NICE National Institute for Health and Care Excellence

NICE quality standard

Oral health in care homes

Quality standard
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Contents

This standard is based on NG48.

This standard should be read in conjunction with QS139 and QS182.

Quality statements

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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.

Other quality standards that should be considered when commissioning or providing oral health services include NICE's quality standard on oral health promotion in the community.

A full list of NICE quality standards is available from the quality standards topic library.

See also the quick guide for care home managers on improving oral health for adults in care homes (NICE and the Social Care Institute for Excellence).

Quality statement 1: Oral health assessment in care homes

Quality statement

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

Rationale

Self-care can deteriorate before a person moves into a care home, so they may be admitted with poor oral health. Mouth care needs may not be visible and can be missed if they are not specifically assessed. It is important that mouth care needs are assessed as soon as possible when someone moves into a care home, so that tailored care can start straight away.

Quality measures

Structure

Evidence of local arrangements to ensure that adults have their mouth care needs assessed on admission.

Data source: Local data collection, for example, mouth care policies.

Process

Proportion of adults living in a care home who had their mouth care needs assessed on admission.

Numerator – the number in the denominator who had their mouth care needs assessed on admission.

Denominator – the number of adults living in a care home.

Data source: Local data collection, for example, audits of personal care plans.

Outcome

a) Satisfaction of resident or carer with the care home admission process.

Data source: Local data collection, for example, comments, feedback or surveys from residents and carers.

b) Satisfaction of resident or carer with the mouth care they receive.

Data source: Local data collection, for example, comments, feedback or surveys from residents and carers.

What the quality statement means for different audiences

Service providers (care homes) ensure that the mouth care needs of adults are assessed on admission to a care home. They ensure that care staff are trained to understand mouth care needs and carry out the assessment, and that they are aware of signs of dental ill health, for example tooth decay, abscesses, dry mouth and gum disease.

Health and social care practitioners (care staff in care homes) assess the mouth care needs of adults on admission to a care home and are aware of signs of dental ill health, for example tooth decay, abscesses, dry mouth and gum disease.

Commissioners (commissioners of care home services) ensure that care homes assess the mouth care needs of adults on admission. They should also ensure that care home services train care staff to understand mouth care needs and carry out the assessment, and that they are aware of signs of dental ill health, for example tooth decay, abscesses, dry mouth and gum disease.

Adults moving into care homes have a check to find out if they need help with their daily dental and mouth care when they move in. They (or their family members or carers if appropriate) are asked if they need help with brushing their teeth and looking after their dentures. Care staff also record details of the person's dentist and their last appointment, or help them to find a dentist if they don't have one. They also check if the person wants

their dentures marked with their name.

Source guidance

Oral health for adults in care homes. NICE guideline NG48 (2016), recommendation 1.2.1

Definitions of terms used in this quality statement

Assessment of mouth care needs

This should include establishing:

- 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.
- If the resident is experiencing any dental pain.
- 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.

Care homes can consider using an assessment tool, for example the Australian Institute of Health and Welfare's Oral health assessment tool, to help with carrying out mouth care needs assessments.

The timing of regular follow-up mouth care assessments can be agreed with the resident during the initial assessment because this will vary depending on need. Some people may not need support on admission. This should be monitored so that support can be offered if their requirements change.

Staff in care homes can carry out mouth care needs assessments, however full oral health care assessments should be carried out by dental professionals.

[NICE's guideline on oral health for adults in care homes, recommendation 1.2.1, and expert opinion]

On admission

The mouth care needs assessment should be completed as part of the admission process, or at least within a week of the person being admitted (sooner for people admitted for a short stay).

[NICE's guideline on oral health for adults in care homes, the committee's discussion]

Equality and diversity considerations

Adults with dementia and other cognitive difficulties may not be able to communicate their mouth care needs. When family and friends are involved in ongoing care, care staff should consider involving them in the assessment, with the resident's permission, if it will help staff understand the resident's usual mouth care routine. Some adults may have lost contact with family or friends, and care staff should make sure they establish the mouth care needs of these adults by carrying out the assessment.

Quality statement 2: Recording mouth care needs in care plans

Quality statement

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

Rationale

Mouth care needs and the plan of support to address these needs should be recorded in the personal care plan for adults living in care homes. This will help to make sure that action is taken to meet the person's needs, and that their needs are regularly reviewed and updated.

Quality measures

Structure

Evidence of local arrangements for adults living in care homes to have their mouth care needs recorded in their personal care plan.

Data source: Local data collection, for example, mouth care policies.

