

Oral Health Guidance

Issue	16
Reference number	QP138
Name of responsible (ratifying) committee	Policy Review Group
Document Manager (job title)	Quality Manager
Date issued	January 2019
Review date	January 2021
Electronic location	Share-point/Guidance

Version Tracking

Version	Date Ratified	Brief Summary of Changes	Owner
2	27 June 2019	Amended to include referral information	JP

Introduction:

Oral health is a fundamental part of overall health and an area that requires care and attention by all staff for all residents. This policy aims to promote and protect oral health and to provide information to improve and maintain oral health for older people living including those for people living with dementia. It is acknowledged that many older people can have poor oral health as a result of a general health decline, increasing frailty of loss of dexterity and ability to maintain oral hygiene. The focus is on ensuring those people who need one have an oral assessment, and an individual care plan to optimise oral hygiene and reduce the risk of additional disease. Oral Health assessments must be carried out in Care and Nursing Homes (see below) and in Home Care where required if oral/mouth care is required.

Effective oral hygiene helps to maintain an individual's wellbeing and dignity, and contributes to quality of life.

This oral care guide is designed for care staff that deliver daily oral care to people requiring support to keep the mouth clean and to avoid infection and subsequent complications.

Daily Mouth Care

If a person is able to brush their own teeth they should be encouraged to continue to do so morning and night. Assistance can be given if necessary but self-care will be promoted as much as possible. The person's needs, abilities and outcome along with any support required will be documented at the assessment and written into the care and support plan.

Assisted oral care

If a person requires full assistance with daily oral care; care and support staff must follow the care and support plan using the person's familiar oral hygiene products.

- Toothbrushes:
 - Toothbrush handles can be adapted to enable people with limited manual dexterity to continue with independent brushing; advice on grips and adaptations can be sought from the person's dentist or an OT.
 - Toothbrushes should be replaced on an as and when required basis.
- Toothpaste:
 - Fluoride toothpaste should be encouraged unless specific reason not to (allergy or person's choice)
 - High concentration fluoride toothpaste can be prescribed by dentists for residents at high risk of tooth decay.
- Mouthwash:
 - To be used with caution and consideration for the risk of swallowing, choking or aspiration
- Dentures:
 - To be removed by staff and cleaned or prompted for the person to clean themselves as part of the daily oral care regime.
- Denture cleaning products:
 - Dentures should be brushed first to remove any debris using a non-abrasive denture cleaner, not toothpaste
 - Dentures should be soaked every day (usually overnight) in denture cleaning solution; this helps remove plaque and help disinfect the denture.

Always follow the manufacturer's instructions; there have been reported safety incidents with the use of denture cleaners. Many denture cleaning products contain potassium persulfate; accidental ingestion or aspiration of potassium persulfate can lead to severe toxicity and in some cases can be fatal. Potassium persulfate allergy can be serious and result in symptoms including:

- Damage to soft tissue in the mouth, on the lips or on the hands
- Rashes or other forms of irritation
- Tenderness in the gums
- Lowering of blood pressure
- Difficulty breathing

For any person requiring support with their oral care who lacks capacity to fully understand the safe storage and preparation of denture

Oral Care for end of life

Mouth care is a very important aspect of end of life care in all care settings. If it is not managed properly, mouth problems can affect the ability to communicate, self-esteem, quality of life, comfort and can cause pain

Drooling (excess saliva) is usually caused by difficulty swallowing saliva. It is can be common in people with neurodegenerative disorders such as motor neurone disease, Parkinson's disease and multiple sclerosis. Refer to the person's GP, district nurse or specialist nurse for treatment; specialist help from physiotherapy on positioning and suctioning may be helpful. Speech and language therapists can give advice on safe swallowing techniques.

For a person nearing the end of life; care should be planned around usual mouth care routines although there may come a time when this can no longer be tolerated at such time, care should be planned around comfort and gently removing coatings and debris from the lips, tongue and lining of the mouth using a damp gauze, professional mouth care swabs or a damp soft, small headed toothbrush

Bleeding gums

Bleeding gums are most often a symptom of gum disease but it can point to other health problems. Occasional bleeding can be caused by brushing teeth too vigorously or ill-fitting dentures. Dental care issues (gingivitis and periodontitis) are the primary causes of bleeding gums. Gingivitis develops when plaque stays on the gum line too long so it is always necessary to brush the gums as well as the teeth as part of a daily routine. Periodontitis disease can occur when gingivitis becomes advanced and can cause infection in the gums, jawbone and the supportive tissues that connect the teeth to the gums' periodontitis can cause teeth to loosen and fall out.

