Oral Care for older people

Created by Health Education Kent, Surrey and Sussex and the British Dental Health Foundation

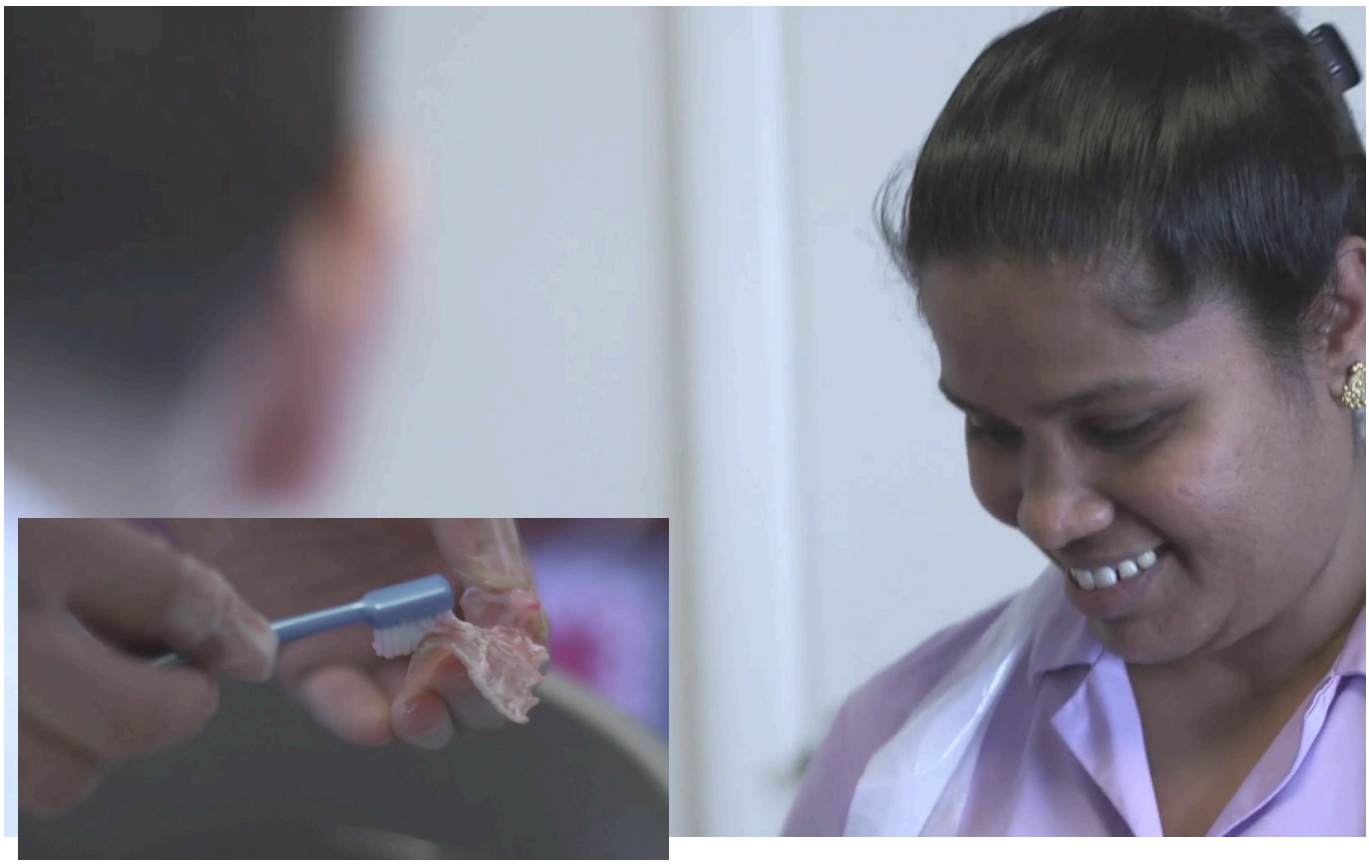
Introduction

Oral Care for Older People

This document is designed to be used by people who care for older people, to provide comprehensive oral care to residents for which they are responsible.

Oral care is an important part of healthcare as it affects eating and speaking and oral diseases can cause pain and distress.

Most dental problems such as decay, bad breath, gum problems and tooth loss are avoidable by improving oral hygiene and modifying the diet. This guide aims to demonstrate how oral care, hygiene and the diet can be improved to improve the wellbeing of residents.



This booklet provides details on how to clean teeth and dentures, a guide to oral problems, assessment tools and practical tips to overcome difficulties in the provision of oral care.

We hope that it will provide useful information that will assist care providers to deliver oral care to their residents. This project was funded by Health Education Kent Surrey and Sussex as part of the objectives to support projects aiming to deliver effective prevention to the most vulnerable in society.

Project lead

NHS
Health Education Kent, Surrey and Sussex

Contents

Cleaning natural teeth

It is important to ensure that oral care is provided to clean the natural teeth, and to check the mouth for problems.

If a resident can complete this themselves make sure they have the assistance required to help them complete self care.

Some residents may not be able to perform their own oral care and will need help to clean their teeth and/or dentures.

Brushing should take place at least twice a day, one being the last thing before bed.
It is important to explain the procedure to the resident so that they are aware of what is about to happen.

Oral care can take place in a private area next to a sink, with the resident sitting down and comfortable, stand behind and to the side of them. Wash your hands and put on gloves. If residents can brush themselves they may need assistance only however if they are unable to brush themselves;

Use a toothbrush with a long handle, soft to medium bristles and a small head. Use a toothpaste with at least 1450ppm of fluoride (on the back of the tube). Alternativley use the toothpaste that has been prescribed by a dentist such as a high fluoride paste. Check the mouth for cuts, ulcers or anything unusual, if you spot anything seek advice from a dental professional. And note this in the care plan.

Starting on the top right side, tilt the toothbrush so the bristles cover both the outer surface of the teeth and the gums.

Using small circular movements move the toothbrush around from the outside surface of the teeth top right to the top left.

Repeat for the inner surface of the upper teeth.
Then place the brush on the biting surfaces of the top right teeth and brush round to the left.
Repeat for the bottom teeth; then use the tip of the brush to clean the backs of the bottom front teeth

Clean in between the teeth with interdental brushes or floss.
The oral tissues can be cleaned with damp gauze. Encourage the resident to spit out excess paste afterwards, but not to rinse.

