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ORAL CARE

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ORAL CARE POLICY

1. PURPOSE

1.1 Nursing Direct is committed to the delivery of safe and effective Care to all its Service Users.

This policy provides the framework so that all Service Users will have their preferences, wishes, and needs in relation to mouth care addressed. The aim of the Oral Care Policy and Procedure is to set standards for:

- Ensuring that Staff including Agency Workers are aware of the importance of good oral health
- Staff including Agency Workers training in the use of the oral health assessment tool
- Assessment of oral health needs of dependent people
- Recording the needs and the dependent person's wishes in relation to their oral health care

1.2 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).

1.3 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:

- The Care Act 2014
- Control of Substances Hazardous to Health Regulations 2002
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005
- Data Protection Act 2018

2. SCOPE

2.1 The following roles may be affected by this policy:

- Staff including Agency Workers

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Commissioners
- Local Authority
- NHS / ICB

3. OBJECTIVES

3.1 To provide a framework for best practice with regard to oral care using NICE guidelines and other national recommended evidence-based practice tools.

3.2 To provide awareness, understanding and knowledge of the importance of oral health in Nursing Direct.

3.3 To establish the standards expected with regard to:

- Enabling Service Users to be as independent as possible
- Enabling Service Users to express their wishes and preferences and have this recorded
- Ensuring that Service Users have timely access to healthcare services
- Providing resources that promote quality oral care

4. POLICY

4.1 This policy recognises and acknowledges the impact that the decline of independence in daily living activities can have on the Service User's general health and wellbeing, including their oral health. Therefore, Nursing Direct will ensure that assessments are holistic and that individual, tailored Care Plans are introduced and subject to ongoing review.

4.2 Managers are responsible for:

- Overseeing that this policy is accessible for staff including Agency Workers and adhered to
- Promoting a healthy partnership working culture to ensure timely and equitable access to other health care services
- The provision of awareness of oral hygiene
- Ensuring that where Service Users lack capacity to consent, the Mental Capacity Act policies, procedures and associated best interests' guidelines Nursing Direct are followed

4.3 Staff including Agency Workers responsible for the care provided to service users will take responsibility for the following:

- The completion of training and education in oral care.
- Consistently performing tasks within their scope of competency and promptly notifying Nursing Direct whenever they encounter a task beyond their skill set. Clinical Leads will complete an oral assessment if required and use this to support completion of the care plan
- Provision of accessible resources for Service Users and/or their families, upon request.
- Informing the commissioning professionals or the relevant healthcare professional when a referral to healthcare services is required.

5. PROCEDURE

5.1 Oral Care Assessment

In accordance with the Service User's individual care plan, if a Service User reports oral pain, discomfort, or any other concerns, or if staff including Agency Workers identify signs that may indicate oral health issues or infection during care delivery, appropriate action must be taken without delay. This includes signposting or referring the Service User to a relevant healthcare professional (e.g. GP, dentist, or dental services) and, where required, supporting the Service User to arrange appointments for timely review and assessment.

Where a Service User requires support with oral care, informed consent must be sought, confirmed, and clearly recorded within the Service User's assessment and care documentation. If a Service User is unable to provide informed consent, staff including Agency Workers, must follow the Mental Capacity Act (MCA) 2005 Policy and Procedure, ensuring that any decisions made are in the Service User's best interests and are appropriately documented.

5.2 Oral Care Plan

The Care Plan must be agreed with the Service User, and/or their representative as consent allows. Using the information from the Service User's assessment, an individually tailored oral section within the Care Plan will be produced if required, that includes information on:

- The Service User's dental practice details, if Staff including Agency Workers will be required to contact them on behalf of the service user
- The Service User's dental history, if applicable to current support being provided
- When the Service User last had a dental appointment, when the next one is due, and if they have any appointments booked for examinations/ongoing dental treatment
- If the Service User is experiencing any pain in their mouth, has any decayed teeth or dentures
- The Service User's oral hygiene routine (include family and others as necessary)
- The service users' needs and preferences for support (if required) e.g. dexterity considerations or cognitive impairment
- Any of the following symptoms; dry mouth, difficulty chewing, difficulty swallowing, difficulty speaking, halitosis, drooling
- Risk factors such as smoking, diabetes, steroid treatment, alcohol intake, and nutritional status
- Preferred times of the day for oral care
- What strategies currently work for achieving good oral care (include family and others as necessary)

Any concerns must be escalated to Nursing Direct, with the service user being advised to seek advice from the GP or Dentist. Staff including Agency Workers can assist with this if necessary.