Good dental hygiene is the first step to managing bleeding gums but if there are any concerns of continued bleeding, signs of infection or pain, the person's GP should be contacted to determine the underlying cause.

Practical skills required to deliver good oral care

Prepare appropriate oral hygiene materials Equipment

- Person's own toothbrush (preferably soft bristles and small head)
- Toothpaste (fluoride)
- Towel to protect clothes
- Disposable gloves
- Water based moisture gel for lips (if required)
- Gauze swab if required

Always ask the person if you can clean his/her mouth and explain the reason why you need to do so.

Procedure

- Ensure privacy and comfort and explain procedure
- Ideally it is better to carry out brushing with the person sitting down or in bed with the bed at 40-50 degrees brushing from the back/side of the person so that you

have better access and visibility.

- Place towel under chin
- Place a flannel in the sink and part fill with cold water
- Remove denture/s brush with mild soap or denture cream and water place in a denture pot (if cleaning teeth at night).
- Ask person to open mouth or open gently with your hand
- If person with dysphagia, swab with damp gauze over tongue, around inside of cheeks and around the gums and teeth.
- Apply a pea size amount of fluoride toothpaste to the toothbrush (manual or electric)
- Brush surfaces starting with the outer surfaces in a gentle back and forth motion.
- Ask person to spit out excess but try not to get them to rinse unless they suffer from a dry mouth.
- Check for any sores or any changes whilst brushing.
- Only use interdental aids such as floss or interdental brushes if you have been advised by a dental professional.

It is most important that you brush and remove as much plaque as possible from the teeth surfaces. Talk to the resident at each stage and ensure that he/she understands what you are doing.

SAFETY NOTE Staff must be made aware that there have been a number of occasions where sponge swabs have detached from the stick during use. This may present as a choking hazard. These products are on Amber Safety Alert in England which means that they should be used with caution; Agincare does not support the use of these swabs; alternative to sponge swabs can be used such as damp gauze, professional mouth care swabs or a damp soft, small headed toothbrush

Oral Health Assessments (Care and Nursing Homes)

An oral health assessment is recommended ideally within 48 hours of admission to the home and should be included as part of an overall assessment. From the assessment, a person centred oral health care plan will be written and available for staff reference. As part of the Health and Welfare assessment, and subsequent Oral Health assessment, the persons preferences for dental care must be followed i.e. keeping routine dental appointments at the frequency required/preferred and, enabling access to emergency dental care as required.

Where a resident does not have a preferred dentist with who they are registered, the home's usual arrangements for visiting dental practitioners can be used (with the person's consent). In the event of emergency dental treatment being required, the NHS 111 line can help find an out of hour's emergency dental service

Daily documentation of oral care will be completed by care staff, including reasons for refusal of care (in accordance with the Mental Capacity Act 2005). In the event of a refusal of oral hygiene, staff are to revisit and prompt/encourage the resident with oral hygiene.

Contractual impact

Agincare's policies and procedures are to be followed in conjunction with the requirements of the contracts under which you provide services. There may be occasions where the contract contains requirements which appear to contradict or be in addition to, standard Company policy. In these instances you are to:

- If the requirement is in addition to standard Company policy - adhere to the terms and conditions of your contracts
- If the requirement is lesser than standard Company Policy - follow Company policies and procedures

If you require any further clarification please contact the Commercial Department for guidance.

Training

The management team of Agincare believe that, in order to provide a quality service, Agincare requires high quality staff who are suitably trained, supervised and supported.

Agincare policies and procedures are referenced in the induction programme and are available for staff in their work place (Care Home or Branch office). Staff will be informed of how to access all policies, procedures and related documentation and of how to seek further advice regarding Agincare's agreed ways of working. Staff should be provided with regular updates to encourage continuous improvement and include latest good practice.

REVIEW OF THIS GUIDANCE

Review of this document is recorded on the controlled index and reviewed annually as part of the management review systems.

Policy Review Group

Issue no 16

Date: June 2019

References

Oral health promotion in the community
<https://www.nice.org.uk/guidance/qs139/resources/oral-health-promotion-in-the-community-pdf-75545427440581>

Oral Health in Care Homes <https://www.nice.org.uk/guidance/qs151>