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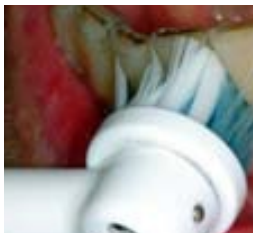
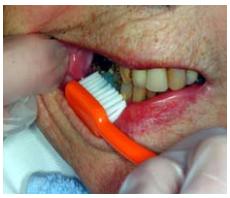
Comfortable position, near to sink, wear gloves

2



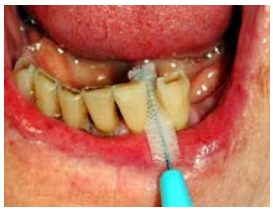
Clean teeth in order, using the correct toothbrush positioning

3



Use a toothpaste containing Fluoride

4



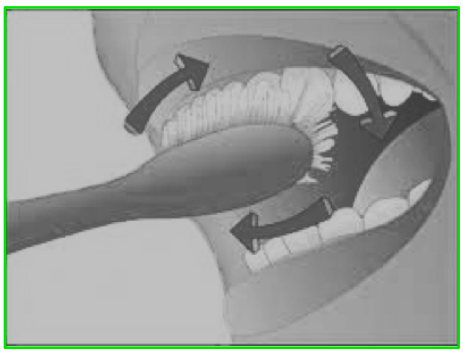
Clean in between the teeth, with floss or brushes

5

Check the condition of the rest of the mouth

For upper teeth tilt the toothbrush angle downwards to clean tooth surfaces effectively.

For lower teeth tilt the angle of the toothbrush upwards to clean the tooth surfaces effectively.



Move the toothbrush in small circular motions, to remove food and debris on tooth surfaces.

Cleaning denture teeth

Full Dentures

Partial Dentures

Dentures are designed to help people who have lost their teeth enjoy a healthy diet and to smile with confidence.

Full or complete dentures are deisgned to replace all teeth in the upper, lower jaw or both.

For people who have not lost all of their teeth a partial denture replaces the teeth that are missing. They may be completely plastic (acrylic) or have some metal components that fit around natural teeth to help support the denture or that replace the base of the denture.

Dentures should be cleaned twice a day and after eating as necessary

Wash your hands and put on gloves. Cover the residents clothing with a clean towel.

Ask the resident to remove their dentures, if they are not able to, remove the dentures carefully.

When the dentures have been removed look inside the mouth for debris and problems such as cuts, ulcers or redness, if you notice anything unusual contact a dental professional. Clean the tongue, gums and palate with a soft bristled toothbrush or moistened gauze, sponge sticks are not recommended.

Clean dentures over a bowl of water or a folded towel to prevent damage if dropped.

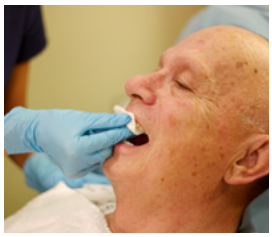
Clean all of the surfaces with a tooth brush, denture brush or other soft brush. Use gentle plain soap or a non abrasive toothpaste to clean the denture

Brushing the denture is the best way to clean the denture however if preferred a denture cleansing solution can be used in addition to brushing. Care must be taken as some cleansers can damage dentures with metal parts. Avoid soaking in boiling or very hot water

Avoid bleach as it can damage the denture, unless advised by a dental professional and used according to manufacturers instructions

Denture marking- dentures should be marked with the persons name, denture marking kits can be purchased for this purpose, alternatively enquire at the residents dentist.

1



Wear gloves, remove dentures, check the mouth

2

Clean dentures over a sink filled with water

3

Clean with a denture brush/ toothbrush and soap/toothpaste

4

Use a suitable solution in addition to brushing if required (*not mandatory*)

5

Keep dentures out at night, store in a labeled container

Removing and inserting dentures

Usually the denture wearer will be the best person to remove their dentures but if they cannot do this follow these tips for denture removal.

For the upper denture rock it gently back and forth to break the seal, remove at an angle.You can use the edge of the denture to help hold it securely. Dentures stay in pace by suction, therefore pulling the denture will not remove it, the seal must be broken by the using the above method.

To remove the lower denture rotate and/ or rock side to side to remove, if it is difficult use you fingers to feel the edge of the denture to lift out of the mouth. Re insert by rotating into place, push the denture ***very gently*** to ensure it is fully seated.

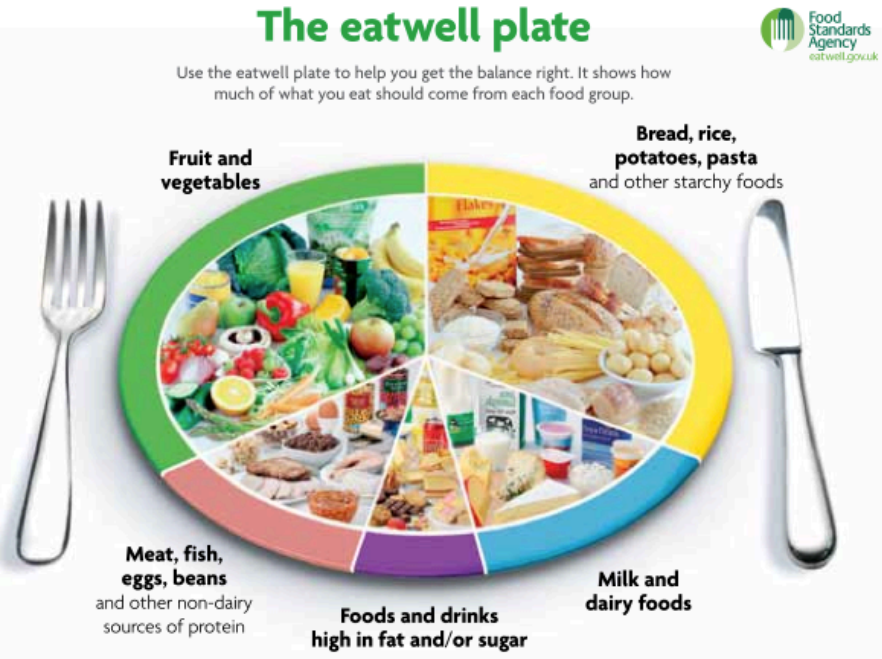
Removing and inserting partial dentures

Partial dentures can be removed by placing your fingers around the clasps and push downwards gently, once dislodged remove by holding the plastic part and be careful not to bend the metal parts. To re insert, reinsert at an angle and then rotate into position. Do not put too much pressure and/or pull on the clasps.

Dental health is linked to general health. Dental problems can lead to problems eating and therefore general health problems such as malnutrition

Tooth loss can affect self esteem, confidence, enjoyment of food, food selection, socialising, and forming relationships- these effects occur even when teeth are replaced with dentures.