5.3 Visual Oral Inspection Assessment

Inspection and other oral procedures must only be undertaken with the full consent of the Service User following an informed decision regarding any oral care activity. For Service Users who are unable to consent, staff including Agency Workers must refer to the Mental Capacity Act 2005 Policy and Procedure.

Staff including Agency Workers performing the inspection must ensure that:

- They wear gloves during the procedure
- There is a good light source available
- Dentures or plates have been removed

Staff including Agency Workers must inspect the following areas, during any care intervention, if the service user allows:

- The lips; are there any dry areas or cracking?
- The inner part of the lips, retract with a gloved finger or tongue depressor
- The inside of the cheeks (both sides) are they soft, moist, coated, ulcerated, or inflamed?
- The surface of the tongue; ask the Service User to stick their tongue out, lift it up and from side to side. Does it move normally, is it dry, coated or ulcerated?
- The floor of the mouth; is there a normal saliva pool, is the saliva watery? The hard and soft palate; are they intact, ulcerated, or red?
- The gums; any inflammation or bleeding?
- The teeth; are they present, cared for, loose or stained? Is debris present?

All findings from the inspection must be recorded on the OneTouch digital recording system.

Any concerns must be escalated to Nursing Direct, with the service user being advised to seek advice from the GP or Dentist and staff can assist with this if required.

5.4 Mouth Cancer

Mouth Cancer is the general term given to the variety of malignant tumours that develop in the mouth. If staff including Agency Workers notice something out of the ordinary, they would need to report this to the allocated Clinical Lead, who would inform the next of kin and the GP if required.

During the initial assessment, if appropriate, an oral health assessment will also be performed which will be recorded in the service users care plan.

The oral health assessment involves discussions with family or friends involved in ongoing Care. Oral hygiene is important at every age, but as 78% of mouth cancer cases occur in the over 55 age group, it is essential that Service Users look after their mouths and check their oral cavities on a regular basis looking for signs and symptoms of mouth cancer. If appropriate and the service user consents, the carers can also support with this.

Signs and Symptoms to Look For:

- An ulcer or white patch – anywhere in the mouth that does not heal within 3 weeks
- Difficulty in swallowing, chewing, or moving the jaw or tongue
- Numbness of tongue or other area of the mouth
- A feeling that something is caught in the throat
- A chronic sore throat or hoarseness that persists more than 6 weeks
- Unexplained loosening of teeth
- Noticeable changes in eating habits
- A lump or swelling anywhere in the mouth, jaw or neck that persists for more than 3 weeks
- Dentures suddenly not fitting properly
- Mood swings and marked alterations in daily lifestyle in
- Service Users with dementia or cognitive impairment
- Speech variations

5.5 How to Check for Mouth Cancer

Early detection of mouth cancer is key. The following explains how to check the Service User in detail:

Face – Look for swellings the Service User have not noticed before. Ask the Service User to turn their head to one side, so they/you can stretch the skin over the muscles making lumps easier to see. Repeat on the other side and note any concerns on the Service User's Care Plan and inform the manager if action needs to be taken.

Neck – Run your fingers under the Service Users jaw and feel either side of the neck, are there any swellings? Record your findings on the Service User's Care Plan and inform the manager if action needs to be taken.

Lips – Pull the Service User's upper lip upwards and bottom lip downwards. Look inside for any sores or changes in colour. Record your findings on the Service User's Care Plan and inform the manager if action needs to be taken.

Gums – Examine the Service User by feeling around their gum for anything unusual. Record your findings on the Service User's Care Plan and inform the manager if action needs to be taken.

Cheeks – Ask the Service User to open their mouth and pull their cheek away one side at a time. Look for any red or white patches. Check for ulcers, lumps, or tenderness. Record your findings on the Service User's Care Plan and inform the manager if action needs to be taken.

