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# Oral Health Policy

*CARE HOME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CARE MANAGER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| Policy Title: | Oral Health Policy |
| Policy Published By: | Care Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(In association with Knowledge Oral Health Care Ltd) |
| Effective From / Last Reviewed: |  |
| Review Date:(annual review recommended)  |  |
| Person Responsible for Review:(Care Manager / Oral Champion) |  |
| Approved by:(Care Manager / Oral Champion) |  |
| Supportive documents:  | [NG48: Oral Health for Adults in Care Homes](https://www.nice.org.uk/guidance/ng48) (NICE, 2016)[Delivering Better Oral Health. An Evidence Based Toolkit](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf) (DH, 2017)[Your Care](https://www.nice.org.uk/about/nice-communities/public-involvement/your-care) (NICE, 2017) Mental Capacity Act (2005) <http://www.legislation.gov.uk/ukpga/2005/9/contents>  |

**Foreword**

Oral health is a fundamental part of overall health and an area that requires care and attention by all staff for all residents. Good oral health is beneficial for general health, dignity and self-esteem, it contributes to a person’s quality of life. Poor oral hygiene can lead to pain, loose teeth and tooth loss as well as affect a person’s ability to eat and sense of wellbeing.

As a person loses the ability to care for themselves, they require the support of those who care for them.

This policy aims to improve/maintain and protect our resident’s oral health and includes information about;

* Oral Health Assessments
* Resident’s daily mouth care
* Supply of oral hygiene equipment
* Local General Dental Services (GDS), Community Dental Services (CDS) (including Special Care Dentistry), Emergency Dental Treatment
* Referral process
* Oral Health Promotion and Preventive Care schemes

**It is the responsibility of** \_\_\_\_enter name of Care Home / Care Home Manager **to ensure that all staff are aware of and adhere to this oral care policy.**

Care Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Champion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Oral Health Assessments**

An oral health assessment is recommended early after admission (ideally within 48 hours of admission) and should be included as part of an overall health assessment.

Oral health assessments should:

* Help identify residents who have current oral health problems which may require attention of a dentist
* Highlight residents who are particularly at risk of future problems because of physical / cognitive impairment or poor oral care habits
* Allow the development and implementation of an individual oral care plan indicating daily oral care assistance required.

All staff will undergo training on how to undertake an oral health assessment.

Care plans will be reviewed within 3 months of admission and frequency of review determined at this 3 month review. Repeat assessments should consider resident’s capacity to self-care.

Oral care plans will be developed upon the oral health risk assessment report and will act to inform care staff who carry out daily mouth care what form of assistance each resident requires. Oral care plans will be updated following any review oral health assessment.

Daily documentation of oral care will be completed by care staff, including reasons for non-cooperation on the part of the resident as this may highlight deficiencies in essential care which can then be addressed. Local policies about refusal of care are followed in accordance with the Mental Capacity Act 2005.

**Residents Daily Mouth Care**

**Toothbrushing**

If a resident 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. It is documented at the oral health assessment if a resident should be fully assisted with daily oral care.

Dentures will be removed by staff and cleaned or prompted for residents to clean themselves as part of the daily oral care regime.

**Supply of oral hygiene equipment**

Resident’s will be encouraged to use familiar oral hygiene products.

Small headed medium-soft bristled manual toothbrushes or round, flat heads with electric toothbrushes are advocated for best practice.

Toothbrush handles can be adapted to enable residents with limited manual dexterity to continue with independent brushing.

Toothbrushes should be replaced on a 3 monthly basis.

**Fluoride toothpaste** (of at least 1450ppm fluoride) will be encouraged unless specific reason not to use (allergy or residents choice to decline). High concentration fluoride toothpaste can be prescribed by dentists for residents at high risk of tooth decay.

**Chlorhexidine** allergies identified within personal care plans should be highlighted on resident’s oral care plans.

Oral hygiene products will be supplied by: \_ care home / next of kin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local General Dental Services (GDS), Community Dental Services (CDS) (including Special Care Dentistry), Emergency Dental Treatment**

Emergency (out of hours) Dental Treatment:

Dial 111

Urgent care services:

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<http://www.nhs.uk/Service-Search/Urgent-Care/LocationSearch/0>

Local General Dental Practitioners linked with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home:

Contact telephone number:

Name:

Practice address:

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Community Dental Services:

Contact telephone number:

Address:

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Special Care Dentistry services available via local CDS:

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**Referral Process**

Only practitioners registered with the General Dental Council and acting within its scope of practice may diagnose and treat dental disease or refer someone for specialist treatment.

Any abnormalities observed by daily care providers must be reported within the residents oral care plan and reported to the care manager with immediate effect.

Abnormalities will be assessed by the dental champion / care manager and subsequently a decision to either; review in 2 weeks and note any changes, or, request a dental care professional to assess the resident and refer as appropriate.

**Oral Care Training**

Knowledge Oral Health Care Ltd is available to offer support and guidance on all oral health matters arising within \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home.

All staff delivering personal care will receive oral care training to include oral health assessments, documentation and best practice in oral hygiene techniques so that they are competent to carry out all aspect of mouth care. The level of training may vary depending on the role of the member of staff within the organisation. All new recruited staff will receive mouth care training as part of their induction and will be aware of the content of this policy.

Dental Care Professionals can be asked to advise on referral of abnormalities and dental pain, it is recognised that all dentists and dental care professionals work within their scope of practice in accordance with the General Dental Council.

**Resources and references**

Smiling Matters Report (CQC)

NICE Guidance (NG48 Oral Health for Adults in Care Homes

The Relatives and Residents Association: Keep Smiling Booklet

General information on Best Practice in Oral care in care homes (website www.kohc.co.uk)

**APPENDIX 1**

**Oral Health Risk Assessment**