BSDH guidelines



Nutritionally vulnerable people

Residents can be nutritionally vulnerable if they are:

Having difficulty eating, need modification of their food prior to eating, are loosing weight, have an illness that affects eating and drinking, have congnitive and /or communication difficulties.

Older peoples' food preferences may be well established, they may prefer sweet foods- this should be respected whilst giving the choice of other options and providing health advice.

Dehydration and malnutrition for nutritionally vulnerable adults is more likely to have a greater impact on an older persons health, therefore nutrition takes precidence over oral dietary advice in this case.

If a resident requires a higher intake of foods containing sugar to improve calorie intake, mouth care should be revised. Carers may need to use a fluoride mouthwash at a different time to brushing, and a dental professional may need to prescribe toothpastes with a higher Fluoride content.

The mouth should be rinsed with water after meals and medication.

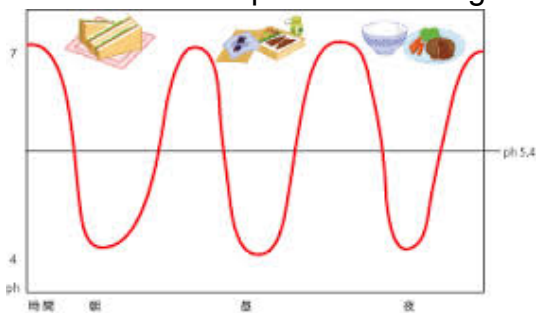
Medicines should be sugar free (whenever possible).

Many foods contain sugar including cereals, bread, fruit juices, dried fruit, 'no added sugar' drinks and flavoured water. Consuming these foods and drinks regularly throughout the day can increase the risk of developing tooth decay. To reduce this risk replace snacks with sugar free varieties or healthier snacks. Try to have sweet/ sugary foods and drinks around mealtimes, a glass of fruit juice with breakfast, or dessert with the main meal.The frequency of sugar intake should be no more than four times per day (if possible).

SUGAR

Every time you eat or drink something sugary your teeth are under attack for approximately 1 hour. The sugar contained in foods is utilised by bacteria present in plaque and causes acids which dissolve the tooth structure and cause decay. Acidic foods can also cause damage to the teeth in the form of wear, this can make your teeth sensitive and alter their appearance.

The graph below demonstrates what happens to the Ph value (the acidity) in your mouth after eating or drinking. The area below the line is the danger zone, the more time spent in the danger zone the more likely your teeth are to become decayed. Constant snacking on sugary foods and drinks increases the time spent in this danger zone.



Fruit and vegetables are tooth friendly however this does not include canned fruit and vegetables in syrup or salted water. Fruit juice, dried fruit and fruit smoothies have a high sugar content and should not be eaten as a snack between meals.

Homemade soup is a tooth friendly snack choice as the salt and sugar can be controlled, dried and tinned soups may contain a lot of sugar and salt.

Milk drinks and soya milk can contain added sugars, they can often be sweetened with fruit juices such as apple. Flavoured milk free from sugar is a tooth friendly snack choice but is not recommended as a regular snack choice.

Most yogurts contain a lot of sugar, this includes low fat yogurts, natural plain yogurt usually contains little or no sugar and are therefore tooth friendly, fresh fruit can be added to add flavour if required (but not sugary fruit compote or jam).

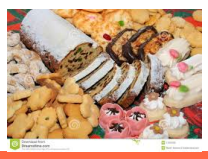
Still and sparkling water is a tooth friendly drink choice, unsweetned fruit juice can be diluted with water to decrease the potential damage to the teeth. Squash (sugar free), sugar free fizzy drinks, and sugar free flavoured water is not advised on a regular basis as they are filling and have low nutritional value.

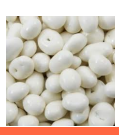
Tea and coffee WITHOUT SUGAR are tooth friendly, however tea and coffee can reduce iron absorption.

Plain scones, pancakes and crumpets without high fat and high sugar toppings are a tooth friendly snack choice. Breadsticks, oatcakes and other plain/unsweetened/ unsalted/ unflavoured savoury snacks are also tooth friendly.

Fizzy drinks, squashes, cordials, confectionary, baked goods, cereal bars, sugared/ yogurt coated fruit and nuts, cakes, biscuits, ice cream, ice lollies, tray bakes, processed meat products, pies, pastries and sweet spreads are not tooth friendly snack choices. Sugar free confectionary is also not recommended as a tooth friendly snack as sweeteners contained in these foods can cause stomach problems.






Oral conditions

Red/ sore palate

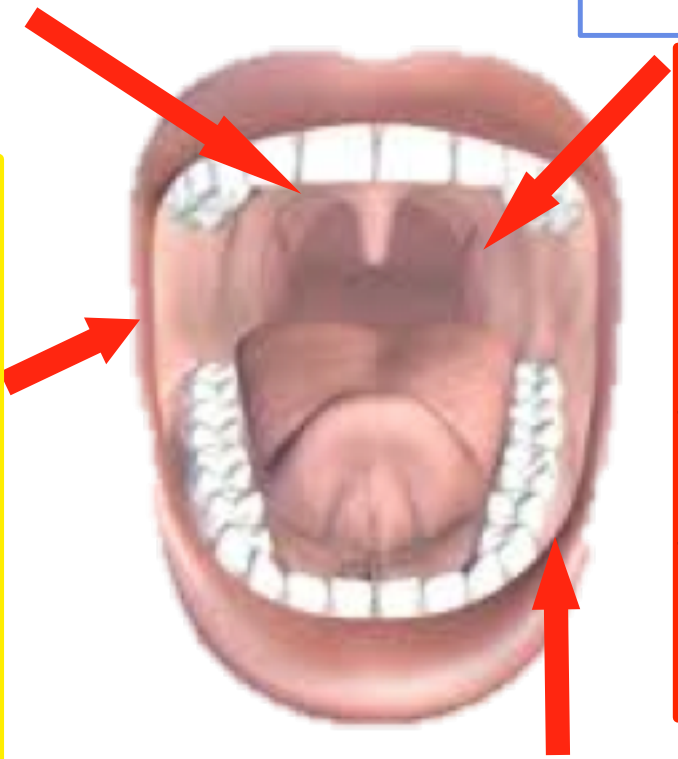
This could be thrush, a fungal infection. It is common in people who wear dentures, who have trouble keeping their mouth clean, and who take steroids or antibiotics. Seek the advice of a dental professional and ensure the denture is clean and removed at night, if this can be done without causing undue distress to the resident.

A dentist may prescribe antifungal medication and advise a denture cleaning regime involving diluted bleach. Always do this in consultation with a dental professional.