Tongue – Ask the Service User to stick their tongue out and examine one side, then the other. Look for swellings, ulcers, or changes in colour. Examine the underside of the tongue. Record your findings on the Service User's Care Plan and inform the manager if action needs to be taken.

Floor and Roof of Mouth – Ask the Service User to tilt their head back and open their mouth. Next ask them to lift their tongue up and look at the floor of their mouth. Look for changes in colour, ulcers, or swellings. Record your findings on the Service User's Care Plan and inform the manager if action needs to be taken.

5.6 Offering Oral Health Care

The following general principles apply when providing oral health care:

- Where possible, Service Users must be encouraged and supported to be as independent as possible
- Aids to support independence must be sourced from suitably trained health care professionals (such as easy grip handles, electric vs. manual brushes to aid dexterity)
- Toothbrushes used must be air dried to reduce the risk of bacterial contamination Manual toothbrushes and electric toothbrush heads must be changed every 3 months
- For Service Users with soreness in the mouth, a soft brush or 'baby' toothbrush must be used
- The use of interdental devices, such as floss are encouraged, but will only be considered if the Service User is able to do this themselves or if there is no risk of pain, bleeding, or discomfort
- Teeth cleaning will be achieved at least twice daily, using a fluoride toothpaste
- Any prescribed mouthwashes or treatments must be administered as prescribed, stored, and managed in line with local medication policies and have their effectiveness monitored
- If Service Users use gum, recommend products that contain Xylitol
- For Service Users who are 'nil by mouth,' the frequency of mouth care offered must be a minimum of every 4 hours or as the Service User wishes or as the condition of the mouth presents

5.7 Procedure for Provision of Mouth Care

Nursing Direct staff including Agency Workers must:

- Explain and discuss the procedure with the Service User – where possible, encourage the Service User to carry this out themselves. Gain consent for any aspects of Care provided by Staff including Agency Workers
- Wash and dry hands and apply gloves
- Prepare equipment and solutions as necessary
- Carry out the visual assessment, as well as asking the Service User if there are any changes to taste, saliva production, oral discomfort, or difficulty swallowing
- Using the Service User's own choice of brush and toothpaste, brush the teeth, gums, and tongue. Hold the brush at an angle of 45 degrees. Use a back and forth or circular motion for 2 minutes with gentle pressure, short strokes, and small movements. Brush the tongue to remove any debris
- Service Users must be offered a bowl to spit out any excess toothpaste. It is not recommended that the Service User rinses after brushing as this will remove the protective fluoride from their mouth
- If the Service User is unable to spit, use a rinsed toothbrush to clean the teeth and where required.
- If a Service User uses floss and needs support, use the thumb and index finger to stretch the floss and wrap one end of floss around the third finger of each hand. Move the floss up and down between the teeth, from the tops of the crowns to the gum and along the gum lines wherever possible
- Remove mouthwash solutions, clean the toothbrush, and allow to air dry, remove gloves and wash hands
- Ensure that the Service User is comfortable, and records are updated
- If the Service User uses interdental cleaning brushes and needs support, make sure the colour of brushes they use is in their oral care assessment (different colours indicate different sizes and they may use more than one colour for different areas)

When assisting the Service User with using the interdental brushes, the following procedure must be followed:

- Choose the right size brush
- Insert the interdental brush gently in between the teeth
- Move the interdental brush the full length back and forth a few times
- If you use a small interdental brush (pink, orange, red or blue) you may need to curve the soft neck slightly
- Adding pressure on the brush with your finger will make it easier to reach between the back teeth
- If you use an interdental brush of a larger size, access between the back teeth may be improved if you slightly curve the wire
- Change size and curve the neck or wire when needed

5.8 Equipment

The service user and or their next of kin/ family members are responsible for ensuring equipment in place and well maintained.

Staff including Agency Workers are responsible for checking that products are safe, clean, and well maintained before use.

All equipment used in relation to oral hygiene will not be shared.

Products prescribed by healthcare professionals will be managed in line with medication policies and procedures and Staff including Agency Workers are responsible for ensuring:

- Timely replenishing of stock
- Effectiveness of product
- The prescriber is updated if there is no improvement in the condition being treated or a deterioration

Where a denture cleaning solution is used as part of the oral hygiene care for denture users, due regard and attention must be paid to safe storage and management of the products in accordance with COSH. Where there is a risk of ingestion, this must be locally risk assessed with clear strategies in place.

