



Self-Care – Oral Health Guidance

Taking care of your “SELF” – Supporting Everyone to Live Freely

This is a self-care guide designed for those working in care homes, residential homes and assisted living.

The information provided in this guide does not replace person centred clinical advice.

The following information should be used as a guide when advising or purchasing self-care treatments for people residing in a care home, residential home or assisted living. Self-care medication and medical products are not always the most appropriate choice for treating minor ailments. Sometimes starting with a lifestyle change or trying natural remedies can be more effective.

Should you have any concern, at any time around self-care items being purchased on behalf of the resident or being brought in by relatives for the residents use, please discuss with your community pharmacist or GP practice.



The Care Quality Commission (CQC) expects registered managers to take account of nationally recognised guidance, including guidance from the National Institute for Health Care Excellence (NICE).

In 2017 the British Dental Association (BDA) provided evidence to NICE on a [new quality standard for oral health in care homes](#). These quality standards include:

- Adults who move into a care home have their mouth care needs assessed on admission
 - Care staff should 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
 - Care staff should also ask if the person wants their dentures marked with their name
- Adults living in a care setting should have their mouth care needs recorded in their personal care plan
- Adults living in a care setting are supported to clean their teeth twice a day and to carry out daily care for their dentures.



Care staff can carry out mouth care needs assessments, however full oral health care assessments should be carried out by dental professionals. Regular dental checks are essential as many health issues can stem from lack of good oral hygiene; poor oral health can affect people's ability to eat, speak and socialise normally.

People living in care homes are at greater risk of oral health problems for several reasons:

- Long-term conditions (including arthritis, Parkinson's disease and dementia) can make it harder to hold and use a toothbrush, and to go for dental treatment
- People now keep their natural teeth for longer, but this can mean they need more complex dental care than people who have dentures
- Some medicines reduce the amount of saliva produced and leave people with a dry mouth. It is important to assess residents have an adequate fluid intake before calling to review current medication
- Thorough assessments, and support from skilled and knowledgeable staff can help prevent the pain, disturbed sleep and health problems that poor oral health can cause.

Preventative care:

- Residents should be encouraged to visit their dentist regularly to keep their mouth clean and healthy, and to avoid problems such as tooth decay and gum disease.

They can do this via an oral health assessment:

- All residents in a care setting should be offered and encouraged to have an oral health assessment and their needs documented in the care plan.

Care staff should start by asking the following questions:

- How do you usually manage your daily mouth care and what help would you like?
- What dental aids do you currently use? For example, manual or electric toothbrush, mouthwash, floss
- Do you have dentures, and if so are they marked with your name? If not, would you like them to be marked?
- When did you last see a dentist, and who did you see? If you don't have a dentist would you like help to find one?

Using an oral health assessment tool - like the one here - will highlight any areas where residents need specific care and support. Using it for reassessments will indicate any changes that may need action.

https://www.nice.org.uk/Media/Default/Oral%20health%20toolkit/Oral_health_assessment_tool.pdf



Care staff can carry out mouth care needs assessments, however full oral health care assessments should be carried out by dental professionals.

Self-care items can be purchased on the resident's behalf from the supermarket or local pharmacy:

- Fluoride toothpastes
- Denture cleaning agents
- Mouthwash products
- Lip balms

Residents will be required to see a dentist for other dental issues such as:

- Toothache
- Dental abscess
- Chipped or cracked tooth
- Infected wisdom teeth
- Jaw pain
- Lost filling, crown or bridge

Signs and symptoms that could be associated with mouth cancer:

- Sores or ulcers that don't heal within three weeks
- Red or white patches
- Unusual lumps or swellings

If you are concerned about the symptoms of mouth cancer you can also contact your GP practice for advice, however, your dentist is likely to have more experience in diagnosing the condition.

Dental emergencies

The above problems aren't considered medical emergencies. If, however, you knock a tooth out or are in considerable pain, you should seek immediate advice from your dentist, or failing this contact the **NHS 111** emergency number for advice.

In the event of a severe trauma, go straight to your nearest accident and emergency department for urgent attention.



These things can be considered before asking a doctor to review

Dry Mouth:

- May be relieved in many residents by simple measures such as frequent sips of cool drinks or sucking on a boiled sweet (if appropriate and after a swallowing assessment has been completed)
- Sugar-free chewing gum stimulates salivation in residents with residual salivary function (if appropriate and after a swallowing assessment has been completed)

Lozenges and sprays:

- There is no convincing evidence that antiseptic lozenges and sprays have a beneficial action and they can sometimes irritate and cause sore tongue and sore lips
- Some of these preparations also contain local anaesthetics which relieve pain but may cause sensitisation

Mouthwashes and gargles:

- Superficial infections of the mouth are often helped by a warm mouthwash which has a mechanical cleansing effect and improves the blood flow to the mouth. However, to be effective, they must be used frequently and vigorously
- A warm saline mouthwash is ideal and can be prepared either by dissolving half a teaspoonful of salt in a glassful of warm water (if appropriate and after a swallowing assessment has been completed / seek advice from the pharmacist for any resident requiring a low sodium diet)

Toothpastes / powders:

- Daily use of a low strength fluoride preparation is more effective than weekly use of a higher strength one
- High strength gels / pastes need professional involvement (**this would be prescribed by the dentist, not the doctor**)

Mouth ulcers and inflammation:

- Use a warm saline mouthwash first (if appropriate and after a swallowing assessment has been completed) and refer to a dentist
- Over the counter oral medications should be applied following the patient information leaflet
- Excessive application or confinement under a denture irritates the mucosa and can itself cause ulceration

Fungal infections:

- Oral thrush is associated with corticosteroid inhalers, rinsing the mouth with water (or teeth cleaning) immediately after using the inhaler may avoid the problem. Take care when assisting residents with swallowing difficulties. The use of a spacer device with the corticosteroid inhaler



can also reduce the risk of infection. These spacer devices can be obtained on prescription from the GP practice

- Residents prescribed antibiotics or cytotoxic medicines should be reminded about oral hygiene and try to prevent dry mouth

Stomatitis (redness / inflammation / mouth ulcers):

- To prevent denture stomatitis and recurrence of the problem, residents should cleanse their dentures thoroughly and not normally wear them overnight
- If treatment is required they should leave them out as often as possible during this period
- New dentures may be required if these measures fail despite good compliance
- Denture stomatitis is not always a fungal infection. Refer to a dentist for persistent problems
- It could also be due to smoking

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Reference:

Alzheimer's Society Factsheet January 2015 Link:

https://www.alzheimers.org.uk/download/downloads/id/2632/dental_care_and_oral_health.pdf

NICE Guidance – Improving oral health for adults in care homes. Link:

<https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/improving-oral-health-for-adults-in-care-homes>