

# Guiding Principles

For Care Home Staff



Committing to effective Mouth Minutes



**NICHE  
LEEDS**

Nurturing Innovation in Care Home Excellence in Leeds

# Introduction

These guiding principles aim to support the commitment of care home staff to the everyday promotion of mouth care for older people living in a care home, or resident. For the purposes of this document, care home staff refers to the mix of care workers, senior care workers, care practitioners, registered nurses, or nursing associates (in care homes with nursing), registered managers and employers (or senior managers) employed by the care home or care organisation. This document is intended for staff working either day or night shifts.



## Guidance

The principles are backed up by research. They are designed to be adapted locally to work with existing best practice and local protocols. They support safe and effective mouth care with the resident at the centre. It is crucial that each resident is engaged (with support from family and friends where appropriate) with care home staff in decisions about care and to promote their health and wellbeing.

The principles do not replace or affect standards of care set by (i) a regulatory body for a healthcare professional (for example the Nursing and Midwifery Council or the Health and Care Professions Council) or (ii) the Care Quality Commission who register providers and regulate activities under the regulatory standards. These principles are intended to complement existing standards of care.



We are interested in feedback on these principles. Please send your comments or suggestions too:

[niche\\_leeds@leeds.ac.uk](mailto:niche_leeds@leeds.ac.uk)

## Who are the guiding principles for?

These guiding principles are intended for care home staff working day or night shifts and their managers (or employers) wanting to commit to the everyday promotion of mouth care, through effective mouth minutes, for people living in a care home.

## What is mouth care ?

Mouth care includes the activities undertaken daily to maintain or improve the health of the teeth, gums and soft tissues of the mouth, and for some residents this will also include denture care.

Many residents need help from staff because often they are unable to carry out their own personal care (including mouth care) due to their physical abilities and/or mental health or decline in understanding.

Care home staff have many duties during their working day and to meet the personal care needs of residents, so mouth care may not get as much time as is needed.

For mouth care to happen, staff must want to support residents with mouth care, they need to know how to do this, and have the time, equipment, and support to do this.



# MALCOM



Care Home staff member Malcom is a dedicated carer. He understands the importance research can play in improving the care he delivers. With the support of NICHE Leeds, Malcom, often tries new ways to provide better care for his residents.

# SUE



Sue, the care home manager, lives and breathes care work. She remains upbeat and believes there is always a solution to any problem in the care home. She works to create a welcoming space, not only for residents and their family/friends, but for her staff too.

# FARAH



Farah is a senior researcher from the University of Leeds. Her role at the NICHE Leeds partnership, is to work with care homes to identify areas that research can support. Farah works to ensure her all important findings can support carers deliver outstanding care.

# MEET THE RESIDENTS

## CLIVE



Clive lives at the NICHE Leeds care home. He is a retired postman, who misses his work. He likes to make himself busy in the home, fetching the papers, and chatting with the other residents. He remains quite active and although he looks stern he is secretly a big softy underneath.

## MAVIS



Mavis lives at the NICHE Leeds care home. Mavis doesn't get visitors, leaving Sue and Malcom unsure about her background. She can often be found tending to her "Dolly", which she has grown very attached too. Mavis needs a lot of support in the home with even the most basic of tasks.

## DEVIKA



Devika lives at the NICHE Leeds care home. Devika is a retired GP, after years of looking after others, its now her turn to be looked after. Her Muslim faith is important to her. She can also be found filling out puzzle books, although the answers are not always correct, she enjoys the act of writing.

Our guiding principles focus on supporting individuals to be able to say the following:



The principles will be relevant (but are not written) for:

- people who live in a care home (or residents), and their family and friends
- regulated health and social care professionals supporting people living in care homes but employed by external provider organisations (e.g. general practitioners, dentists)
- commissioners
- regulators
- other stakeholders including Integrated Care Boards (ICBs), Integrated Care Partnerships (ICPs), primary care and public health.