Use of Foam Swabs

In line with the Mouth Care Matters Campaign recommendations and the decision of various trusts in England to withdraw the use of foam swabs, Nursing Direct will not offer the use of foam swabs to its Service Users.

5.9 Pain Management

As part of the ongoing Care for Service Users, Staff including Agency Workers must monitor and assess for any discomfort or pain caused by oral conditions at every Care intervention.

Where concerns are raised, advice must be sought in a timely manner from the allocated Clinical Lead who can liaise with the relevant medical professional.

If a Service User is unable to verbalise their pain or discomfort (e.g. due to cognitive decline) to Staff including Agency Workers, Nursing Direct will ensure that Staff including Agency Workers have access to a suitable pain assessment tool to assess and record levels of pain and the effectiveness of any management of this.

5.10 Oral Care for Service Users with Dementia or Early Stages of Dementia

Early Stages of Dementia

Service Users in the early stages of dementia should carry out their own mouth care for as long as possible. They may need to be reminded to do it, or they may need to be supervised. It may be useful for the Staff including Agency Worker to give them the brush and toothpaste and show them what to do.

The Service User may find it easier to use an electric toothbrush or a toothbrush with an adapted handle to improve their grip.

It is particularly important to establish a daily care routine in the early stages of dementia; this may include a high-concentration fluoride toothpaste and regular application of fluoride varnish for people with natural teeth. The Service User's dentist can apply fluoride every three to four months.

In the early stages of dementia, most types of dental care are possible. The dentist will plan the treatment, bearing in mind that the person with dementia will eventually be unable to look after their own teeth. Key teeth may be identified and restored. Crowns, bridges, and implants may only be considered if someone is prepared to carry out daily brushing for the person with dementia should they reach a stage where they cannot do this for themselves. Preventing further gum disease or decay is also particularly important at this stage. As dementia is a progressive condition, it is important for the Service User and Nursing Direct to obtain advice on prevention from the relevant healthcare professional.

Middle Stages of Dementia

During this stage of dementia, the Service User may be physically healthy but might have lost some thinking abilities. The focus of treatment is likely to be on prevention of further dental disease. It is during the middle stages that issues around consent to treatment may start to arise.

Later Stages of Dementia

As dementia progresses, the person may lose the ability to clean their teeth, stop understanding that their teeth need to be kept clean, or lose interest in doing so. At this stage, the Service User's Staff including Agency Worker may need to take over this task.

The technique will vary depending on the individual concerned. The easiest way is for the person with dementia to sit on a straight-backed chair with the Staff including Agency Worker standing behind. The Staff including Agency Worker supports the Service User against their body, cradling their head with one arm. They can then brush the person's teeth using a dry toothbrush and a pea-sized amount of toothpaste. In the later stages of dementia, the person is likely to have severe problems with thinking, reasoning and memory and will often be physically frail or disabled with complex medical conditions. Treatment at this stage focuses on prevention of dental disease, maintaining oral comfort, and provision of emergency treatment.

5.11 Medications Affecting the Mouth

Service Users with dementia may be taking medication for a number of conditions. They may also be prescribed antidepressants or – less often – antipsychotics and sedatives. A dry mouth is a common side effect of these drugs. Saliva acts as a lubricant and also cleans the mouth and teeth, lack of saliva can lead to a build-up of plaque and increase the risk of dental decay, gum disease, and infection.

A dry mouth can also cause problems with dentures, including discomfort and looseness. Denture fixatives and artificial saliva (a fluid to lubricate the mouth) can help some people with denture problems. The Service User's dentist will be able to offer advice to relieve discomfort and problems caused by lack of saliva or a dry mouth. Frequent sips of water throughout the day, especially at mealtimes, will help.

