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Quality Improvement Team

Guidance, tools and training to implement best practice -Oral health care.

CGC Report- Smiling Matters

On 24 June we published our report ***Smiling Matters: Oral health care in care homes***. Over a four month period from October 2018 to January 2019 CQC dental inspectors visited 100 care home services across England to investigate the state of oral health care.

Findings show that too many people living in care homes are not being supported to maintain and improve their oral health. Three years on from the publication of the NICE guideline, oral health in care homes is still not a priority.

CQC Comments from the report-

"*Stepping up our focus on oral care in future inspections*"

"We want care homes to embrace oral health and ensure that it receives the same priority as physical and mental health"

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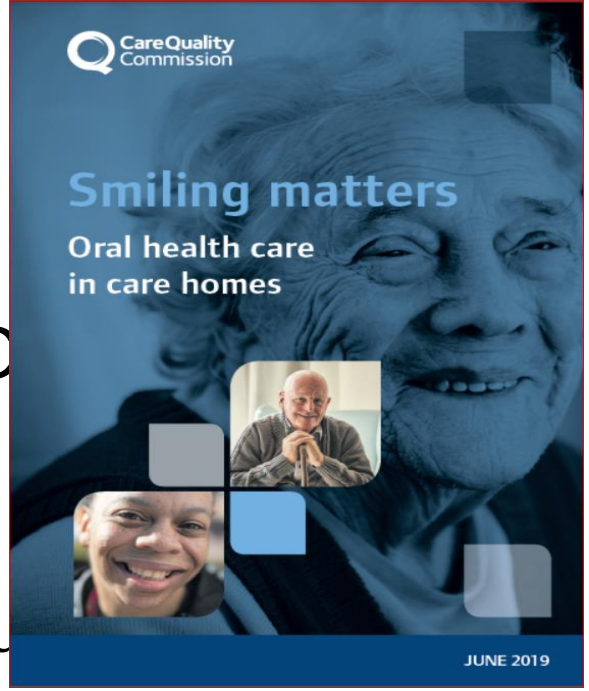
Reports & Guidance



Smiling Matters – Oral health care in care homes - CQC

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

The key findings include:

Nearly half (47%) of care homes were not providing any staff training to su
daily

oral healthcare

17% of care homes visited said they did not assess people's oral health on admission

The majority (52%) of the care homes visited had no policy to promote and protect people's oral health

73% of residents' care plans we reviewed only partly covered or did not cover oral health at all - homes looking after people with dementia being the most likely to have no plan in place

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The areas most in need of improvement are:

1. People who use services, their families and carers need to be made more aware of the
importance of oral care.
2. Care home services need to make awareness and implementation of NICE guideline
NG48 a priority.
3. Care home staff need better training in oral care.
4. The dental profession needs improved guidance on how to treat people in care homes.
5. Dental provision and commissioning needs to improve to meet the needs of people in
care homes.
6. NICE guideline NG48 needs to be used more in regulatory and commissioning
assessments.

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CQC Report recommends care providers;

- Make NICE guidelines the primary standard for planning, documenting & delivering oral care
- Re frame day to day oral hygiene to be equal to other personal care tasks
- Assess peoples oral health and their on going day to day oral health hygiene needs
- Ensure oral hygiene is a fundamental part of person- centred planning
- Routinely check a persons oral health when they experience weight loss that cannot be explained through ill health or other conditions.
- Introduce & establish an oral health champion or ambassador.

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NICE Oral Health Guidelines - Summary of Recommendations

- Ensure care home policies set out plans and actions to promote and protect residents oral health.
- Oral health assessments & mouth care plans are completed as soon as they start living in a care home
- Ensure care staff provide people with daily support to meet their mouth care needs and preferences.
- Ensure care staff who provide daily personal care to residents understand the importance of peoples oral health and potential effect on a persons general health, wellbeing and dignity.
- Develop and provide care homes with oral health training and support materials

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NICE – Oral Health - Quality Statements

3- Quality statements

Statement 1 Adults who move into a care home have their mouth care needs assessed on admission.

Statement 2 Adults living in care homes have their mouth care needs recorded in their personal care plan.

Statement 3 Adults living in care homes are supported to clean their teeth twice a day and to carry out daily care for their dentures.

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Benefits for registered managers of using NICE guidance on Oral Health (NG48)

- Benchmarking
  - Support with dental hygiene
  - Assessment
  - Links to local dental services
- Discussions with commissioners
  - Availability of oral health support
  - Cost of compliance
- Advocacy
  - Availability of oral health support
- Partnership working

NICE National Institute for Health and Care Excellence

scie social care institute for excellence

Public Health Guidance March 2019

Public Health England

Guidance

Oral care and people with learning disabilities

Published 6 March 2019

Contents

1. Summary

Good oral health is an important factor in people's general health and quality of life. The evidence shows that people with learning disabilities have poorer oral health and more problems in accessing dental services than people in the general population. People with learning disabilities may need additional help with their oral care and support to get good dental treatment because of cognitive, physical and behavioural factors.