Ulcers

These are painful red/ yellow sores that appear anywhere inside the mouth. They can be caused by biting a cheek or poorly fitting dentures amongst other causes. Some people suffer from recurrent ulcers, this can be a sign of other health problems.

Seek the advice of a dental professional, as oral cancer can look like an ulcer.



Dry, chapped, sore corners of the mouth

Sore corners of the mouth with redness and crusting can cause discomfort and can be due to a bacterial and fungal infection.

This can be caused by poorly fitting dentures as this increases the depth of the folds at the corner of the mouth.

Seek advice from a dental professional.

Ensure oral and denture cleanliness.

Oral cancer

Oral cancer can first appear as a mouth ulcer. They are usually single, can be non painless and last for a long time with no obvious cause.

Any ulcer that lasts for longer than 2 weeks should be seen urgently by a dental professional.

Smoking and drinking increases the risk of developing oral cancer. Oral cancer can also look like a red, white or speckled patch or a lump or bump

Bleeding gums

Spontaneous bleeding or bleeding when brushing can be due to inflammed gums.It is caused by poor oral hygiene and a build up of plaque on the teeth.

Seek advice from a dental professional and improve oral care and cleanliness.

Dry Mouth

Symptoms can be a feeling of dryness, sticky saliva, difficulty speaking and swallowing, a prickly sensation, burning sensation and red, shiny skin inside the mouth.

Seek professional dental advice. Ensure that the person is well hydrated, chew/ suck SUGAR FREE lozenges an chewing gum. People with a dry mouth do not have the protective effect of saliva and are more at risk of developing tooth decay- carefully monitor the diet for sugary foods and drinks that can increase the risk of decay .

If in doubt, get checked out

Access to dental services

As well as delivering oral care at home, which is the most important contributing factor for optimum oral health, residents will need to visit a dental care professional.

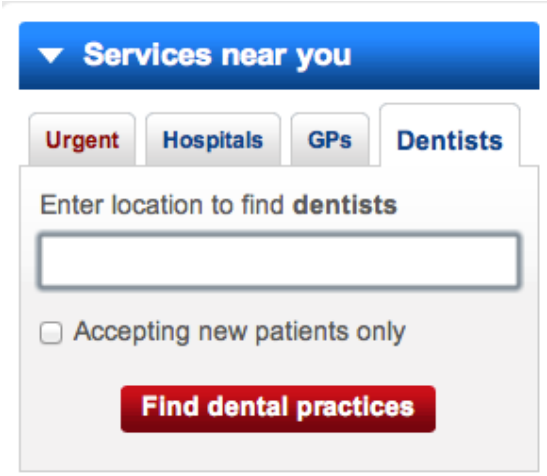
Even if a resident has no teeth they will need to have a check up of their dentures and inside their mouth

Checklist: what to take to dental appointments

- Up to date medical history including names and details of any medications
- The residents care plan (if applicable)
- Any documents relating to the mental capacity act- such as details of court appointed deputy, advance decisions, family members contact details

Most residents will be able to access a routine dentist. However it may be necessary to phone ahead and check if there are any accessibility issues for the resident. Most dental surgeries should have at least one accessible surgery, for those who use a wheelchair or who cannot negotiate stairs.

If the resident does not have an existing dentist, nearby dental surgeries can be found by accessing the NHS choices website.



Many areas have a community transport service who may be able to assist with transport to and from the dental surgery.

If a resident has a complicated medical history or has additional complications that makes routine dental care difficult they may be eligible to be seen by the Salaried Dental Service. The resident can be referred by a routine dentist.

If a resident is unable to leave the care home for any treatment or services they may be eligible to be visited by a dentist at the home on a domiciliary basis. This service is only for people who cannot leave the home for medical or psychosocial reasons. Domiciliary dental care is compromised as the equipment and facilities are not as effective as what is in place in the surgery. Therefore only certain types of treatment can be completed. If a resident can leave the care home it is always safer and more effective for a resident to be seen in a surgery setting.

A resident may need to see the dentist every 6, 12 or 24 months depending on their oral status, the dentist will advise on the appropriate recall time.

If a resident has anything suspicious in their mouths or anything that a care assistant is not sure about it is important to book a dental appointment for an assessment.

Dental Care aids and adjuncts

This section describes some of the useful aids available to help with toothbrushing, and how to choose appropriate toothpastes and other oral care aids.

Toothpaste

The toothpaste should contain at least 1450ppm of Fluoride, this information is on the back of the tube

Toothbrush

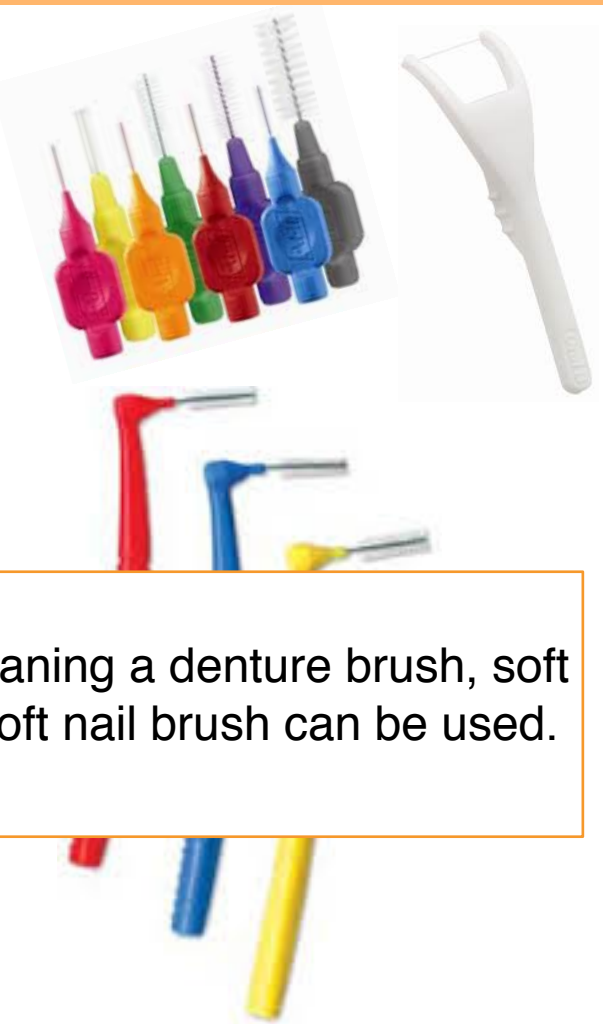
A soft-medium small headed toothbrush is appropriate for most people. They should be replaced every 3 months, or sooner if it becomes worn. Toothbrush handles can be modified for residents with poor dexterity. An electric toothbrush can be useful for some residents, especially those with arthritis.

