleared of food after meals and snacks will stop it sticking to teeth, particularly for people with dry mouth
- People on high sugar diets should be prescribed high fluoride toothpaste and receive fluoride varnish from their dentist

Drooling

Key message:

It is usually caused by difficulties with swallowing or posture. It is important to keep skin moisturised.



Cause:

Drooling usually occurs when saliva, the water in the mouth isn't being swallowed. This can be due to posture, nasal obstruction or muscle control

Clinical features:

Wet patches on side of mouth, skin may be red. Damp patches on clothes, pillows, sheets

Contributing factors:

Motor neurone disease, parkinson's and multiple sclerosis can be associated with drooling. Drooling may also be a sign of dental pain.

PREVENTION & treatment:

- Keeping the lips and face dry will stop it becoming sore and infected
- Moisturiser for the skin and moisturising gel for the lips can help to protect the skin
- Swallowing exercises can help some people - a referral to speech and language services may be needed
- Medication to reduce saliva if needed but make sure mouth is kept moisturised

Prognosis:

If untreated this can lead to redness and soreness at the corners of the mouth - Angular cheilitis

Dry mouth (Xerostomia)

Key message:

Common in older people and makes it mouths sore and uncomfortable and unhealthy. Good management is important



Cause:	Reduced production of saliva, the clear liquid that lubricates the mouth, keeping it clean and preventing dental decay and helping to hold dentures in place
Clinical features:	Dry, fissured tongue No saliva pool Saliva can be sticky or frothy Person may have difficulty eating/swallowing/speaking Dentures not holding in - loss of suction Increased tooth decay
Contributing factors:	Medication Dehydration Mouth breathing Medical conditions: diabetes, rheumatoid arthritis, alzherimers disease, cystic fibrosis, sjrogren syndrome Radiotherapy and chemotherapy also cause dryness
Prevention:	Consider medication review
Treatment:	<ul style="list-style-type: none">• Artificial saliva sprays and gels• Lubricating gels and sprays• Frequent sips of water or ice• High fluoride toothpaste• Impeccable oral hygiene• Sugar free gum can help some people• Avoid sugary drinks and sweets as these lead to rapid tooth decay
Prognosis:	Dependant on cause. Good management will make people much more comfortable

Fluoride

- Fluoride protects teeth from tooth decay
- Vulnerable older people need a higher strength fluoride toothpaste twice daily. Spit and don't rinse or drink for 30 minutes
- High fluoride toothpaste and fluoride varnish can be prescribed by a dentist



What is fluoride:	Fluoride is a natural mineral found in water, tea, fruit and vegetables. It is added to toothpaste to protect teeth from dental decay
How does it work?	Fluoride works by strengthening the surface of the teeth making it more resistant to an acid attack It also can reverse the early stages of tooth decay. The fluoride on the teeth continues working long after brushing especially if it is done last thing at night. If it isn't possible to brush then a small smear of toothpaste on a finger can be rubbed onto teeth and will still protect them

Fluoride *continued*

- When and how to use**
- Tooth brushing should be done at least twice each day, usually once in the morning and once in the evening. This will clean the food from the teeth and the toothpaste will deliver the right amount of fluoride to the teeth
 - Use a pea-sized blob of toothpaste and push it into the bristles, so that it is gradually released around the mouth
 - Remember to 'spit, don't rinse' after toothbrushing, The fluoride in toothpaste is easily washed off the teeth and so try to wait for 30 minutes after brushing, before rinsing, eating or drinking
 - Don't brush just after an acidic drink, such as fizzy drinks or fruit drinks. The enamel will be softer for 30 minutes after these acid attacks and the brushing may remove some of the soft enamel surface
 - After brushing it is important to spit out but not to rinse or drink for 30 minutes

How much fluoride is needed? National guidance (Delivering better oral health 2014) suggests that children and adults should use a toothpaste that has at least 1350ppm fluoride. For older people higher strength toothpaste (2800 or 5,000 ppm) is recommended. This would include the majority of residents in care homes and people receiving domiciliary care. This is only available on prescription from a dentist

Fluoride varnish Fluoride varnish is a high strength gel put on the teeth every 3 months. It is recommended for people at risk of tooth decay - children and vulnerable older people unless they have been hospitalised for asthma in the last 3 months or are allergic to any of the contents.

Geographic tongue

Key message:
Harmless, naturally occurring



Cause:	Unknown
Clinical features:	Smooth patches surrounded by irregular white margins. May be painful on drinking/eating
Contributing factors:	None known
Prevention:	None known
Treatment:	None
Prognosis:	Harmless

Gum disease (periodontitis, gingivitis)

Key message:

It is an inflammation of the gums and bone that supports teeth causing bleeding and bad breath, and linked with heart disease and diabetes. It can be managed by good mouth care



Cause:	It is caused by plaque and poor oral hygiene Smokers and people with diabetes are more at risk as are people with a reduced immune response (e.g. down's syndrome) Gingivitis, (inflammation of the gums is reversible) Periodontitis (periodontal disease) affects the bone holding the teeth and leads to the gum receding, becoming longer in the tooth and teeth becoming loose
Clinical features:	Gums red, bleeding when brushing, teeth appear longer as gums recede, teeth loose, bad breath
Contributing factors:	Smoking, diabetes Poor mouth care - common in people with dementia or poor motor function
Prevention:	Good mouth care. Smoking cessation
Treatment:	Good mouth care. Cleaning teeth thoroughly twice per day. If gums bleed continue to brush gently using a soft toothbrush. Chlorhexidine mouthwashes can help with plaque control
Prognosis:	Gingivitis is reversible. Periodontitis can be halted but not usually reversed

Herpes labialis (cold sore)



Cause:	Reaction to herpes simplex virus
Clinical features:	Crusty lesion on lip or inside mouth, Often preceded by "prickling sensation"
Contributing factors:	Exposure to sunlight, trauma, systemic upset, weakened immune system for example chemotherapy treatment
Prevention:	Lip block in the sun
Treatment:	Topical acyclovir, systemic in severe cases
Prognosis:	Heals in 7-10 days

Mucositis / cancer treatment / chemotherapy

Key message:

People having cancer treatment can have a painful mouth and need more support with mouth care



