

Oral health for adults in care homes overview

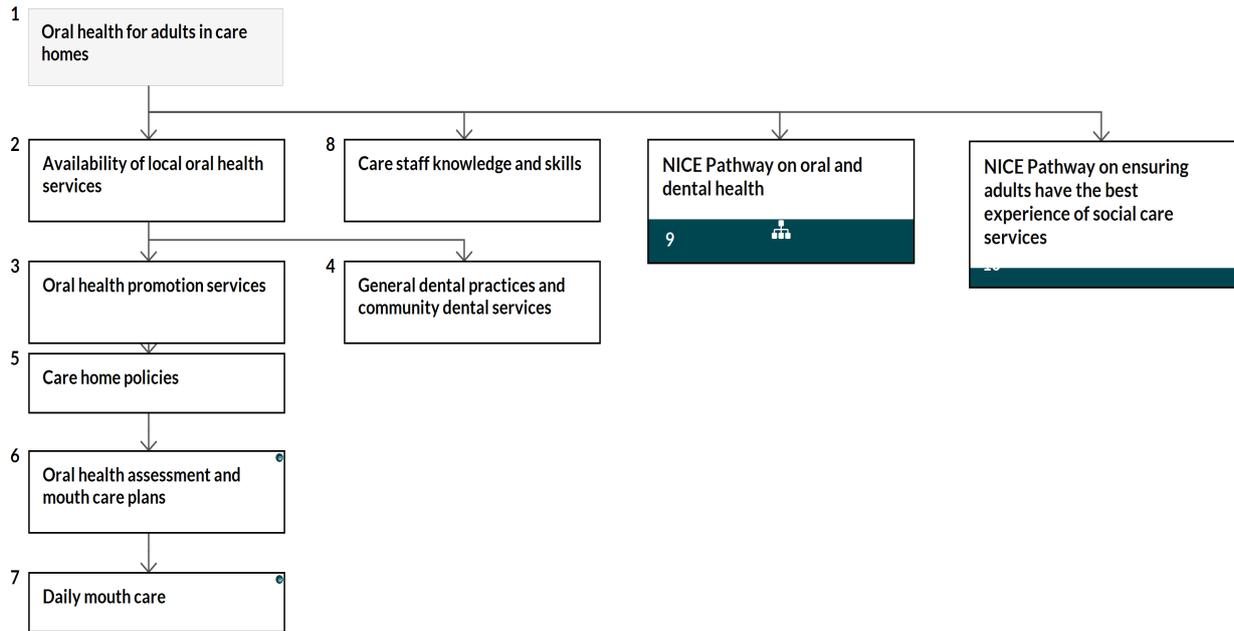
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/oral-health-for-adults-in-care-homes>

NICE Pathway last updated: 04 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Oral health for adults in care homes

No additional information

2 Availability of local oral health services

This recommendation is for health and wellbeing boards.

Ensure local oral health services address the identified needs of people in care homes, including their need for treatment. Identify gaps in provision. (See [set up a group](#) in NICE's recommendations on oral health improvement for local authorities and their partners.) This includes:

- general dental practices
- community dental services, including special care dentistry (see [NHS England](#))
- oral health promotion or similar services, in line with existing local arrangements
- emergency and urgent out-of-hours dental treatment.

This recommendation is for care home managers.

Tell local healthwatch and public health teams about any concerns you have about the availability of local dental and oral health promotion services.

3 Oral health promotion services

These recommendations are for oral health promotion teams or similar services in line with existing local arrangements.

Develop and provide care homes with oral health educational materials, support and training to meet the oral health needs of all residents, especially those with complex needs. Also explain the role of diet, alcohol and tobacco in promoting good oral health, in line with advice in the [Delivering better oral health toolkit](#) and [adopt a patient-centred approach](#), [oral health advice](#) and [dental care plans](#) in NICE's recommendations on oral and dental health.

Help care home managers find out about local oral health services and create local partnerships or links with general dental practice and community dental services including special care dentistry.

Tell local authority public health teams and dental public health leads about gaps in the services, so they can advocate for accessible oral and dental health services on behalf of residents of care homes.

NICE and The Social Care Institute for Excellence have co-produced [Improving oral health for adults in care homes: A quick guide for care home managers](#).

4 General dental practices and community dental services

These recommendations are for dental practitioners.

Provide residents in care homes with routine or specialist preventive care and treatment as necessary, in line with local arrangements (see [adopt a patient-centred approach](#), [oral health advice](#), [dental care plans](#) and [choose the interval before the next oral health review](#) in NICE's recommendations on oral and dental health, and [oral health improvement for local authorities and their partners](#)).

Ensure dentures made for individual residents are appropriately marked by the lab during manufacture.

5 Care home policies on oral health and providing residents with support to access dental services

These recommendations are for care home managers.