Other toothbrushes

For uncooperative residents where cleaning time is limited due to cooperation a superbrush or collis curve brush may be used.

Interdental aids

Dental floss, flossettes and interdental brushes can be used to clean in between the teeth as normal toothbrushing does not reach the surfaces in between the



Denture care

For denture cleaning a denture brush, soft toothbrush or soft nail brush can be used.

Denture care

Solutions containing bleach can corrode metal parts of a denture and can cause lightening of the denture, these should be used according to manufacturers instructions and on the advice of a dental professional.

Denture cleansing solutions should be used in addition to brushing and not as a replacement to brushing. And should be used according to manufacturers and dental professionals instructions.

More information on dental care aids can be found at the links on page 16

Caring for the resident who may be uncooperative

Delivering oral care can be challenging, some residents may refuse or resist. This page contains hints and tips to try to enable a member of staff to deliver vital oral care, if refusal persists the flowchart on the next page can be used to determine what is the next best course of action.

Biting down

Limited cooperation

Pain response

Clenching

Refusing to open

Fear of cleaning

Tell, show, do.

Distraction.

Do not approach a resident from behind, approach from the front

Brush at times in the day when the resident is most cooperative.

Be caring and calm, use reassuring and appropriate body contact and gentle touch, explan what you are doing.

If the resident is not relaxed, try again at a different time

Use a superbrush or collis curve brush to brush as many tooth surfaces in the quickest time allowable by the resident.

Seek the advice of a dental professional.

Maintain oral care with one well known member of staff.

Have two care assistants deliver oral care

Develop a routine with oral care.

Brush in an environment where the resident is most cooperative.

If one care assistants efforts are not going well, this carer should leave and another care assistant can take over

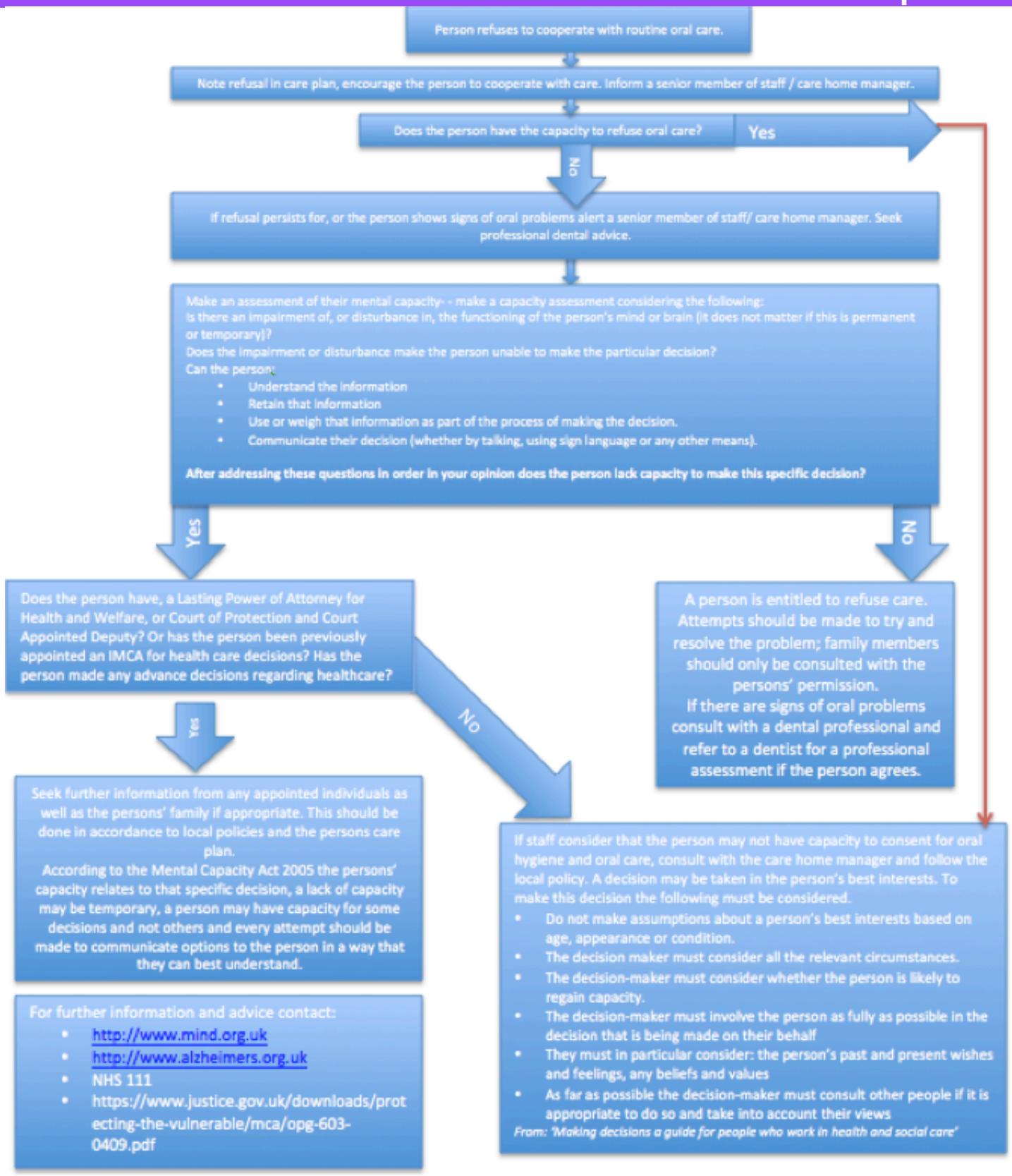
Allow the resident to brush their own teeth, place your hand over theirs to guide them if necessary.

Provide oral care in a quiet environment, such as a bathroom or in front of a sink which will act as a primer to remind a resident what is about to happen.

Respectful communication, using cues, one step commands and gestures to help explain.

Provide mouthcare from behind the resident but in front of a mirror so that they can still see you.