Cause:	Head and neck radiotherapy treatment, chemotherapy treatment
Clinical features:	Skin in the mouth is red, shiny, painful. Ulceration and sloughing inside mouth, usually present during treatment
Contributing factors:	Dry mouth, poor oral hygiene, fungal infection
Prevention:	Good oral hygiene, Some prescribed medication
Treatment:	<ul style="list-style-type: none">• Painkillers/ analgesia. Paracetamol and ibuprofen can be alternated to increase effectiveness• Soft, warm, bland food• Cleaning the mouth after meals with a soft toothbrush, mild flavoured non foaming (non SLS) toothpaste• Rinsing the mouth with salty water frequently and after a meal to clean away food debris• Holding ice chips in the mouth• Benzydiamine hydrochloride mouthwash or spray every 2-3 hours• Dry mouth moisturising gel• Protective barrier products - e.g. Gelclair Further guidance available on http://www.ukomic.co.uk/new-om-guidelines.html
Prognosis:	Usually resolves 2 weeks after treatment but some soreness can continue for several months

Mouth ulcers



Minor ulcer



Major ulcer

Cause:	Injury for example from ill-fitting dentures Recurring aphthous ulcers - often unknown cause. Can be linked with changes in hormone levels, lack of iron, some medications, crohn's disease, coeliac disease, HIV infection, behcet's disease
Clinical features:	A. Minor ulcers Typical floor of mouth or inside lip 2-4 mm Heal in 2 weeks without scarring B. Major ulcers Typically affect posterior part of mouth and tongue Up to 1cm in diameter Prolonged healing –weeks & may scar Mouth cancer can present as an ulcer that hasn't healed

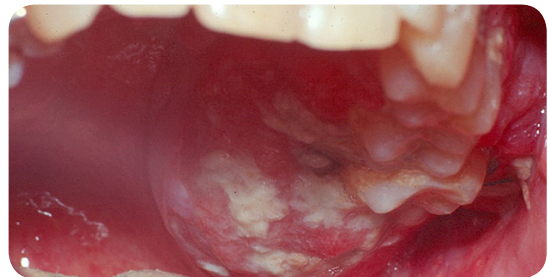
Mouth Ulcers *continued*

Contributing factors:	Stress, nutritional deficiencies
Prevention:	Avoid damaging inside of mouth, ensure a balanced diet, good oral hygiene
Treatment:	Frequent salt mouthwashes, antiseptic mouthwashes, topical steroid preparations, Difflam mouthwash, Gelclair barrier mouthwash
Prognosis:	Ulcers due to injury respond well. Others may be recurrent If an ulcer hasn't healed within 2 weeks contact a dentist urgently to rule out mouth cancer

Mouth cancer

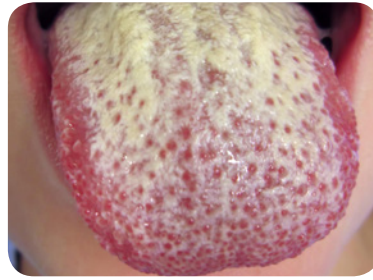
Key message:

People with an ulcer or lump in their mouth that hasn't healed in 2 weeks should be checked by a dentist or GP. People having cancer treatment can have a painful mouth and need more support with mouth care



Clinical features:	Mouth cancer may present as an ulcer, white or red patch in the mouth that doesn't heal after 2-3 weeks. It is often not painful until large. Any lump in the mouth that doesn't have an obvious cause. Any unexplained changes in speech or swallowing should be investigated Any suspicions - get it checked out
Contributing factors:	Smoking, alcohol use, poor diet and HPV infection are risk factors for mouth cancer.
Detection:	Regular assessment can detect any changes. Suspicious features should be checked out with a dentist or GP. It is easy and quick to test for mouth cancer so it is better to err on the side of safety
Prognosis:	Prognosis is good if caught when the cancer is still small but very poor if diagnosis is delayed Any ulcer, lump or unexplained feature in the mouth that hasn't healed within 2 weeks contact a dentist urgently to rule out mouth cancer

Oral thrush



Cause:	Fungal infection
Clinical features:	White patches that can be easily removed, underlying red areas, loss of taste/ unpleasant taste, painful burning sensation
Contributing factors:	Reduced immune defences, diabetes, recent antibiotic or steroid treatment, dry mouth, smoking, chemotherapy and radiotherapy
Prevention:	Rinse mouth after meals, remove dentures at night and clean with soap and water. Good oral hygiene and change toothbrush regularly, rinse mouth after using a corticosteroid inhaler, use spacer
Treatment:	Antifungal agents - topical or systemic. Leave dentures out overnight
Prognosis:	Should respond to treatment with good oral hygiene

Swallowing difficulties (dysphagia)

Key message:

Common symptom in older people that can lead to difficulties eating and pneumonia. Needs specialist input, diet and good mouth care



Key features:	1 in 10 people over 65 have difficulty swallowing. It is a series of symptoms rather than a disease
Clinical features:	Problems eating or drinking. A feeling of obstruction Hoarse voice, frequent clearing of throat Coughing or choking after food or drink, refusing certain types of foods Longer time to eat, difficulty or pain with chewing or swallowing Unintended weight loss Frequent chest infections/ pneumonia
Contributing factors:	Smoking, alcohol use, poor diet and HPV infection are risk factors for mouth cancer.
Management:	Check for residual food and medication prior to cleaning teeth. Remove any debris with moist non-fraying gauze on a gloved finger. Use a non foaming toothpaste with a smear of toothpaste Lubricate lips and mouth with water based lubricated gel Avoid mouthwashes and take care with any denture adhesives. Advice from a speech and language therapist and dietitian may be needed



Section 5

Supporting personal mouth care

Supporting personal mouth care

It is difficult enough to clean your own teeth effectively. Cleaning someone else's teeth is something that needs to be taught, with feedback from the person whose teeth are being cleaned. This section helps to explain some of the techniques, equipment and practical skills that will help you.

Giving someone you care for the dignity and respect of having a clean, comfortable mouth and being able to smile, eat and enjoy socialising makes it worthwhile.

Allow people to self care as much as they can. Different people may need different levels of support. Promote self care where possible. For some, encouragement is enough, others may need you to help and others to brush their teeth for them.