Process

Proportion of adults living in a care home who have their mouth care needs recorded in their personal care plan.

Numerator – the number in the denominator who have their mouth care needs recorded in their personal care plan.

Denominator – the number of adults living in a care home.

Data source: Local data collection, including audits of personal care plans.

Outcome

Care staff awareness of individual residents' mouth care needs.

Data source: Local data collection, for example, staff interviews and surveys.

What the quality statement means for different audiences

Service providers (care homes) ensure that adults living in care homes have their mouth care needs recorded in their personal care plan, which is regularly reviewed and updated.

Health and social care practitioners (care staff in care homes) record the mouth care needs of adults living in care homes in their personal care plans. Practitioners regularly review the personal care plan and update it when mouth care needs change.

Commissioners (commissioners of care home services) ensure that care homes record adults' mouth care needs in their personal care plan, which is regularly reviewed and updated.

Adults living in care homes have a record of any help and support they need with their mouth care included in their written care plan. The care plan will be reviewed and updated if the support they need changes.

Source guidance

Oral health for adults in care homes. NICE guideline NG48 (2016), recommendation 1.2.4

Quality statement 3: Supporting daily mouth care in care homes

Quality statement

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

Rationale

For good oral health, adults with natural teeth should brush them with fluoride toothpaste twice a day and adults with full dentures should carry out daily care, such as brushing, removing food debris and removing dentures overnight. Adults with both natural teeth and partial dentures should do both. Good oral health is important to maintain self-esteem, dignity and quality of life. Adults with poor oral health often have problems with eating, speaking and socialising.

Quality measures

Structure

Evidence of local arrangements for adults living in care homes to be supported to clean their teeth twice a day and carry out daily care for dentures.

Data source: Local data collection, for example, mouth care policies.

Process

Proportion of adults in a care home who are supported with daily mouth care.

Numerator – the number in the denominator who are supported with daily mouth care.

Denominator – the number of adults living in a care home.

Data source: Local data collection, for example, audits of personal care plans.

Outcome

Oral health-related quality of life for adults living in care homes.

Data source: Local data collection. Oral health-related quality of life can be established for some groups of residents using an Oral Health Impact Profile.

What the quality statement means for different audiences

Service providers (care homes) ensure that adults living in care homes are supported with daily mouth care, including cleaning their teeth twice a day and undertaking daily care for dentures, if support is needed. They ensure that care staff are trained to offer this support.

Health and social care practitioners (care staff in care homes) support adults living in care homes with daily mouth care, including cleaning their teeth twice a day and undertaking daily care for dentures, if support is needed. This may involve carrying out daily mouth care for residents who are unable to do this for themselves.

Commissioners (commissioners of care home services) ensure that care homes provide support with daily mouth care, if needed. They should also ensure that care staff are trained to offer this support.

Adults living in care homes who need help with mouth care are supported to brush their teeth twice a day, if they have their own teeth, and to care for their dentures every day, including cleaning and removing them overnight.

Source guidance

Oral health for adults in care homes. NICE guideline NG48 (2016), recommendation 1.3.1

Definitions of terms used in this quality statement

Support to clean teeth and carry out denture care

This is the help that some people may need to carry out these tasks. This could include, but is not limited to:

- 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 appropriate 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)
- 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.

Some people may not need support to clean their teeth or dentures. This should be monitored so that support can be offered if their requirements change.

[NICE's guideline on oral health for adults in care homes, recommendation 1.3.1, and expert opinion]

Equality and diversity considerations

Care home managers should make sure care staff know what to do if a resident declines support with mouth care, in line with the Mental Capacity Act and local policies about refusal of care (see also NICE's information on making decisions about your care). People should not be forced to receive mouth care against their wishes. However, repeated refusal should not be ignored and some people may need additional support to feel comfortable receiving mouth care.

Reasonable adjustments should be made, in line with the Equality Act, to ensure that

people with disabilities can receive the mouth care which is most suitable for them.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standard advisory committees for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the webpage for this quality standard.

This quality standard has been incorporated into the NICE Pathway on oral health for adults in care homes.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in:

- health-related quality of life
- oral health-related quality of life
- nutrition
- social interaction and communication.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- Adult social care outcomes framework
- NHS outcomes framework
- Public health outcomes framework for England
- Quality framework for public health.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact report for the NICE guideline on oral health for adults in care homes to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard 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 quality standard should be interpreted in a way that would be inconsistent with

compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- College of General Dentistry
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Public Health England
- British Society of Gerodontology
- British Society of Dental Hygiene and Therapy
- Care England
- British Dental Association
- Skills for Health