Flowchart for the resident who may be uncooperative



Principles of the Mental Capacity Act 2005

Principle 1: *A person must be assumed to have capacity unless it is established that he lacks capacity.*

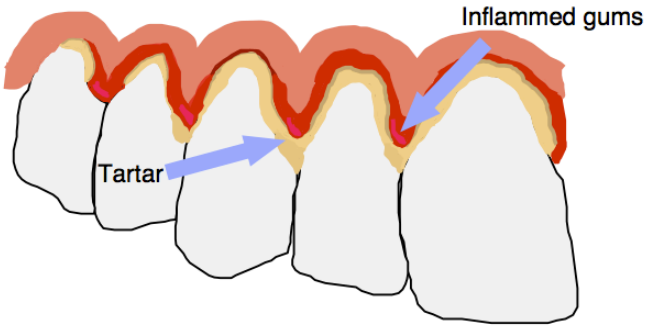
Principle 2: *A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.*

Principle 3: *A person is not to be treated as unable to make a decision merely because he makes an unwise decision.*

Principle 4: *An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.*

Principle 5: *Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.(Mental Capacity Act 2005)*

Consequences of poor oral health

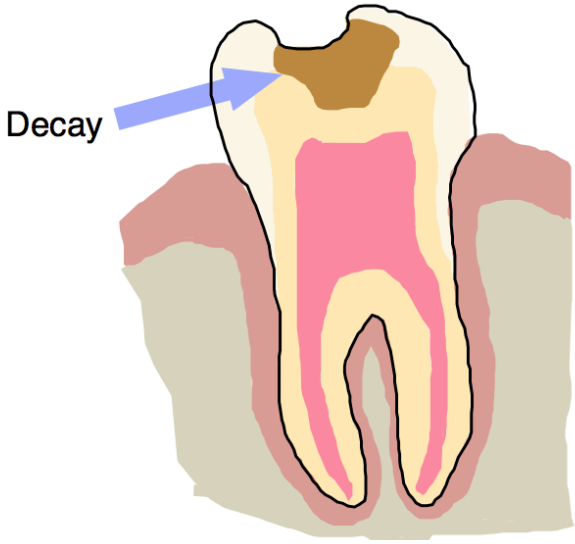


Inadequate cleaning and oral care can lead to many problems such as tooth decay and gum problems. This can cause pain, infection and is linked to other health problems.

Gum disease is caused by plaque that is not cleaned off the teeth. This may harden to form tartar. Plaque and tartar irritates the gums, the gums can bleed and may be sore. If this continues without adequate cleaning the gums can become more inflammed, red and swollen. If this continues the gums can loosen around the tooth and the bone can shrink away leading to loose teeth, pain and infections.

Dental decay is caused by bacteria present naturally on the teeth consuming sugars from the diet and producing acid over time that causes damage to the tooth structure and eventually holes in the teeth. Decay can be halted and prevented by brushing to remove the plaque where bacteria live and consuming less sugary snacks and drinks that feeds the bacteria.

Decay can cause toothache which can be extremely painful. Swellings and infections caused by decay can also cause pain and distress.



There is some evidence to show that poor oral health is linked to pneumonia, can affect people with Alzheimer's, is linked to heart problems and can complicate diabetic control.

Dental pain especially for people who have neurological problems may be difficult to diagnose, however for residents who are complaining of problems the mouth should always be checked for any conditions that may be affecting the persons quality of life.

By maintaining good oral health through regular oral care a resident can become happier, and have less problems with eating and bad breath

Studies in care homes across the UK have found that oral care may be lacking for some residents. The reasons for this was reported as lack of time, lack of knowledge regarding oral care and fear or an unwillingness to deliver oral care.

Care assistants deliver comprehensive care to residents, oral care should be a part of this as oral problems are preventable.

It is hoped that through initiatives like this the barriers to oral care delivery can be addressed so that care assistants feel they can provide oral care to the people that they look after.

Contacts, resources and links

NHS Scotland Caring for smiles Care Homes
http://www.knowledge.scot.nhs.uk/media/7460397/caringforsmilescarehomes2013.pdf

BDA caring for older peoples teeth leaflet
http://www.bda.org/Images/caring_for_older_people's_teeth_leaflet.pdf

RELRES caring for older peoples teeth poster
http://www.relres.org/products-resources/posters.html

Dental care and dementia- Alzheimers Society
http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=138

British Dental Health Foundation, Tell me about... series
http://www.dentalhealth.org/tell-me-about

British Society of Gerodontology
http://www.gerodontology.com

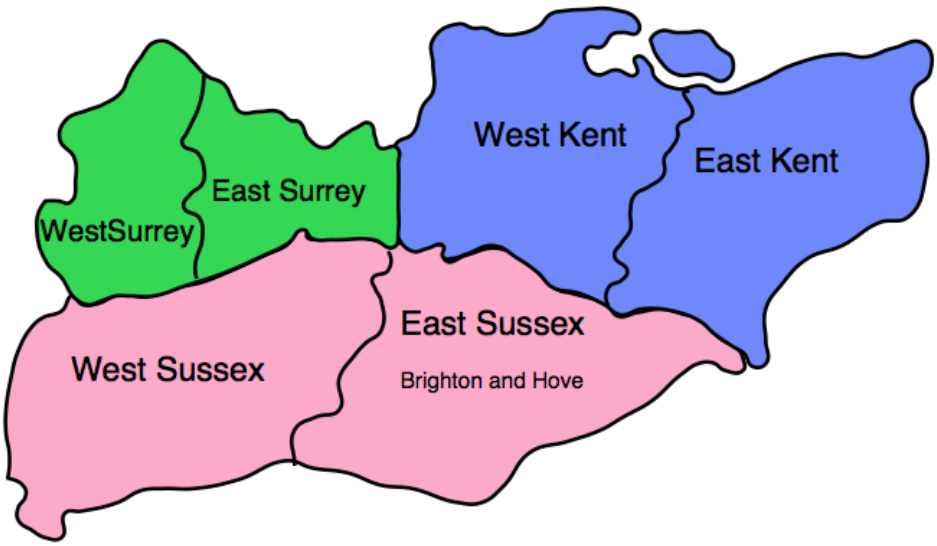
British Society for Disability and Oral Health
http://www.bsdh.org.uk