Prompt, encourage and support

Example equipment tray - cleaning someone else's teeth



Example equipment tray

- Mouth care tray
- Oral gel
- Non foaming toothpaste
- Child's sized toothbrush
- Torch
- Green mouth swabs

How to clean someone else's teeth

Prompt, encourage and support

- Choose a time of day when the person is relaxed and cooperative and you are not rushed
- Approach at eye level, smile and explain and show the person what you are going to do, don't expect the person to demonstrate that they understand
- Ensure the lips are intact and not sore or cracked before you begin
- Use disposable gloves and remove any dentures and clean these separately
- If the person is able to clean their own teeth under your guidance then encourage them to do this. They may need some extra help to get to all areas of the mouth or to remove the plaque. They may need an adapted handle or toothbrush (see products in section 6). Some people may prefer to use an electric toothbrush
- Make sure that the person is seated comfortably with their head supported. One way to do this is to stand behind them and to support their head with your body and other arm. If the person can be confused then approaching from the front may be best
- Put small amount (pea sized) non foaming toothpaste on small (child's sized) tooth brush and push the toothpaste into the bristles a little to stop it falling off.
- Ask the person to open their mouth. If they are reluctant massaging their cheeks can help relax their muscles
- If the person needs help keeping their mouth open use a mouth prop or the handle of a toothbrush
- Clean upper and lower teeth back and front where possible, on each side of the teeth beside the cheek and tongue/palate
- If gums bleed it is a sign that plaque has been irritating the gums. Don't panic but do make sure to brush the gums thoroughly but gently
- Support the person to spit out any excess toothpaste but don't rinse the mouth
- Rinse the toothbrush in cold water
- Support patient & family to be involved with mouth care if they are able and would like to participate
- Document mouth care in daily care plan. If you have only been able to brush one part of the mouth document which part of the mouth you have cleaned



A video of how to clean someone's teeth is available from British Society for Disability and oral health. <https://www.youtube.com/watch?v=7s9zZOpCDBc>

Wedges: If the person has a tendency to close their mouth or bite then using a wedge to help keep the mouth open can help. You can use the handle of another toothbrush, a dental wedge or finger protector.

Cleaning dentures

Keeping dentures clean is essential to keep them looking nice, to prevent mouth odour, to remove daily bacteria and food, and to keep the lining of the mouth healthy. Many people have both natural teeth and dentures.

Why should dentures be cleaned?

- Plaque (saliva, bacteria and fungi) builds up on all surfaces of dentures
- If not cleaned the denture becomes contaminated and can contribute to chronic thrush affecting the skin under the denture and the corners of the mouth



- Check if the person can remove their own denture
- Cover their clothes with a clean towel
- Ask the person to take a sip of water - this makes it easier to take the denture out
- If the person can't remove their own denture remove the lower denture first one side at a time
- To remove the upper denture break the seal by rocking the denture forward and back slightly until dislodged
- Alternatively put a finger under the lip until you can see the edge of the denture and pull down
- Partial dentures often have clasps and hooking a fingernail under the clasp will dislodge it. The client or a family member often knows the best way to take the denture out

How to insert dentures

- Dentures should be rinsed in clean water before being placed back in the mouth
- Ask the person to put in their own denture if they can. If they need you to insert their dentures put the upper denture in first. Put each denture in at an angle and rotate into position. The person may wish to swallow to settle them in position



How often should dentures be cleaned?

- Dentures should be rinsed after every meal and food should be removed using a soft toothbrush, liquid soap or washing-up liquid and cold water

Does the mouth need to be cleaned as well as the denture?

- Yes, whether the person has their own teeth or they only have dentures
- If the person has no natural teeth: use a soft toothbrush or face cloth and a tongue scraper
- Brush gently the tongue, roof of the mouth and inside of the cheeks to clean the skin of the mouth and remove any stagnated food
- Brushing stimulates blood supply to the gums, helping to keep them healthy and reducing the risk of mouth odour

Should dentures be taken out at night?

- Dentures should be cleaned every night
- Dentures should be left in water overnight to rest the mouth

What do I do differently if the person has oral thrush?

- Make sure the denture is clean (see above)
- Soak once a day, for 20 minutes only, in a solution of hypochlorite, e.g. Milton (diluted according to the manufacturer's instructions for cleaning a baby's bottle) or Dentural

What if the dentures get mixed up?

- Name dentures with a permanent pen to prevent this from happening - see page 39
- If the denture already has an identification number record it in the person's notes

What if the denture is causing pain?

- Clean the denture, leave it out of the mouth and soaking in water. This allows the mouth to relax and heal
- Arrange for a dentist visit if the problems persist



Dentures should be cleaned at least twice a day

How to clean dentures?

- All surfaces of dentures should be brushed: the underside of the dentures and teeth
- The cleaning method is affected by the type of denture

How can I avoid damaging dentures whilst cleaning them?

- Always brush dentures over a basin of water to stop it breaking if dropped
- Avoid using hot water and soaking for longer than the times recommended
- Never use household bleach as this will bleach the colour from the denture



Plastic (acrylic) dentures

- Fill the sink with water
- Clean dentures over the sink
- Remove debris by rinsing the denture and brushing with a soft brush and liquid soap or toothpaste
- Rinse the denture thoroughly and leave in cold water overnight



Metal-based (cobalt-chrome) dentures

- Fill the sink with water
- Clean dentures over the sink
- Remove debris by rinsing the denture and brushing with a soft brush and liquid soap or denture toothpaste
- Rinse the denture thoroughly and leave in cold water overnight
- Do NOT use a proprietary denture soaking solution or bleach with metal dentures



<http://www.gerodontology.com/guidelines2.html>

Good denture hygiene every day helps to keep dentures in good condition and mouths healthy

Denture marking

Why do it?

Dentures can easily be mislaid in care homes or hospitals. This can cause distress, difficulty eating, is costly and it is often difficult for older people to adapt to new dentures, particularly if they have been without them for several weeks.

All dentures should be marked on admission or at beginning of care.



How to put a name on a denture

1. Remove dentures from the person's mouth
2. Clean dentures in soapy water with nail brush/ denture brush over a sink filled with water
3. Disinfect the dentures by soaking for 30 minutes in a dilute Milton solution or if it is a metal denture use a Dentural cleaning solution
4. Dry the denture
5. Use an indelible pen to write patients name or initials near the back of the denture. Wait to dry
6. Apply fine layer of clear nail varnish & allow to dry
7. Rinse with water and replace in the person's mouth

Commercial denture marking kits are also available.