There is a legal obligation for dental services to make reasonable adjustments to ensure that their patients with learning disabilities can use their service in the same way as other people. This might include making practical adjustments to the environment or changes in the process. This guidance signposts resources that can be used to support people with learning disabilities with their oral care. There are strategies that can be used to help reduce anxiety and better prepare people for dental treatment, such as

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Public Health – Oral Health Care and People with Learning Disabilities

RESOURCES – Free to download from the Public Health website

The 4 tables that follow list all the information and resources we have found in relation to supporting people with learning disabilities to have good oral healthcare and to access dental services.

- Table 1 lists websites and resources that may be of use to professionals/family members and carers who want more information and resources
- Table 2 lists resources that may be of use to dental professionals
- Table 3 lists the easy-read resources and films we have found. This is where you can find information to use with people with learning disabilities
- Table 4 lists the relevant free apps we have found about oral care

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Mouth & Teeth Care for Older people- Handbook

http://www.relres.org/wp-content/uploads/Keep-Smiling.pdf

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Mouth Care – NHS Foundation Trust

www.sompar.nhs.uk/dental

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NICE Resources

social care institute for excellence

NICE National Institute for Health and Care Excellence

Improving oral health for adults in care homes

A quick guide for care home managers

Oral health assessment tool

Resident: Completed by: Date:

Scores – You can circle individual words as well as giving a score in each category
(* if 1 or 2 scored for any category please organise for a dentist to examine the resident)
0 = healthy 1 = changes* 2 = unhealthy*

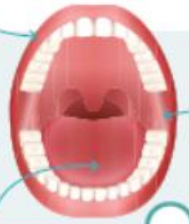
Lips:
- Smooth, pink, moist 0
- Dry, chapped, or red at corners 1
- Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners 2

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

Natural teeth Yes/No:
- No decayed or broken teeth or roots 0
- 1–3 decayed or broken teeth or roots or very worn down teeth 1
- 4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth 2

Oral cleanliness:
- Clean and no food particles or tartar in mouth or dentures 0
- Food particles, tartar or plaque in 1–2 areas of the mouth or on small area of dentures or halitosis (bad breath) 1
- Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) 2

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



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

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

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

- Organise for resident to have a dental examination by a dentist
- Resident and/or family or guardian refuses dental treatment
- Complete oral hygiene care plan and start oral hygiene care interventions for resident
- Review this resident's oral health again on date:

TOTAL:

SCORE: 16

With kind permission of the Australian Institute of Health and Welfare (AIHW). Source: AIHW Caring for oral health in Australian residential care (2009).
Modified from Kayser-Jones et al. (1995) by Chalmers (2004).

{Mouth Care Matters

NHS
Health Education England

M — Mouth Care Pack after 24 hours of admission

O — Oral assessment

U — Unhealthy mouth & the affects on nutrition, hydration & dignity

T — Tools & products

H — Help & level of support

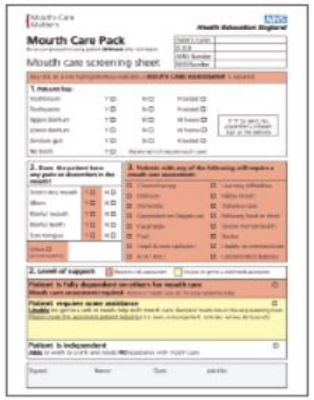
S — Sunflower & denture care

What is MOUTHS?

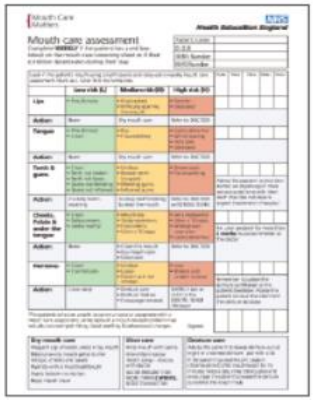
MOUTHS is an acronym designed to help remember the 6 key points for carrying out good mouth care.

By using MOUTHS in patients daily mouth care routine, their overall dignity and wellbeing will be greatly improved.

The Mouth Care Pack...