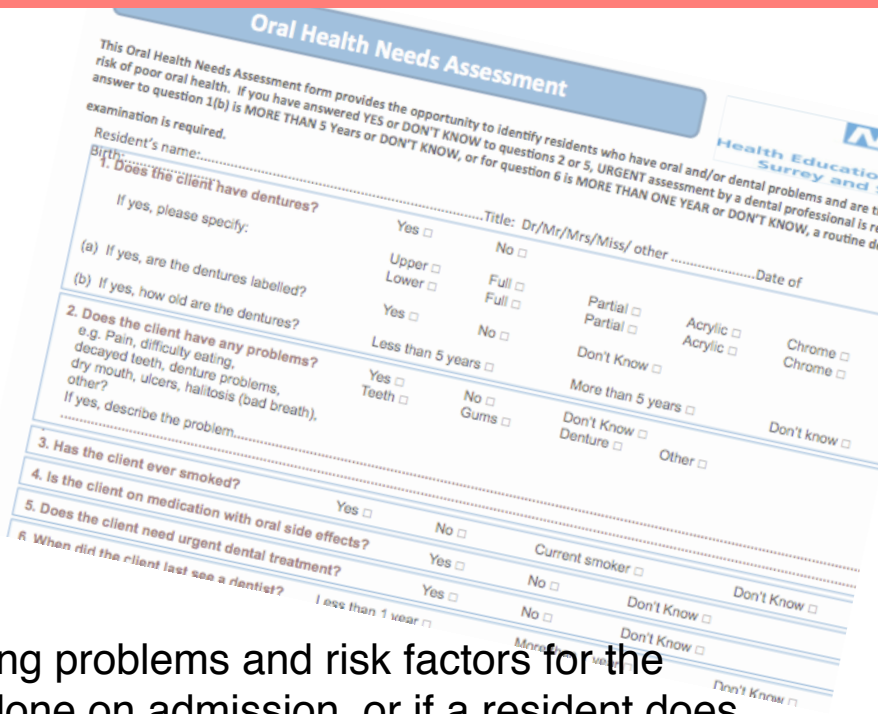
Local contacts

Kent

Surrey

Sussex




Oral Health Needs Assessment

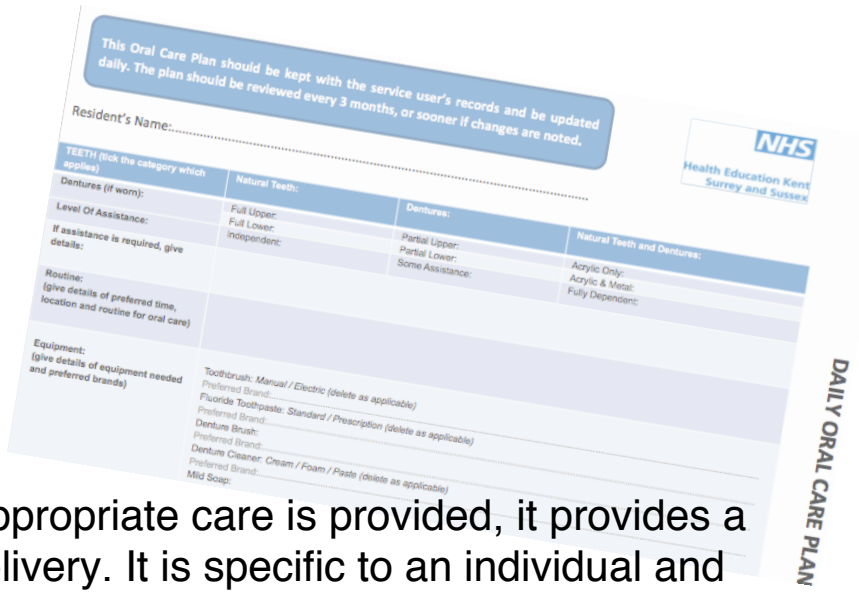
This Oral Health Needs Assessment form provides the opportunity to identify residents who have oral and/or dental problems and are t
risk of poor oral health. If you have answered YES or DON'T KNOW to questions 2 or 5, URGENT assessment by a dental professional is r
answer to question 1(b) is MORE THAN 5 Years or DON'T KNOW, or for question 6 is MORE THAN ONE YEAR or DON'T KNOW, a routine d
examination is required.

Resident's name: ..... Title: Dr/Mr/Mrs/Miss/ other ..... Date of Birth: .....

1. Does the client have dentures? Yes ☐ No ☐
If yes, please specify: Upper ☐ Lower ☐ Full ☐ Full ☐ Partial ☐ Partial ☐ Acrylic ☐ Acrylic ☐ Chrome ☐ Chrome ☐
(a) If yes, are the dentures labelled? Yes ☐ No ☐
(b) If yes, how old are the dentures? Less than 5 years ☐ Don't Know ☐ More than 5 years ☐ Don't know ☐
2. Does the client have any problems? Yes ☐ No ☐
e.g. Pain, difficulty eating, decayed teeth, denture problems, dry mouth, ulcers, halitosis (bad breath), other? Teeth ☐ Gums ☐ Don't Know ☐ Denture ☐ Other ☐
If yes, describe the problem.....
3. Has the client ever smoked? Yes ☐ No ☐ Current smoker ☐ Don't Know ☐
4. Is the client on medication with oral side effects? Yes ☐ No ☐ Don't Know ☐
5. Does the client need urgent dental treatment? Yes ☐ No ☐ Don't Know ☐
6. When did the client last see a dentist? Less than 1 year ☐ Don't Know ☐

Oral health needs assessment

This is a risk assessment highlighting problems and risk factors for the individual resident. This should be done on admission, or if a resident does not have an existing care plan. The plan can be completed by any member of staff or by the resident if they are able. Review is necessary at specified intervals as a residents needs can change. If any issues or problems are identified from the assessment an appropriate response can be initiated. Completing and reviewing this assessment is based on guidance and reflects good practice.
This will the be used to assist care assistants deliver daily care


This Oral Care Plan should be kept with the service user's records and be updated daily. The plan should be reviewed every 3 months, or sooner if changes are noted.

Resident's Name: .....

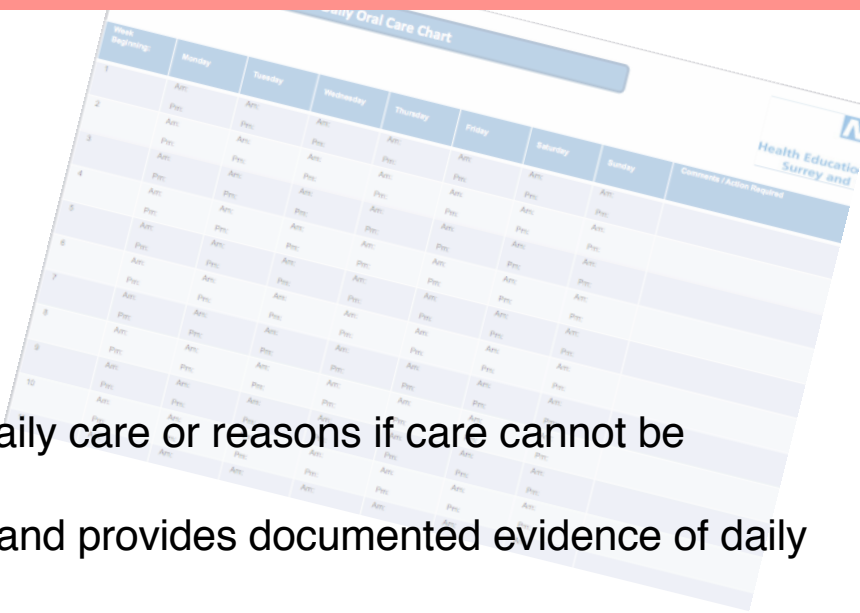
NHS Health Education Kent Surrey and Sussex