Ensure care home policies set out plans and actions to promote and protect residents' oral health. Include information about:

- local general dental services and emergency or out-of-hours dental treatment
- community dental services, including special care dentistry teams
- oral health promotion or similar services, depending on local arrangements (see [general dental practices and community dental services](#) [See page 4])
- assessment of residents' oral health and referral to dental practitioners (see [oral health assessment and mouth care plans](#) [See page 5])
- plans for caring for residents' oral health
- daily mouth care and use of mouth and denture care products
- what happens if a resident refuses oral health care (in line with the [Mental Capacity Act](#) and local policies about refusal of care)

- supply of oral hygiene equipment (for example basic toothbrush or toothpaste).

Ensure you set out your duty of care in relation to residents' oral health needs and access to dental treatments.

Ensure the oral health policy aligns with advice in the [Delivering better oral health toolkit](#).

Ensure the oral health policy makes it clear that 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 (see NICE's recommendations on [suspected cancer recognition and referral](#)).

Ensure mouth care is included in existing care home policies covering residents' health and wellbeing and reviewed in line with local practice.

Ensure all care staff, new and existing residents and their families or friends (if they are involved in the resident's care) are aware of care home policies to promote health and wellbeing, including mouth care.

6 Oral health assessment and mouth care plans

These recommendations are for care staff carrying out admissions or assessments.

Assess the mouth care needs of all residents as soon as they start living in a care home, regardless of the length or purpose of their stay. Consider using the [oral health assessment tool](#). Where family and friends are involved in ongoing care, consider involving them in the initial assessment, with the resident's permission, if it will help staff understand the resident's usual oral hygiene routine. Ask:

- How the resident usually manages their daily mouth care (for example, toothbrushing and type of toothbrush, removing and caring for dentures including partial dentures). Check whether they need support.
- If they have dentures, including partial dentures, whether they are marked or unmarked. If unmarked, ask whether they would like to arrange for marking and offer to help.
- The name and address of their dentist or any dental service they have had contact with, and where and how long ago they saw a dentist or received dental treatment. Record if there has been no contact or they do not have a dentist, and help them find one.

Make an appointment for the resident to see a dental practitioner, if necessary.

Record the results of the assessment and the appointment in the resident's personal care plan.

Review and update residents' mouth care needs in their personal care plans as their mouth care needs change.

Ensure care staff know how to recognise and respond to changes in a resident's mouth care needs.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Oral health assessment in care homes
2. Recording mouth care needs in care plans

7 Daily mouth care

These recommendations are for managers of care staff who support daily personal care.

Ensure care staff provide residents with daily support to meet their mouth care needs and preferences, as set out in their personal care plan after their assessment. This should be aligned with the advice in the [Delivering better oral health toolkit](#), including:

- brushing natural teeth at least twice a day with fluoride toothpaste
- providing daily oral care for full or partial dentures (such as brushing, removing food debris and removing dentures overnight)
- using their choice of cleaning products for dentures if possible
- using their choice of toothbrush, either manual or electric/battery powered
- daily use of mouth care products prescribed by dental clinicians (for example, this may include a high fluoride toothpaste or a prescribed mouth rinse; see NICE's recommendations on [managing medicines in care homes](#))
- daily use of any over-the-counter products preferred by residents if possible, such as particular mouth rinses or toothpastes; if the resident uses sugar-free gum, consider gum containing xylitol.

Ensure care staff know which member of staff they can ask for advice about getting prescribed mouth care products, or helping someone to use them.

Ensure care staff know how to recognise and respond to changes in a resident's mouth care

needs.

Ensure care staff know how to respond if a resident does not want daily mouth care or to have their dentures removed (see [your care](#) on the NICE website).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Supporting daily mouth care in care homes

8 Care staff knowledge and skills

These recommendations are for care home managers.

Ensure care staff who provide daily personal care to residents:

- Understand the importance of residents' oral health and the potential effect on their general health, wellbeing and dignity.
- Understand the potential impact of untreated dental pain or mouth infection on the behaviour, and general health and wellbeing of people who cannot articulate their pain or distress or ask for help. (This includes, for example, residents with dementia or communication difficulties.)
- Know how and when to reassess residents' oral health (see [oral health assessment and mouth care plans](#) [See page 5]).
- Know how to deliver daily mouth care (see [daily mouth care](#) [See page 6]).
- Know how and when to report any oral health concerns for residents, and how to respond to a resident's changing needs and circumstances. (For example, some residents may lose their manual dexterity over time.)
- Understand the importance of denture marking and how to arrange this for residents, with their permission.

NICE and The Social Care Institute for Excellence have co-produced [Improving oral health for adults in care homes: A quick guide for care home managers](#).

9 NICE Pathway on oral and dental health

[See Oral and dental health](#)

10 NICE Pathway on ensuring adults have the best experience of social care services

[See Peoples experience in adult social care services](#)

Glossary

Care home

24-hour accommodation with either non-nursing care (for example, a residential home) or nursing care

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24-hour accommodation with either non-nursing care (for example, a residential home) or nursing care

Mouth care

activities such as removing and cleaning dentures, toothbrushing and use of fluoride toothpaste

Residents

all adults aged 18 years upwards who live in care homes

Sources

[Oral health for adults in care homes](#) (2016) NICE guideline NG48

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline

to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare

professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.