**Individual staff have an important role in supporting residents with mouth care, but staff and their manager (or employer) must want to support mouth care if this is to be part of everyday care for people living in the care home.**

**Wanting** to support mouth care means that **mouth care needs to be a priority for the staff member and the manager (or employer)**. Staff will have many competing demands on their time. Staff and their manager (or employer) therefore need to view mouth care as an essential aspect of their role, as important as other aspects of personal care and should have sufficient time dedicated to it. **Only then will effective mouth minutes become part of the everyday routine for staff.**

It is also important to recognise that motivation (i.e., wanting to support a resident with mouth care) happens ‘in the moment’. At any moment a range of factors will influence what staff do (behaviour). For example, mouth care may not happen if:

- staff think they do not have the time due to a shortage of staff or increased dependency of residents living in the home;
- a staff member does not have the knowledge, skills or competence to support a resident with particular mouth care needs.

**Shaping staff motivation to promote effective mouth minutes is important.** This will rely on the manager (or employer) to promote a place of work that enables staff to support mouth care for residents, and where this is seen as an important aspect of care.

Finally, it is not sufficient for staff to think “I should” or “I want” to support mouth care: there has to be an internal driver or an external trigger to turn thoughts/desire into **the act of doing what is needed to support residents with mouth care**. There are many actions that staff can take every day with the support of their manager (or employer), and this is the focus of these guiding principles.

There are some aspects of mouth care and oral health that require external services and support. Care home staff will seek to consult with medical and dental colleagues to support residents with oral health when this is beyond their scope of practice. The challenges of accessing dental services and support for care home residents are recognised but beyond the scope of our work.

**An individual staff member’s motivation, “I want to support residents with mouth care”, can be enhanced by increasing their capability, “I know how”, or their opportunity, “I have what I need”.**

Our guidance is targeted at all care home staff (working day and/or night shifts) and their manager (or employer) to support integrating mouth care for people living in care homes into everyday practice



## Staff who want to support residents with mouth care will:



Understand the importance of mouth health for a person's physical health and general wellbeing.



Value what is important for each person living in the care home and support person-centred mouth care.



Accept individual responsibility to ensure daily mouth care for people living in care homes



### Understanding the importance of mouth health for a person's physical health and general wellbeing

Good mouth health not only helps with eating and speaking but also helps people to feel good about themselves. Poor mouth health, on the other hand, might decrease a person's quality of life, impact on the type and amount of food that the person wants to eat, and play a part in life-threatening health problems, such as chest infections. In addition, it can distress family (and/or friends) to witness their family (or friend) with 'dirty' teeth (mouth or dentures) and may increase concern about whether other areas of care have been missed.

Staff values and understanding that mouth health is linked to a person's physical health and wellbeing is crucial for care home staff to view mouth care as an essential part of daily personal care.

**Valuing what is important for each person living in the care home and support person-centred mouth**

There needs to be a culture where mouth care is seen as important. The person (and/or their family and friends) need to be involved in conversations, taking into account what matters most, and recognising this will be different for different people. Support should be designed/coordinated around the person's preferences and choices.

If a person is unable to make a decision for themselves about their care, then any actions or decisions made for or on their behalf must be in their best interests, following the principles of the Mental Capacity Act 2005 (Section 4).<sup>\*</sup> Care home staff should develop a shared understanding with others (e.g. family/friends) who understand the person's preferences to create collaborations in the best interests of the person accessing care and support.

The mouth care plan should clearly identify, record and communicate the person's mouth care needs and preferences, as well as when and by who these will be ensured.

The person should be supported to do as much as possible for themselves, with assistance as required and to ensure responsible risk taking.

**Scan the QR code to read the Mental Capacity Act 2005 (Section 4):**



## **Accepting individual responsibility to ensure daily mouth care for people living in care homes**

Individuals (care teams and organisations) are responsible for their actions and may be required to explain their actions to others. Care staff have a duty of care\* and work within the boundaries of their policies, and individual training and competency.

When supporting people with mouth care, staff will follow a care plan (that should be regularly reviewed with the person and their family/friends where appropriate), seeking support from health and social care colleagues as appropriate: this may include timely onward referral for professional dental care.

Recognising and accepting individual responsibility for supporting people with mouth care, is an important starting point for care home staff. However, staff need the support of the registered manager and the employing organisation to ensure they know how to, and have what they need to be able to support people with mouth care.