Mouth care at end of life

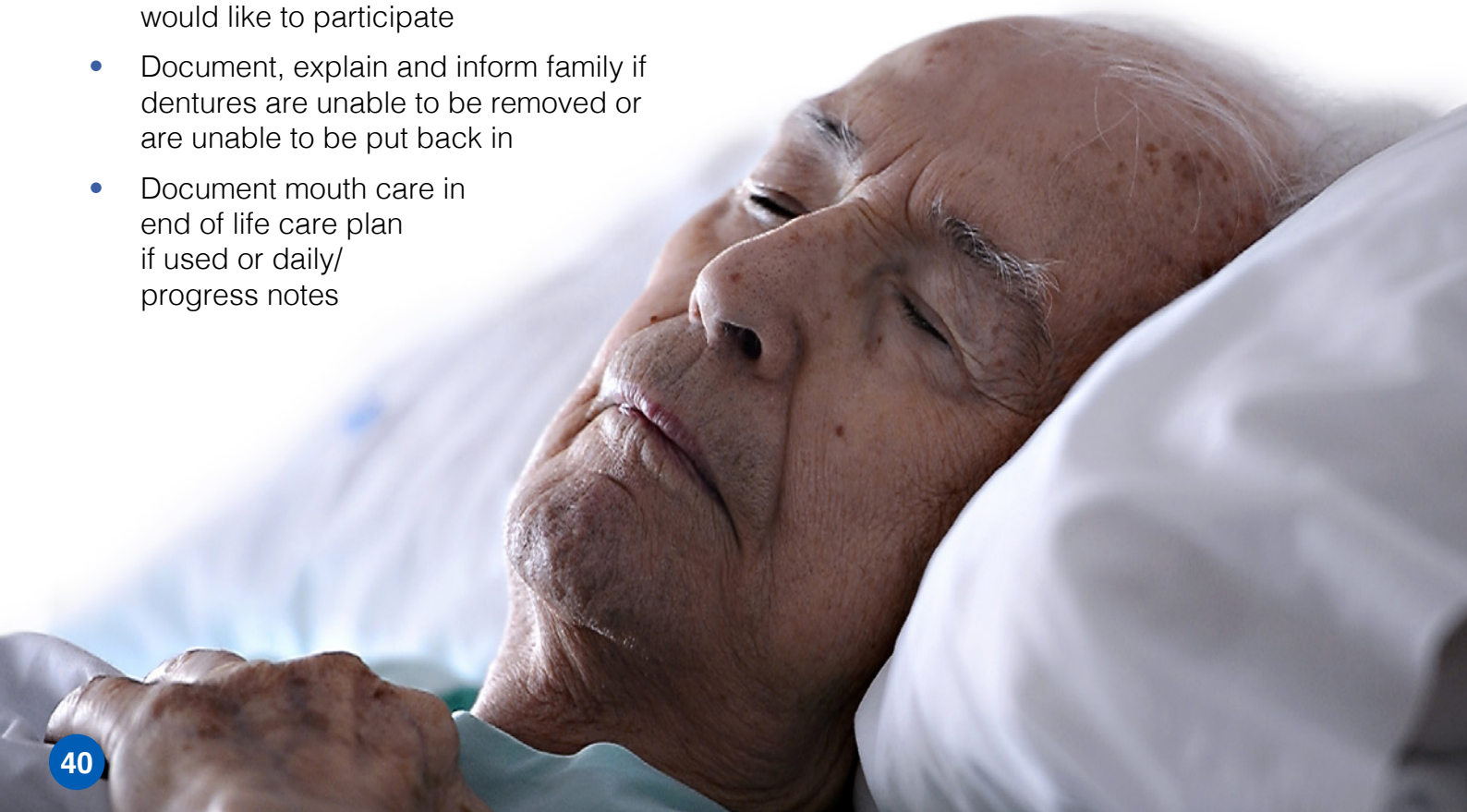
The principles of good mouth care apply to people in the last few hours of life

Individuals with own teeth

- Gently massage oral gel (Bioxtra) outside and inside gums as tolerated by individual
- Apply moisturising balm to lips if dry/cracked - Do not use Vaseline/petroleum jelly products if the client is on oxygen therapy
- To be repeated 2-4 hourly and as required. If using lubricating oral gel check for residual gel in mouth before reapplying- residual gel may indicate that a smaller amount is needed
- Support patient & family to be involved with mouth care if able / would like to participate
- Document mouth care in end of life care plan if used or daily / progress notes

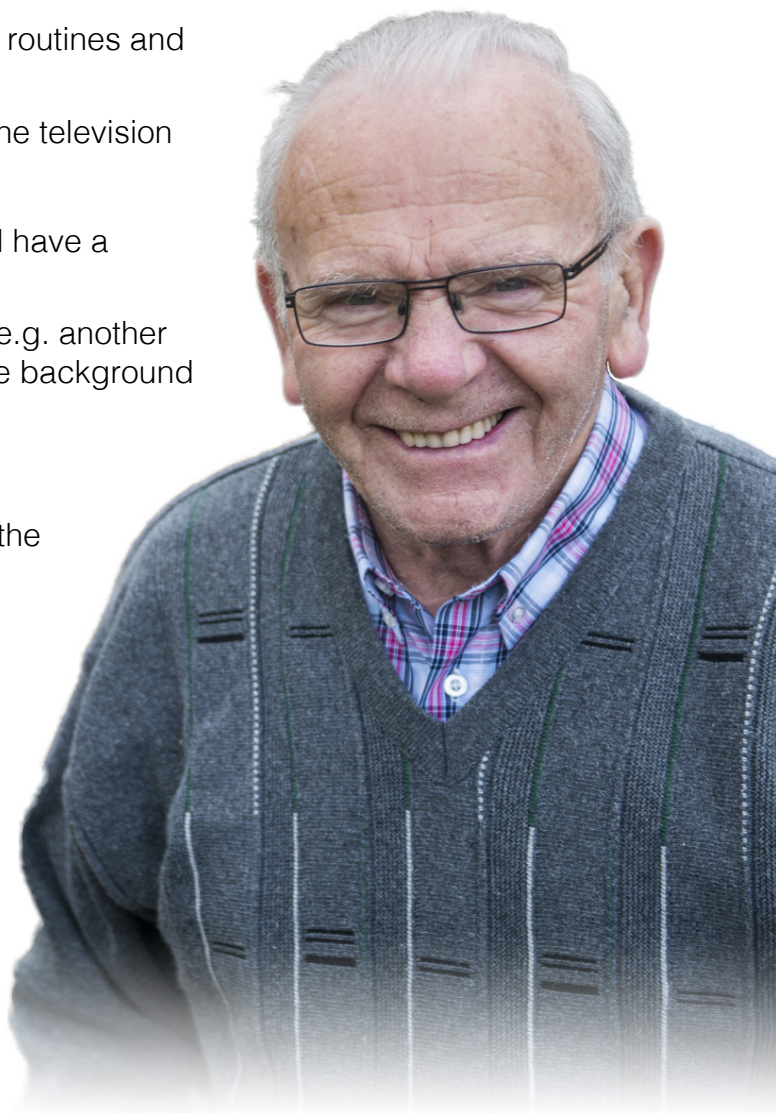
Individuals with dentures

- Individual to wear dentures as wanted and tolerated
- Dentures to be removed if causing pain, distress or ill-fitting denture raises concerns regarding occlude airway partially in semi/unconscious clients
- Dentures to be removed overnight or as needed and rinsed after meals and cleaned thoroughly twice a day, by brushing with toothpaste with a small to medium headed toothbrush, rinse thoroughly and keep in water
- Gently massage oral gel outside and inside gums as tolerated by the individual
- Apply moisturising balm to lips if dry/cracked - do not use petroleum jelly products if the client is on oxygen therapy
- Insert dentures back into mouth as tolerated
- To be repeated 2-4 hourly and as required. If using lubricating oral gel for residual gel in mouth before reapplying - residual gel may indicate a smaller amount is required
- Support patient & family involvement in mouth care if able/ would like to participate
- Document, explain and inform family if dentures are unable to be removed or are unable to be put back in
- Document mouth care in end of life care plan if used or daily/ progress notes