Problems with Dentures and Tongue and Jaw Movement

Some antipsychotic drugs can cause involuntary repetitive tongue and jaw movements, making it difficult to wear dentures, particularly in the lower jaw. In some cases, these movements will continue after the drug is stopped. If this occurs, the Service User's dentist may be able to advise on what can help, and how best to ensure that they are comfortable. If medication is syrup-based (for example lactulose), there is an increased danger of tooth decay. The Service User's doctor may be able to prescribe a sugar-free alternative if asked. Their dentist may also be able to apply chlorhexidine and fluoride varnishes to help prevent decay at the necks of the teeth.

Dentures

The Service User with dementia must be encouraged to wear their dentures, and offered help with putting them in, for as long as possible. Dentures are important for maintaining dignity and self-esteem. If a Service User does not wear them, it may affect their appearance, diet, and ability to speak. Denture loss is common when people with dementia are in unfamiliar environments.

Replacing lost dentures can present problems. If the Service User is without their dentures for any length of time, they may forget how to wear them, or they may lose their ability to adapt to a new set. The Service User may also be unable to cooperate with their dentist during the several visits required to make the new dentures. Sometimes, intervention by the Staff including Agency Worker (for example, handholding or distraction through talking) may be all that is needed. If cooperation is limited, a realistic approach may be to provide an upper denture only, for the sake of appearance. Eventually, many people with dementia reach a stage where they will no longer tolerate dentures in their mouth, even if they have worn them without problems in the past.

A Service User with memory problems associated with dementia may be more likely to lose their dentures. Marking a person's name on dentures means that lost dentures can often be returned.

5.12 Oral Care and Dementia

- Service Users with dementia may develop reflexes that make tooth brushing difficult such as closing their lips, clenching their teeth, biting, and moving their head. If this is the case, it would be helpful to ask a family member who is more familiar with the Service User to be present and help
- Service Users with early dementia may be able to care for their own oral health or will merely need reminding
- Service Users with mid to late dementia may be unable to communicate that they are in pain. They may do this in other ways such as crying, pulling, or hitting their face, hitting out at care Staff including Agency Workers, or being very passive
- Resistance to oral care by people with dementia is most often a response to fear, and it is more helpful to view this behaviour as a sign of distress rather than the Service User choosing to be aggressive and uncooperative

General Considerations when Approaching a Service User to Provide Oral Care:

- Choose a quiet environment with good lighting
- Be calm and friendly, and smile
- Talk clearly, at the Service User's pace
- Explain in short sentences and in simple terms what you are doing
- Try only to ask questions that require a yes or no answer
- Use reassuring and appropriate body contact and gentle touch
- Remain positive and try to refrain from showing any frustration
- Think about your attitude and body language as showing any frustration will be counter-productive
- Encourage the Service User to feel the toothbrush so that they know that it is not going to hurt

Position

When assisting a Service User with oral care, try to carry out brushing sitting down as you will be able to see better. Come in front to greet the Service User and talk and then deliver care from the side as this is better on your back and visibility.

5.13 How to Tell if a Service User has Dental Problems

There may come a time when the Service User is unable to say that they are experiencing pain or discomfort in their mouth or teeth. They will need to rely on other people to notice and interpret their behaviour and to arrange a visit to the dentist if necessary.

There are several behavioural changes that may indicate that someone is experiencing dental problems, they may include:

- Refusal to eat (particularly hard or cold foods)
- Frequent pulling at the face or mouth
- Leaving previously worn dentures out of their mouth
- Increased restlessness, moaning or shouting
- Disturbed sleep
- Refusal to take part in daily activities
- Aggressive behaviour

If there is no explanation for the change in the Service User's behaviour, arrangements must be made to identify the cause. This could include a formal dental assessment as part of the process.

5.14 Specialist Dental Services

Service Users with complex needs such as Autism, Learning Disabilities or Dementia may reach a point where their usual dentist can no longer manage their treatment needs. They may be referred to the local salaried community dental service or local specialist dental service. These services act as a safety net for people who are unable to receive care from a general dental practitioner. The dentists are usually experienced in providing dental care for people with disabilities and complex medical conditions.

5.15 Service Users with Mobility Problems

Nursing Direct staff including Agency Workers may need to take responsibility of supporting a physically disabled Service User to effectively manage their oral health daily. For some people, moving their arms or hands can be a problem, which makes effective cleaning difficult. It is important to reach all the areas of the mouth to clean effectively.