TEETH (tick the category which applies)	Natural Teeth:	Dentures:	Natural Teeth and Dentures:
Dentures (if worn):	Full Upper:	Partial Upper:	Acrylic Only:
Level Of Assistance:	Full Lower:	Partial Lower:	Acrylic & Metal:
If assistance is required, give details:	Independent:	Some Assistance:	Fully Dependent:
Routine: (give details of preferred time, location and routine for oral care)			
Equipment: (give details of equipment needed and preferred brands)	Toothbrush: Manual / Electric (delete as applicable) Preferred Brand: ..... Fluoride Toothpaste: Standard / Prescription (delete as applicable) Preferred Brand: ..... Denture Brush: Preferred Brand: ..... Denture Cleaner: Cream / Foam / Paste (delete as applicable) Preferred Brand: ..... Mild Soap:		

DAILY ORAL CARE PLAN

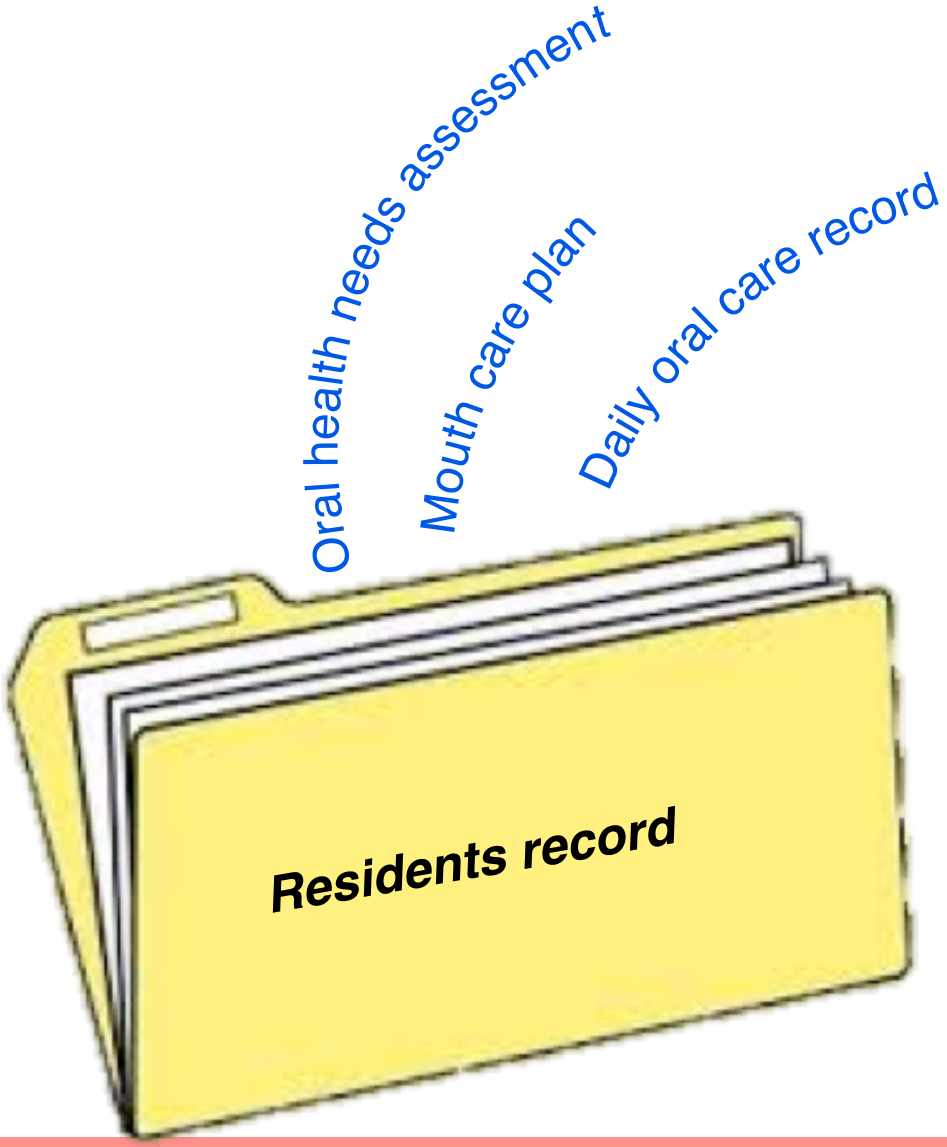
Mouth care plan

This is a care plan which ensures appropriate care is provided, it provides a space for recording planning and delivery. It is specific to an individual and should be used by all members of the team. It should be reviewed regularly. It promotes a daily routine and is a demonstration of good practice.



Daily oral care record

This record provides evidence of daily care or reasons if care cannot be delivered.
It promotes a tailored daily routine and provides documented evidence of daily care.
It is also important if any lesions such as ulcers are noted as it can be recorded and escalated if for example an ulcer has been present for more than 2 weeks.



Key messages

An oral health needs assessment provides specific details for each resident, it should contain a mouth care plan which is followed when providing oral care which will be noted daily on the oral care record.

If a resident must have food with a high nutritional value frequently, oral hygiene measures should be 'stepped up'.

Foods and drinks with a high sugar content should be limited to mealtimes if possible, with healthier snacks in between meals.

Teeth must be cleaned at least twice per day, during oral care it is possible to check the mouth for any problems that may need to be checked by a dental professional.

Toothpastes should contain at least 1450ppm of Fluoride, the dentist can prescribe a higher strength toothpaste if required

Toothbrushes come in many shapes and sizes and can be modified to make cleaning easier for residents.

Dentures must be cleaned regularly, the most effective way of doing this is with a brush and paste or unperfumed soap.

There are many techniques to deliver comfortable and safe oral care for a uncooperative resident.

Residents that are deemed to have capacity are entitled to refuse oral care, however if a resident is assessed as not having capacity a decisions regarding oral care may have to be made in their best interests.

Ulcers that are present for longer than 2 weeks should be reported urgently to a dentist as this may be oral cancer.

Dental advice and check ups can be provided by a local dentist.

Poor oral health can not only cause pain, infections and swelling but is also linked to and may worsen the symptoms of pneumonia, heart conditions and Alzheimers .

In special cases a dentist may be able to visit the home to see a resident but where possible it is always best for a resident to visit the dental surgery as the facilities are superior to domicillary equipment.