Tips for providing oral care to care-resistant patients (e.g. patients with dementia)

- Ask friend or carer about previous mouth care routines and involve them in the person's care.
- Ensure the environment is calm– e.g. turn off the television
- Bring yourself slowly down to their level
- Be approachable - care staff should smile and have a friendly manner
- Distraction - give the client something to hold e.g. another toothbrush, or some clients like music on in the background
- Staff should use a sing-song/ friendly voice
- Maintain eye contact and give reassurance
- Show pictures and/or mimic actions you want the client to do – e.g. spitting
- Use aids such as a mouth rest for clients who bite down
- Provide mouth care in short bursts
- Do not use force
- Keep trying – try different members of staff or different times of the day
- Try desensitising techniques to get patient used to hands around face
- Document – ALL attempts in the care notes - both successful and refusals. If refusal of oral care continues this must be escalated to the GP and documented.



More guidance is available on dementia UK website www.dementiauk.org

Dentures and people with dementia

Many people with dementia get to a stage when they struggle to use their dentures and they may be best removed. Relining old dentures can provide a temporary solution. However it can be very difficult for people with moderate or advanced dementia to adjust to new dentures. If the person is best not wearing dentures this needs to be communicated carefully with families to avoid distress.

Guidance on consent and communication

It is important to obtain consent before supporting any patient with their oral hygiene. Where a patient lacks the mental capacity to give consent, then any decision to proceed will have to be taken under the 'best interest' principles of the Mental Capacity Act 2005. To be able to give consent the person needs to be able to:

- Understand what you propose to do
- Be able to weigh up the benefits of having it done (or not having it done)
- Be able to retain the information long enough to make their decision
- Be able to communicate their decision



Mental Capacity Act 2005

It is important to try and develop the patient's ability to consent, before assuming that a 'best interest' decision needs to be taken. This can be achieved by working with the patient, and those who know how best to communicate information to them.

It may be that by taking extra time to explain things, and using accessible information (e.g. easy words & pictures) that the person will then develop their capacity to consent, or at least be as involved / informed as possible. In the event that a 'best interest' decision is needed, then the person proposing the treatment needs to ensure that the reasons are documented, along with details of any other(s) who may have been consulted / involved.

Further information on the MCA: <http://www.nhs.uk/conditions/social-care-and-support-guide/pages/mental-capacity.aspx>

Communication guidance

If the patient has a communication problem then it is important to adjust your communication style or materials to meet their specific communication needs.

This may include providing information in alternative formats such as large print, easy read, braille, audio, sign language etc.

The patient or their carer should be able to provide more details on their preferred communication requirements. If no information is available and communication is problematic – then advice should be sought from a Speech & Language Therapist.

It is important that all involved in supporting patients with oral hygiene have access to a range of accessible materials to support conversations.

The 2016 Accessible Information Standard requires all organisations that provide NHS or publicly funded adult social care to identify, record and meet patient's information & communication needs (where those needs relate to a disability, impairment or sensory loss). Further information on the standard:

<https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/>






Section 6

Dental care products

Products listed in this section will change over time and additional information is available from your pharmacist or dentist.







Toothpaste




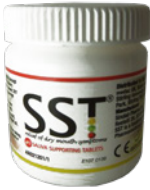

National guidance is that all vulnerable older people should be prescribed high fluoride toothpaste by their dentist. Alternatives are available for patients who need non foaming toothpaste or those with particularly sensitive teeth.






Product: Toothpastes	Indication	Availability	Retail price	SLS Free
TOOTHPASTES				
Duraphat 5000ppm High Fluoride 	Dry mouth - prevents tooth decay	Prescription only from dentist	n/a - POM	No
Sensodyne Pronamel 	Sensitive teeth	No	£4.07 - £4.38	Yes
Oranurse Unflavoured Toothpaste 	Non foaming flavourless	No	£3.72	Yes and flavourless

Products to help with dry mouth

Available saliva substitutes and preparations to treat dry mouth.

Products available (manufacturer)	Formulation		Dentist can prescribe?	Over the counter?	Retail price	pH	Contains fluoride?	Animal derived ingredients?	Gluten free?	Sugar free?
AS Saliva Orthana (AS Pharma)	Oral spray 50mL		Yes	Yes	£7.40	Neutral	Yes	Yes	Yes	Yes
	Lozenges (30)		Yes	Yes	£5.29	Neutral	No	Yes	Yes	Yes
BioXtra products for dry mouth (RIS Products)	Moisturising gel 40mL		Yes	Yes	£7.25	Neutral	No	Yes	Yes	Yes
	Gel mouth spray 50mL		Yes		£7.25	Neutral	Yes	Yes	Yes	Yes
	Toothpaste 50mL		Yes	Yes	£5.16	Neutral	Yes	Yes	Yes	Yes
	Mouthrinse 250mL		Yes	Yes	£6.78	Neutral	Yes	Yes	Yes	Yes

Products available (manufacturer)	Formulation		Dentist can prescribe?	Over the counter?	Retail price	pH	Contains fluoride?	Animal derived ingredients?	Gluten free?	Sugar free?
Glandosane (Fresenius Kabi)	Aerosol spray 50mL (lemon, neutral, peppermint)		Yes	Yes	£9.95	Acidic	No	No	Yes	Yes
Oralieve	Moisturising mouth spray		Yes	Yes						
Saliveze (Wyvern)	Oral spray 50mL		Yes	Yes	£6.29	Neutral	No	No	Yes	Yes
Saliva Stimulating Tablets (SST) (Medac)	Tablets (100)		Yes	Yes	£9.14	Acidic	No	No	Yes	Yes
Xerotin (SpePharm)	Oral spray 100mL		Yes	Yes	£12.65	Neutral	No	No	Yes	Yes

Product: Mouthwash	Indication	Availability	Retail price	Tube/bottle size/pack size
MOUTHWASHES				
Benzydamine Hydrochloride (Difflam Mouthrinse) 	Locally acting analgesic and anti-inflammatory treatment for the relief of painful inflammatory conditions of the mouth	Over the counter or on prescription	£7.99	200ml
Chlorexidine Corsodyl 	Antibacterial / gum disease	Over the counter or on prescription	£5.35	300ml
ORAL MUCOSITIS				
Gelclair Mouthrinse 	Oral mucositis	Over the counter or on prescription	£59.49	21x 15ml single dose sachets
Caphosol 	Oral mucositis	Over the counter or on prescription	£61.70	30 doses 1x15ml A+B mixed together
Gelclair 	Oral mucositis	Over the counter or on prescription	£20	Liquid or sachets

NB: All products should be included on the Medication Administration Record and reviewed by a GP or ANP on a monthly basis. Most products can be obtained from local pharmacies.