A toothbrush with a small-to-medium head size with soft-to-medium bristles is usually recommended. There are special handgrips and other adaptations which can be fitted to manual toothbrushes to make them easier to hold. In some cases, electric toothbrushes are recommended for people with mobility problems. They are also helpful to people with learning difficulties as they can be a novelty and therefore encourage brushing.

If the Service User you are helping is unable to use their arms or hands to effectively clean their teeth, it is important for you to assist them. You can stand behind the person then use your arm to hold the person's head gently against your body, before brushing their teeth.

Remember that the bathroom is not the only place to brush your teeth. If you have difficulties getting the person to the bathroom, then teeth can be brushed in another room.

5.16 Service Users with Learning Difficulties or Autism

Some Service Users may need things explained to them in different formats to find a way that works best for them to understand. For example, they may find it easier to understand in the following ways:

- Demonstrating what to do with the toothbrush, etc.
- Verbal instructions
- Visual aids (photos, diagrams, picture boards)
- Easy reads and social stories
- If English is not a Service User's first language, translation services may be needed
- In some cases, picture exchange communication systems, such as Makaton, may be useful tools Find out what works for the Service User. In some cases, electric or 'power' toothbrushes may be recommended for people with learning difficulties as they can be a novelty and therefore encourage brushing.

Find out what works for the Service User. In some cases, electric or 'power' toothbrushes may be recommended for people with learning difficulties as they can be a novelty and therefore encourage brushing.

Please also see the Autism Policy and Procedure.

5.17 Procedure for Providing Mouth Care for Service Users with Dentures

Staff including Agency Workers must:

- Discuss and explain the procedure with the Service User, and where possible, encourage the Service User to carry out their own oral care
- Wash and dry hands in accordance with local policy, apply gloves and prepare the equipment needed, including solutions for soaking
- Support the Service User to remove their dentures if they are unable to do so themselves; remove the lower denture first, grasp the middle and lift, rotate gently to remove from the mouth and place in the denture pot. Next, remove the upper denture, grasp firmly, tilt forward whilst placing pressure on the front teeth to break the seal with the palate. Rotate the denture from side to side and place in the denture pot
- Provide water for the Service User so that they can rinse their mouth and remove any debris, and provide a hand towel
- Clean the dentures on all surfaces with the Service User's toothbrush and cleaner. Check for cracks, sharp edges, or missing teeth. Rinse well and return to the Service User. They must be cleaned over a towel or bowl of water to minimise the risk of damage if they fall. Do not use toothpaste to clean the dentures
- Any remaining teeth, the gums and tongue must be cleaned with a soft toothbrush and fluoride toothpaste
- Staff including Agency Workers must monitor denture users for the risk of fungal infections under the dentures
- To minimise this risk, Service Users must be encouraged to remove their dentures at night and soak them in a disinfectant solution for the duration recommended in the manufacturer's instructions
- Where dentures are soaked overnight, they must be stored in a suitable container.
- Rinse the dentures before returning them to the Service User
- Discard any remaining solutions, clean equipment, remove gloves, wash hands, and leave the Service User comfortable
- Document the procedure in accordance with record keeping standards and using the records provided by Nursing Direct
- Any findings of concern must be reported to a senior member of the Nursing Direct team and the Service User's dentist called for advice
- Staff including Agency Workers must observe the fitting of dentures to ensure that they remain fit for purpose. Loose dentures can be a sign of weight loss, for example. Ill-fitting dentures can cause ulcers and irritation and therefore, Staff including Agency Workers must ensure that Service Users are supported to access regular dental check-ups

5.18 Process for Denture Marking

In the event that more than one person in the service users' home is a denture wearer, all new dentures should be permanently marked during their manufacture to prevent confusion. Existing dentures can be temporarily marked using a simple technique that will last for 6-12 months. This process takes about ten minutes and can be requested from the service user's dentist.

The process takes about ten minutes and can be carried out by the Service User's dentist, dental hygienist or staff including Agency Worker.