Screening sheet



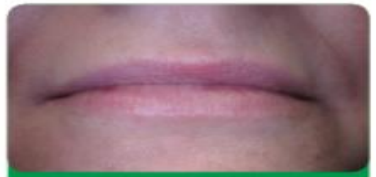
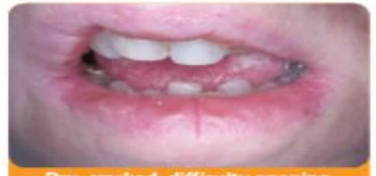
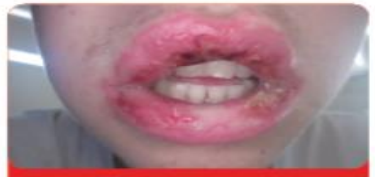
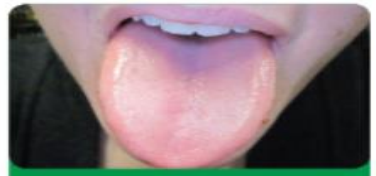
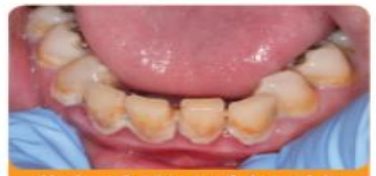
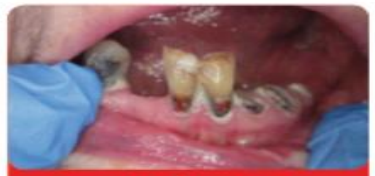
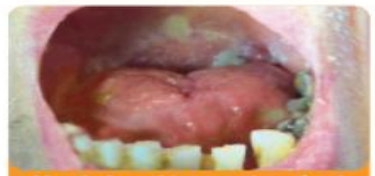
Mouth care assessment

Daily recording sheet

Mouth Care Matters

Mouth care assessment guide

Health Education England

Lips	 Pink & moist	 Dry, cracked, difficulty opening the mouth	 Swollen, ulcerated
Action	None	Dry mouth care	Refer to DOCTOR
Tongue	 Pink & moist	 Dry, fissured, shiny	 Looks abnormal, white coating, very sore/ulcerated
Action	None	Dry mouth care	Refer to DOCTOR
Teeth & Gums	 Clean, teeth not broken or loose	 Unclean, broken teeth (no pain), bleeding/inflamed gums	 Severe pain, facial swelling
Action	2x daily toothbrushing	Daily toothbrushing, clean the mouth	Refer to DOCTOR
Cheeks, Palate & under the Tongue	 Clean, saliva present, looks healthy	 Mouth dry, sticky secretions, food debris, ulcers <10 days	 Very dry/painful, ulcers >10 days, widespread ulceration, looks abnormal
Action	None	Clean the mouth, dry mouth care, ulcer care	Refer to DOCTOR
Denture	 Clean & Comfortable	 Unclean, loose, patient will not remove	 Lost
Action	Clean daily	Denture care, encouragement	DATIX if lost, refer to dental team if lost or broken

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Mouth Care Matters

NHS
Health Education England

1. If you see the denture sunflower at a patients bedside, please try to be extra vigilant when clearing up after meals.

2. Patients occasionally wrap their dentures in tissue and leave them on the bedside / dinner tray. These can be accidentally swept away as rubbish.

3. Losing a denture is highly distressing for a patient and it affects their dignity and ability to eat and drink.

Developing people for health and

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Assessment of Residents Oral health

Harrogate and District NHS
NHS Foundation Trust

Oral Health Assessment Tool

Resident: Completed by: Date:

Resident: ☐ is independent ☐ needs reminding ☐ needs supervision ☐ needs full assistance

☐ Will not open mouth ☐ Grinding or chewing ☐ Head faces down ☐ Refuses treatment

☐ Is aggressive ☐ Bites ☐ Excessive head movement ☐ Cannot swallow well

☐ Cannot rinse and spit ☐ Will not take dentures out at night

Healthy	Changes	Unhealthy	Dental Referral
Lips			
☐ Smooth, pink, moist	☐ Dry, chapped or red at corners	☐ Swelling or lump, red/white/ulcerated bleeding/ulcerated at corners*	☐ Yes ☐ No

Healthy	Changes	Unhealthy	Dental Referral
Natural Teeth			
☐ No decayed or broken teeth or roots	☐ 1–3 decayed teeth/roots, or teeth very worn down	☐ 4 or more decayed or broken teeth/roots or fewer than 4 teeth, or very worn down teeth*	☐ Yes ☐ No

Harrogate and District NHS
NHS Foundation Trust

Oral Health Care Plan

Resident | Oral Health Assessment (OHA) Date: | (OHA) Review Date:

Oral Health Care Considerations

Problems:

☐ difficulty swallowing ☐ difficulty moving head ☐ difficulty opening mouth ☐ fear of being touched

Daily Activities of Oral Hygiene

	Morning	Night
Natural Teeth ☐ Yes ☐ No Cleaned by: ☐ Self ☐ Supervise ☐ Assist Replace toothbrush (3 monthly) Date:	☐ Clean teeth, gums tongue	☐ Clean teeth, gums, tongue
Denture		

Harrogate and District NHS
NHS Foundation Trust

Daily oral care

Name: _____ Month: _____

Day	 Please tick: AM	PM	 Please tick: AM	PM	Non-compliance code/notes	Initials
1						
2						
3						
4						
5						

Training – What is available now

Skills for Health and Health Education England have launched a new free Oral Healthcare E-Learning course to support anyone interested in learning more about oral health and mouth care.

The package is suitable for all health and care staff. It has been developed particularly for those completing the care certificate standards.

The course highlights the importance of oral health including how plaque causes dental disease, why teeth should be brushed, how to care for dentures and the link between oral health and general health.

Click Here to access the E – Learning package (aprox 40 minutes)

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Training – What could be available in the future?

Action learning sets:

Quality Improvement Team are currently developing action learning sets in assist implementing best practice guidance and tools. These short sessions can be delivered by the team in your services.

Face to face training:

HDFT were previously funded by Health & Adult services to deliver face to face training which has now come to an end.

Potential for this to be explored further if there is sufficient interest in the provider sector.

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Community Dental Service

The Salaried Primary Care Dental Service is a specialised service that provides dental treatment for children, adults and older people who, because of additional needs such as learning disabilities, physical disabilities or vulnerability, are unable to access general dental care.

Access to the Salaried Primary Care Dental Service is by written referral from a health, education, or social services professional such as a general dental practitioner, general medical practitioner, a health visitor, social worker or a school nurse.

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Acceptance Criteria

People with needs which affects their ability to receive routine dental care
Learning disability

Medically compromised

Mental health problems

Severe physical disability requiring specific facilities or arrangements

Socially disadvantaged vulnerable groups unable to access care in their locality e.g. homeless, travellers, “looked after children”.

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Exclusions from Acceptance

Patient preference

Adults who on the grounds of affordability have left their dental practice subsequent to reverting to Private only dentistry

Healthy children and adults who have a high or low treatment need unless they fall into one of the previous acceptance categories

Domiciliary care unless the patient is totally housebound.

Patients requiring wheelchair access with no other special needs.

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Once Referral Received

Assessment to establish if the patient requires a home visit or able to attend the clinic – this may include a moving and handling assessment

Visit to assess and diagnose the patient's needs

Treatment Commenced

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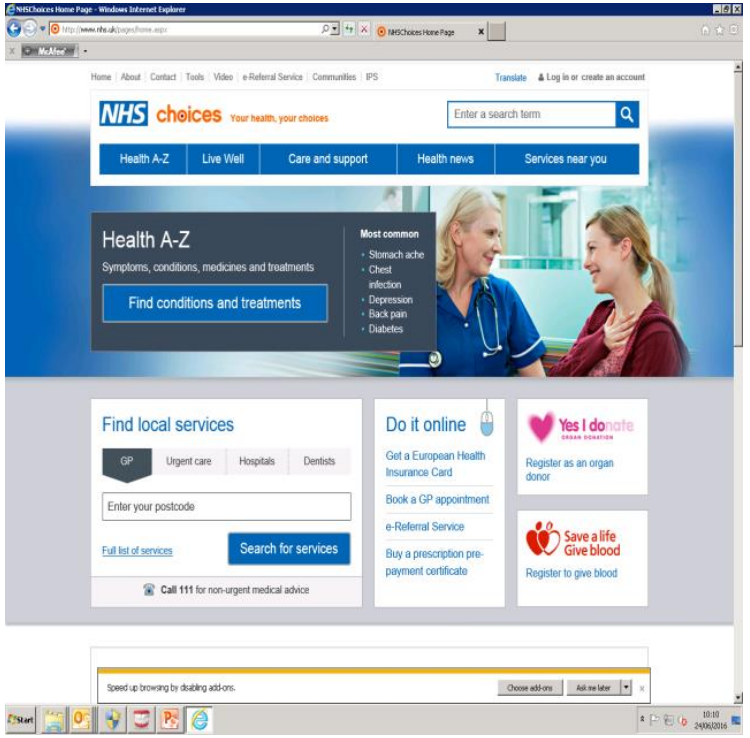
Emergency and Out of Hours

Call 111 for local advice.

Advice available evenings, weekends and bank holidays.

NHS Choices for local General Dental Practice availability



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