Types of toothbrush

A small headed medium brush is suitable for most people.



Small headed soft toothbrush: if a client has a sore or fragile mouth perhaps because of a dry mouth, medical condition, ulcers or receiving palliative care then a soft textured brush is kinder and will cause less discomfort.

Triple headed toothbrush:

- Cleans all three surfaces of the teeth simultaneously
- Inside of the teeth is cleaned as thoroughly as the outside
- Spreads the fluoride in the toothpaste evenly to all surfaces
- Cleans thoroughly along the gum line as the bristles are precisely angled
- Cleans significantly more in 1 minute than a conventional brush
- Easy to use and proven to be very effective
- Easier for carers to brush on others
- Soft bristles



Collis curve toothbrush:

Once the teeth have been engaged a simple backwards and forwards brushing ensures encourages good gingival health.

An electric toothbrush can be used if the client prefers

Please seek guidance on use from dental professional

- There is also a wide variety of toothbrush adaptors for clients who may have dexterity problems



Section 7

Dental care

Information for residents and families

As you get older your mouth changes. There are things that you can do to keep your mouth healthy and avoid problems.

Visit a dentist regularly. Your dentist will advise on prevention or treatment that you need. If you are on medicines that make your mouth dry your dentist can put fluoride varnish on your teeth to protect them. Your GP will be able to prescribe high fluoride toothpaste.

If you are diabetic, having chemotherapy or on bisphosphonate medication it is important to have regular checks ideally before you start treatment.

If you have dementia it is better to have any dental treatment early in your condition and your dentist can help you plan for the future.

If you have difficulty keeping your mouth clean then ask for help. There are a range of things that can help (e.g. 3 way toothbrushes) and you may need someone to help you to clean your mouth.

Healthy mouth

Maintaining good dental health is really important when we get older. Many medical conditions and medicines, can affect your mouth and it may become more difficult for you to care for your mouth yourself. This document outlines who is responsible for different aspects of your dental care, what you're entitled to and what you need to do.

What we need from you and your family

Whether you are living at home or in a nursing or care home you / your family are responsible for:

- Looking after your mouth if you are able to do this
- Paying for your toothbrush, toothpaste and any dental brushes, mouthwashes
- Pay for transport to and from a dentist
- Accompanying you if you need someone to accompany you
- Paying for your dental treatment unless you are exempt or unless you are in hospital
- You may be able to get help with NHS charges – information is available on <https://www.nhs.uk/NHSEngland/Healthcosts/Documents/2016/HC1SC-April-2016.pdf>

Dental care. A dentist will provide:

- Appointments for people who need them when they have capacity to do this. Sometimes practices are full and won't be able to take on new patients at a particular time
- If you need additional time or specialist facilities your dentist will arrange for this or if this isn't possible refer you to a dentist who can provide this
- An assessment of your dental health needs and a plan tailored to your needs. This might include advanced prevention like a prescription for high fluoride toothpaste or fluoride varnish. It will also include any treatment needed and a plan for this to be done given any health conditions that you have

Dentists can't provide:

- Transport to the dental surgery
- Home visits are only provided in exceptional circumstances (e.g. end of life) when someone is unable to transfer to a wheelchair and is 100% housebound
- For safety reasons dentists can only provide very basic care at your home e.g. easing dentures



Our commitment to you:

- We will assess your needs and put in your care plan any support that you need to care for your mouth and teeth
- Ensure that you have the things that you need to look after your mouth (e.g. toothbrush, toothpaste, denture cleaner)
- Put your initials on your denture to identify it if it is ever mislaid
- Arrange for you to visit a dentist if needed
- Complete form HC1 (SC) (partly or fully funded care) or HC1 (self-funded care) on your behalf if you are unable to do so. This will ensure you receive the correct NHS dental charge exemptions
- If your dentist prescribes high fluoride toothpaste arrange for this to be used regularly to prevent dental problems
- Arrange transport to and from a dentist
- Arrange for a friend, family member or a member of staff to accompany you to the dentist if needed and clarify any charges for this

Finding an NHS dentist

Your clients may have visited a dental practice previously and there are advantages of continuing with the same dental practice as the patient will be familiar with the dental team and the environment.

If your clients don't have a dentist and need to see a dentist then your local dental practice may be able to help. You may have contact with local dental practices or know of one through word of mouth. Alternatively you can visit the NHS choices website on www.nhs.uk/Service-Search



Dental practices will take on new patients when they have enough time and capacity to treat new NHS patients as well as their existing patients. This may vary week to week depending on their capacity. To find out if a dental practice is accepting new NHS patients you can ring the practice directly or check on NHS website.

NHS dental charges

Information about NHS dental charges is available on <https://www.nhs.uk/common-health-questions/dental-health/what-is-included-in-each-nhs-dental-band-charge/>

These prices are valid in April 2019 but may vary over time.

Many older people need to pay for their dental treatment. The standard dental charges are below.

Band 1 course of treatment – £22.70

This covers examinations, diagnosis (including radiographs), advice on how to prevent future problems, scale and polish if clinically necessary, and preventative care (for example, applications of fluoride varnish or fissure sealant). It also covers adjustment to a denture or marginal adjustment to a filling

It also covers urgent dental treatment such as pain relief or a temporary filling, in a primary care dental practice.

Band 2 course of treatment – £62.10

This covers everything listed in Band 1, plus any further treatment, such as fillings, extractions, root canal work, or if your dentist needs to take out one or more of your teeth.

Band 3 course of treatment – £269.30

This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges, and other laboratory work.

A full list of treatments is available on the NHS website. Treatments are available on the NHS if there's a clinical need for them (not for cosmetic reasons).



Who is entitled to free NHS dental care?

1. Hospital treatment

If someone is currently in an NHS hospital and treatment is carried out by the hospital dentist they don't need to pay for the treatment but may have to pay for any dentures or bridges. This usually applies only to people who are in hospital for an extended period or need essential or urgent dental care.

2. People on low income benefits.

A person is entitled to free NHS dental treatment if they or their spouse (including civil partner) receive:

- Income support
- Income related employment and support allowance
- Income based jobseeker's allowance
- Pension credit guarantee credit
- Universal credit (in certain circumstances)



3. Certificates to help with health costs

Clients can receive free NHS dental treatment if they're entitled to or named on:

- a valid NHS tax credit exemption certificate
- a valid HC2 certificate – which is available for people on a low income. Care home residents with savings less than £23,000 can apply for this using form HC1(SC).