5.19 Preventing Denture Loss

There are many different reasons dentures may get lost. Factors which may increase a Service User's risk of experiencing denture loss include:

- Frequent hospital admission or treatment
- Cognitive impairment, lacking capacity, dementia, or delirium
- Physical impairment, reduced manual dexterity
- Frailty

The following denture details must be recorded as part of the Service User's Care Plan:

- Type of denture - upper/lower/both
- Material of denture - metal/plastic
- If the Service User uses a denture storage container

The most commonly reported reasons for denture loss are:

- Wrapped in tissue and left on tables, trays
- Hidden in bed linen
- Mistaken for rubbish and thrown away
- Lost in transit
- Disposed of following an episode of vomiting when the denture was expelled at the same time

Service Users, staff including Agency Workers and families must be aware of the importance of safe denture storage at all times.

5.20 Service Users with No Natural Teeth

Some Service Users may have a full set of dentures to replace their natural teeth, or they may prefer to not wear dentures. Either way it is important that their gums are looked after properly.

The following procedure must be followed for Service Users without any natural teeth remaining:

- Gently brush the gums and tongue with a soft toothbrush twice per day to remove food debris and bacteria
- The Service User must keep their mouth moist by drinking water or frequent rinsing
- Keep the lips moist by applying a water-based moisturiser
- Removing the Service Users dentures overnight – every night – and sleeping without wearing them, so the oral tissues can "breathe"

5.21 Treatment of a Dry Mouth (Xerostomia)

In the first instance, the cause should, where possible, be identified and treated. Staff including Agency Workers must consider the following techniques to support the Service User:

- The Service User must be offered sips of fluid (where safe to do so)
- Sugar-free chewing gum can help stimulate saliva production
- AVOID the use of acidic sweets
- Staff including Agency Workers must seek the timely advice of the GP regarding the potential prescribing of sprays, gels, or medication for treatment

5.22 Refusal of Oral Health Care

If a Service User declines to receive support to achieve or access oral health care, Staff including Agency Workers must consider the following:

- Rule out if any aspect of oral care is causing discomfort or pain, and if assessed as such, administer analgesia as prescribed and monitor the effectiveness
- When a Service User is refusing regular oral care, you can gently suggest to start brushing in a different place each day to ensure, over time, the whole mouth is being brushed
- Offer alternatives such as an antiseptic mouthwash
- Involve the Service User's family to ascertain preferences (with the consent of the Service User)
- Seek advice and guidance from suitable specialist healthcare professionals, e.g. Community Mental Health Team for Service Users who have cognitive decline, Occupational Health for support with equipment and activity of daily living support
- Where a Service User repeatedly refuses oral health care, as part of their Care Plan requirements, Nursing Direct will contact Social Services to consider an assessment including a Mental Capacity Assessment. Failure to maintain oral hygiene by Nursing Direct may become a safeguarding issue and all actions must be documented in the care notes. The oral health plan must detail how refusal will be managed. All decisions must be in line with the Mental Capacity Act.

5.23 End of Life Considerations

Service User comfort is the determining factor when considering oral health in the last days of life.

- Mouth care will be offered every 1-2 hours, but Staff including Agency Workers who are trained to do so must determine levels of frequency on an individual basis and where appropriate follow any clinical decisions by health professionals involved in the end-of- life process
- Cleaning will be provided with a soft brush (refer to the equipment section of this policy for guidance) and a lubricant applied to the lips
- Staff including Agency Workers must be available to offer support to loved ones or significant others who express a wish to participate in the care of the Service User in the last days of life

5.24 Dental Services

Where part of the Care Plan, staff including Agency Workers will establish with the Service User (or consented other) the preferred frequency of visits to or from the dentist and this can range from a recommended 3 monthly to every 24 months between visits.

Dental services will be able to offer advice and guidance as well as supportive literature for Service Users to access to inform their decisions around oral care and best practice.