People named on an NHS certificate for partial help with health costs (HC3) may also get help. They will be asked to show their dentist written proof that they don't have to pay for all or part of their NHS treatment. They'll also be asked to sign a form to confirm that they don't have to pay.

Claim for help with health costs

If someone is living in a care home, they may be eligible for help with NHS dental charges. To apply for a certificate, they'll need to complete an HC1(SC) form and return it in the envelope provided.

You can order an HC1(SC) form online or pick one up at your local Jobcentre Plus office and most NHS hospitals. Your doctor, dentist or optician may also be able to give you one.

<http://www.nhs.uk/NHSEngland/Healthcosts/Documents/2014/HC1-SC-April-2014.pdf>

When residents are first admitted to your care home you can check who their dentist is and help them to apply for exemption if needed. This means that the exemption certificate should be available when they need to visit a dentist. For residents with dementia who are unable to apply - a care home manager or family member can complete the HC1(SC) form on their behalf.

Practice record form

If a HC1 has been completed and is successful a HC2 certificate will be issued please keep this safe.

A practice record form needs to be completed for each course of treatment and section c) HC1 Certificate and its certificate number should be completed

HC1 (SC)



Claim for help with health costs

Do you find it difficult to pay for:

- NHS prescriptions;
- NHS dental treatment;
- NHS wigs and fabric supports;
- sight tests, glasses or contact lenses; or
- travel to receive NHS treatment if referred by a doctor (GP or hospital doctor) or dentist?

You might be entitled to help with these health costs through the NHS Low Income Scheme

Note - If you are getting Income Support, Pension Credit Guarantee Credit, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Universal Credit or have a Tax Credit Exemption Certificate you are already entitled to full help with these health costs, you don't need to fill in this form - when you get treatment tell the practitioner which benefit / credit you are getting. You may be asked for evidence.

Have you recently left Local Authority Care and:

- you are supported by a local authority - use this claim form;
- you are not supported by a local authority. You might get help with your health costs if you have less than £16,000 in savings, investments or property - use claim form HC1;
- you have a partner. You might get help with your health costs if together you have less than £16,000 in savings, investments or property - use claim form HC1.

You can get a claim form HC1 by phoning 0300 123 0849.

Do you live in a care home and:

- the stay is permanent and the local authority helps you with the cost - use this claim form;
- the stay is permanent and you pay the full cost yourself (this might be with the help of relatives or friends or a charity). You might get help with your health costs if you have less than £23,250 in savings, investments or property - use claim form HC1;
- the stay is temporary. You might get help with your health costs if you have less than £16,000 in savings, investments and property - use claim form HC1.

You can get a claim form HC1 by phoning 0300 123 0849.

Note - If you live permanently in a care home and you have a partner and they need help with their health costs, they should use their own claim form HC1(SC) or an HC1, whichever is appropriate.

You can claim at any time. Do not wait until you need treatment. If you need help or have any questions about filling in this form, you can phone our customer enquiry line on 0300 330 1343. If English is not your first language, phone this number and we will provide an interpretation service over the phone.

Specialist dental care

Most vulnerable older people can receive their dental care in a dental practice. A dental surgery is the best and safest place for dental care to take place. For a small number of people their dental care can't be provided in general dental practice and they need a referral to special care dental services.

People can be referred to special care dental services in community or hospital settings if they can't be treated in a general dental practice. If in doubt it is best to check with a local dental practice and try treatment there first. Full details on the referral guidelines can be accessed on the following link content/uploads/2015/07/SCD-DentalReferralGuidance_V7GM11.10.16.pdf

Who can access specialist dental care? The criteria are:

Medical History	Patient has a progressive medical condition, unstable mental health or severe dental phobia that requires specialist monitoring or shared care with medical practitioner.
Behavioural	Disability or impairment that severely limits ability to co-operate with clinical examination
Access	Patient needs ambulance transport and specialist equipment e.g. wheelchair tipper or hoist

To make a referral contact your local special care dental service. <https://www.dental-referrals.org/patients/directory-of-services/> This will be triaged and will be allocated to either

- General Dental Practice
- Community based specialist care
- Hospital specialist care

You will need to provide details of the person's full medical history and any details of their disability and access issues. Shortly referrals will be able to be made online through a centralised system.

Domiciliary / home care

A very small proportion of care home residents need specialist dental care or care on a domiciliary basis. The criteria for this are below. A very limited amount of dental care can be safely carried out in a care home setting and for this reason every effort will be made to see your residents in a dental setting.

Criteria for domiciliary care:

- People confined to bed, oxygen therapy or PEG fed
- People unable to be transported by wheelchair and taxi-ambulance transport only
- People with advanced dementia who are not able to consent to or cooperate with treatment

If you think your resident needs specialist dental care contact your local special care dental service - see the contacts section 8.

Visiting the dentist

In advance:

- If there are any particular needs (e.g. dementia) it is best to let the practice know what these are in advance
- Ask for a medical history form in advance and bring a completed form with you along with a list of their current medication
- Decide if the client needs to be accompanied and if so ensure that that person knows the client well and can meet all their needs during the visit (e.g. toileting needs)
- Arrange transport - e.g. taxi. Ambulance transport can only be booked for hospital or specialist clinic appointments
- Agree with the client and family who pays for what - transport, accompaniment etc
- Ensure the client is clear whether they have to pay for treatment and have the relevant HC2 certificate
- If the client lacks capacity to consent is there someone with lasting power of attorney? - clarify is this for financial and / or health decisions

When visiting a dentist

- Bring the client's care passport/red bag. If this isn't available ensure that you have a full medical history, a list of medication and what conditions they are being taken for and name of GP
- If accompanied ensure enough staff on duty to cover and that the person knows the client well
- Avoid cancelling appointments at short notice this will cause inconvenience and costs to the dental practice and will make it less likely that you will be able to get another appointment

After the dental visit

- Reassure the client highlighting the positive aspects of the visit
- Ensure you have any follow up instructions and that these are handed over to the care staff on duty
- Ensure any follow up appointments are made
- Depending on the treatment the client may need a soft diet that day. If they have a numb lip or tongue they should avoid very hot drinks for a couple of hours





Section 8

Resources & contacts

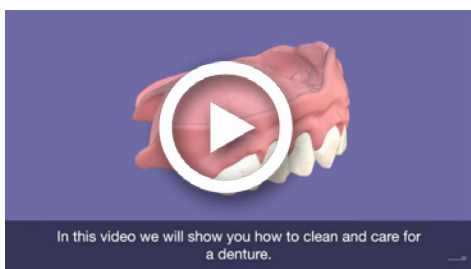
Training - Contact your local oral health promotion team

Your oral health promotion team will be able to provide training for an oral Health Champion training in your care organisation and a training resource for the champion to cascade training to staff in your organisation.



How to clean someone's mouth - British Society for Disability and Oral Health:

<https://www.youtube.com/watch?v=7s9zZOpCDBc>



How to clean a denture, Mouth Care Matters:

<https://www.youtube.com/watch?v=iLLxOU-tGYI&list=PLrVQaAxyJE3eYeayCLSUFpxtkMxWmRo7L>

Further guidance and information

- Oral health for adults in care homes NICE guideline Published: 5 July 2016 [nice.org.uk/guidance/ng48](https://www.nice.org.uk/guidance/ng48)
- Commissioning Better Oral health for Vulnerable older people
- British Society of Gerodontology: <http://www.gerodontology.com/resources/denture-care/>
- Quinn, B. et al (2015) Mouth Care Guidance and Support in Cancer and Palliative Care: Second Edition. www.ulkomc.co.uk
- Public Health England (2014) Delivering better oral health: an evidence-based toolkit for prevention: Third edition https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367563DBOHv32014OCTMainDocument_3.pdf
- Scottish Dental Clinical Effectiveness programme - Drug Prescribing in Dentistry - Clinical Guidance second edition <http://www.sdcep.org.uk/>
- Dental Nursing, Oral health and pneumonia: a case study analysis. January 2014 Vol 10 No.1. www.magonlinelibrary.com/doi/10.12968/denn.2014.10.1.20
- Mouth care advice for people with dementia <https://www.dementiauk.org/understanding-dementia/advice-and-information/maintaining-health-in-dementia/mouth-care-dementia/>

Question	Comments & evidence
1. Date of audit	
2. Date of admission to care home	
3. Is there an oral assessment on admission?	
<p>4. Does the oral assessment contain the following:</p> <ul style="list-style-type: none"> • Status / condition of teeth? • Clinical assessment of mouth • Dentistry information • Date of last dental review • Patient preferences • MDT input 	
5. Is there an oral hygiene care plan in place?	
<p>6. Does the oral hygiene care plan contain the following:</p> <ul style="list-style-type: none"> • Diagnosis / problem – Need more detail • Aims – Yes • Patient preferences – Yes • Staff actions –Yes • What to do if oral hygiene deteriorates - Yes • Key contacts – Not enough detail • Funding / HC1 application / HC2 certificate - No 	
7. If there is no oral hygiene care plan is there a personal hygiene care plan?	
8. Does the personal hygiene plan include oral care?	
9. Has oral care been documented each day?	
10. How/where in the records is oral hygiene documented?	
11. Has the personal hygiene/oral hygiene care plan been reviewed at least monthly?	
12. Has the patient been prescribed any oral treatments?	
13. Are the oral treatments being used correctly & appropriately? (MAR chart)	
14. Has there been family and carer involvement in oral care?	
15. Are any members of the MDT involved? Dieticians / SALT	

Confidence and competence tools for care staff

Oral hygiene confidence assessment tool for care homes. You can use this before and after training.

On a scale of 1-5 how confident are you to:

	Not at all confident	1	2	3	4	5	Very confident
Carry out a mouth care assessment		1	2	3	4	5	
Undertake a mouth care assessment / care		1	2	3	4	5	
Brush a resident's natural teeth and gums		1	2	3	4	5	
Take out and replace a resident's denture		1	2	3	4	5	
Clean dentures		1	2	3	4	5	
Identify any issues in the mouth		1	2	3	4	5	
Apply a lubricant to the lips and mouth		1	2	3	4	5	

How confident are you to deliver mouth care for a resident who:

	Not at all confident	1	2	3	4	5	Very confident
Requires some help with mouth care		1	2	3	4	5	
Requires full help with mouth care		1	2	3	4	5	
Is Nil by mouth		1	2	3	4	5	
Is resistant to mouth care being provided		1	2	3	4	5	

Name	Unit
Standard	Date assessed as competent
Is familiar with the organisation's oral health policy and assessment tools	
Has completed the organisation's oral health training	
Has had one to one bedside oral health training	
Can assess the level of support required by a client	
Can examine all areas of the mouth	
Can brush natural teeth and gums	
Can remove and replace dentures	
Can clean dentures	
Can use a mouth sponge	
Can apply lubricant to the lips and mouth	
Can use a suction toothbrush	
Can use suction in the mouth	
Can use appropriate methods for overcoming resistance	
Has considered the patient's/client's nutritional status	
Has assessed the patient's/client's level of oral pain	
Completed the oral health assessment tool correctly and this is reflective of the patient's general risk factors ?	
Repeated the oral health assessment tool with the indicated frequency determined by the patient's score ?	
Delivers oral care at the correct frequency, as in the patient's care plan?	

<p>Comments:</p>

Assessors name _____

Signature _____ **Date** _____

Useful dental contacts

General Dental Practice

www.nhs.uk/Service-Search

Urgent dental care contact numbers

From October 2019 there will be one central number for all urgent care in Greater Manchester. To get this number search www.nhs.uk or ring NHS 111. Current numbers until October 2019 are below.

Bolton:

Weekdays 5.15am – 8.30pm,

Weekends and Bank Holidays 9.00am - 11.30am ☎ **01204 463222**

All other times ☎ **NHS 111 service**

Bury:

Weekdays 8.00am- 7.00pm ☎ **0161 447 9898**

Evenings, Weekends and Bank Holidays ☎ **0161 763 8941**

Glossop, Manchester, Salford, Stockport, Tameside and Trafford:

8.00am - 6.30pm ☎ **0161 476 9649**

Evenings, Weekends and Bank Holidays ☎ **0161 337 2246**

Heywood, Middleton and Rochdale:

Weekdays 8.00am - 6.00pm ☎ **01706 676367**

Evenings, Weekends and Bank Holidays ☎ **0161 763 8941**

Oldham:

Weekdays 8.30am - 5.00pm ☎ **0161 621 3613**

Evenings, Weekends and Bank Holidays ☎ **0161 763 8941**

Salford:

Weekdays 8.30am - 5.00pm ☎ **0161 476 9649**

Evenings, Weekends and Bank Holidays ☎ **0161 337 2246**

Wigan:

Weekdays 9.00am - 5.00pm ☎ **01942 614390**

Out of Hours Telephone: ☎ **01744 673803**

Special care dental services

A current list of services providing specialist care is available on the following website,

<https://www.dental-referrals.org/patients/directory-of-services/>

Search under Community Dental Services



Electronic copies of this toolkit and other resources can be found on
www.gmiscn.org.uk