Accessing a Dentist

Where possible and where the dental practice can accommodate, the Service User will be supported to continue the use of their existing dental service. This will be established on commencement of a care package:

- Who their preferred dentist is
- How often they would like to be seen
- Who is responsible for coordinating appointments (Service User, family or significant other, Nursing Direct Staff including Agency Workers)

Emergency and Out-of-Hours Treatment

In the event that a Service User needs emergency treatment, staff including Agency Workers will support the service user to:

- Call the Service User's dentist in the first instance as some practices offer appointments at short notice or
- Refer the Service User to NHS 111 or NHS Choices who have information that includes dental treatment

In the event of a Service User needing out-of-hours treatment, staff including Agency Workers will support the service user to:

- Call the Service User's dentist as their answerphone may advise where to get out-of-hours treatment
- Call NHS 111 to find an out-of-hours dental service nearby
- Consider seeking a private dentist (the Service Users family will need to be consulted over this because there will be a private fee)

If the Service User is in discomfort, staff including Agency Workers must provide painkillers where prescribed and part of the Care Plan requirements, and their effectiveness should be monitored. NHS 111 can be contacted for a medical review if pain cannot be sufficiently managed out-of-hours.

GP

The GP must be accessed if Staff including Agency Workers are concerned that the general health and wellbeing of the Service User is affected by any aspect of oral care, or to discuss any outcomes from dental visits that may require GP input.

Pharmacist

Local pharmacy services can provide advice on oral health products that can be used to optimise oral health care in conjunction with dental advice. The pharmacist can also provide advice to Staff including Agency Workers on any potential contraindications with current medications.

Information Sharing

Nursing Direct understands that information may need to be shared with health professionals in order to ensure that Service Users are supported to access a wide range of services. Information sharing will be carried out following Nursing Direct UK GDPR and Data Protection Policies and Procedures at all times.

5.25 Training and Education

Staff including Agency Workers will be trained to visually assess a service user's mouth, teeth, and/or dentures during the course of providing care and support. Content of training will include the following:

- PPE
- Undertaking a visual oral assessment
- Oral care and denture care
- Products and equipment
- Helping Service Users with complex needs achieve adequate oral care
- Managing refusal of oral health techniques
- Reporting oral care concerns
- How changes in the Service User's condition may affect their ability to manage their oral care

Nursing Direct staff including Agency Workers may be observed in practice, if necessary, to gain assurance of competence in delivering oral care and to demonstrate that practice is current, and evidence based. Supervisions and team meetings will also be considered as opportunities to assess knowledge and provide education for Staff including Agency Workers. Where established, local oral health promotion teams must be accessible and able to offer educational materials, support, and training.

5.26 Review and Evaluation

Nursing Direct will review and evaluate the oral care support being provided to Service Users regularly alongside legislation and best practice guidelines. Regular Care Plan reviews will further support with this process.

5.27 Oral Health Champion

It is recommended that each service have an Oral Health Champion within their portfolio of roles and responsibilities. The role of the champion is to:

- Work to promote the implementation of the NICE guidelines throughout Nursing Direct
- Act as a point of contact between Nursing Direct and dental professionals
- Nursing Direct ensure people have the right products in the right condition to assist with day-to-day care

The allocated Clinical Lead will ensure that all aspects of care are planned in line with the Service Users preferences and, in cases where people lack capacity, to make their own decisions, in their best interests.

6. DEFINITIONS

6.1 Staff including Agency Workers**6.1.1 Staff**

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 Agency Workers

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 Nursing Direct

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 Nursdoc Limited

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 CQC (Care Quality Commission)

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 **Mouth Care**

- Mouth care is the term used for care of the mucosa, lips, teeth, and gums in order to prevent and treat disease and promote health
- It involves assessment, correct care, and Service User education to promote independence

6.6 **Xylitol**

- A sweetener that is found in plants and used as a substitute for sugar
- Xylitol is called a nutritive sweetener because it provides calories, just like sugar. However, it is less likely than sugar to contribute to dental caries

6.7 **Xerostomia**

Dryness of the mouth from salivary gland dysfunction

OUTSTANDING PRACTICE

To be 'outstanding' in this policy area you could provide evidence that:

- Nursing Direct assigned someone for ensuring the promotion of good oral hygiene and providing a link to dental care professionals
- Service Users are supported to be as independent as possible with managing oral hygiene
- Access to dental services is timely and there is effective, positive, partnership-working and collaboration
- An Oral Health Champion is on the premises at all times to make sure Service Users' oral health needs are being met
- Nursing Direct adopts national initiatives to promote oral hygiene

COMPLETED DATE:	12.01.2026
SIGN OFF DATE:	12.01.2026
REVIEW DATE:	12.01.2027
SIGNED:	 Marc Stiff – Group Managing Director