**Scan the QR code to access the Skills For Care code of conduct for health care and support workers and adult social care workers in England:**



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**Staff who know how to support residents with mouth care will:**

- Know the mouth care needs of each person living in the care home
- Know how to give mouth care and when to ask for more training or support



## Knowing the mouth care needs of the people living in care homes

To support people with mouth care, staff need to know the current state of the person's mouth health. Undertaking an oral health assessment for each resident can help. A tool to support with this is available via the QR Code below. This tool is very easy to follow and helps to establish a person-centered care plan.

**Scan the QR code to access the Oral Health Assessment tool:**



To ensure the person is supported, care home staff need to establish the level of support needed. This might include helping a resident with:

- their oral health, for example, noticing oral health problems (such as a mouth ulcer which does not heal after 3 weeks) or a resident saying or showing signs of pain or discomfort.
- supporting them with mouth care, for example, assisting with brushing the resident's teeth or reminding them to brush their teeth.

Knowing each resident's habits, likes, and dislikes related to daily mouth care is important. This information should be clearly documented in care plans. Below are some suggestions of questions staff can ask to get to know the mouth care needs of people living in the care home:

- When do they like their mouth cleaned? Do they have a preferred routine?
- What toothbrush do they like to use?
- What toothpaste? Do they have a particular preferred brand/flavour?
- Does the person have sensitive teeth?
- Do they use anything else (mouthwash, floss, interdental brushes etc.)?
- What do they use to clean their dentures?
- Where can these items be stored (somewhere hygienic and accessible)?

Family and friends might be able to help with answering these questions. These questions should be revisited regularly because resident's needs and preferences might change over time, particularly when there are changes in their health and wellbeing. It can be difficult to discuss a resident's changing needs with family/friends, and so this needs to be approached sensitively through established and trusted relationships between staff and residents, and their family/friends.

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## Knowing how to give mouth care and when to ask for more training or support

Mouth care is part of personal care. It is important to know how to:

- undertake it on behalf of the person (if they are unable to do it on their own)
- to give advice and support to those who are independent and can carry out their own mouth care.

Daily mouthcare should be documented. If it was not possible to undertake mouthcare, the reasons why, including any signs of mouth problems or other concerns (such as unexplained weight-loss), should be documented.

Training that supports staff to understand the importance of mouth care and provides practical learning through 'doing' helps build confidence with mouth care. This is particularly important for staff new to care work.

It is important to check if the person has natural teeth and/or dentures. If the resident says "I've got my own teeth" sometimes they may be referring to dentures. It is best to check.

Here are some things care home staff should do if the person has their own teeth:

- Brush at least twice a day with fluoride toothpaste
- Brush last thing at night, so that the fluoride continues to protect the teeth whilst asleep, and, on at least, one other occasion
- Brush all surfaces of each tooth carefully and the gum line to remove plaque and food
- Encourage people to spit toothpaste out after brushing but do not rinse the toothpaste with water or mouthwash as this lowers how much fluoride is left in the mouth
- Mouthwash contains less fluoride than fluoride toothpaste and some contain none. If using mouthwash, do this at a separate time to brushing to help maintain optimal levels of fluoride for tooth protection
- Clean between the teeth using interdental brushes or floss

Here are some things care home staff should do if the person has dentures:

- Remove dentures before any natural teeth are brushed
- Remove dentures after every meal and rinse
- Be careful when removing any partial or full dentures, as there may be metal parts on the denture
- Look out for red or sore areas caused by the dentures, and update the care plan if needed
- Clean any teeth with a fluoride toothpaste
- A dentist will be needed if the dentures no longer fit
- Remove dentures at night, brush dentures with a toothpaste for dentures (denture toothpaste is less abrasive) and soak in plain water overnight. This is important as dry dentures can lose their shape, and to help reduce bacterial build up. Avoid using very hot water or adding bleach or other harsh chemicals as these can all damage some denture materials.

When providing mouth care, if staff notice potential signs of oral health risks (e.g. sore or bleeding gums) it is important to involve a dental professional.



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Staff who have what they need to support residents with mouth care will:

- ✓ Check that they have the right products available on hand and they are fit for purpose.
- ✓ Make it part of everyday conversation and check its been done twice daily.
- ✓ Make sure they raise concerns about the mouth.

I have what I need to support residents with mouth care

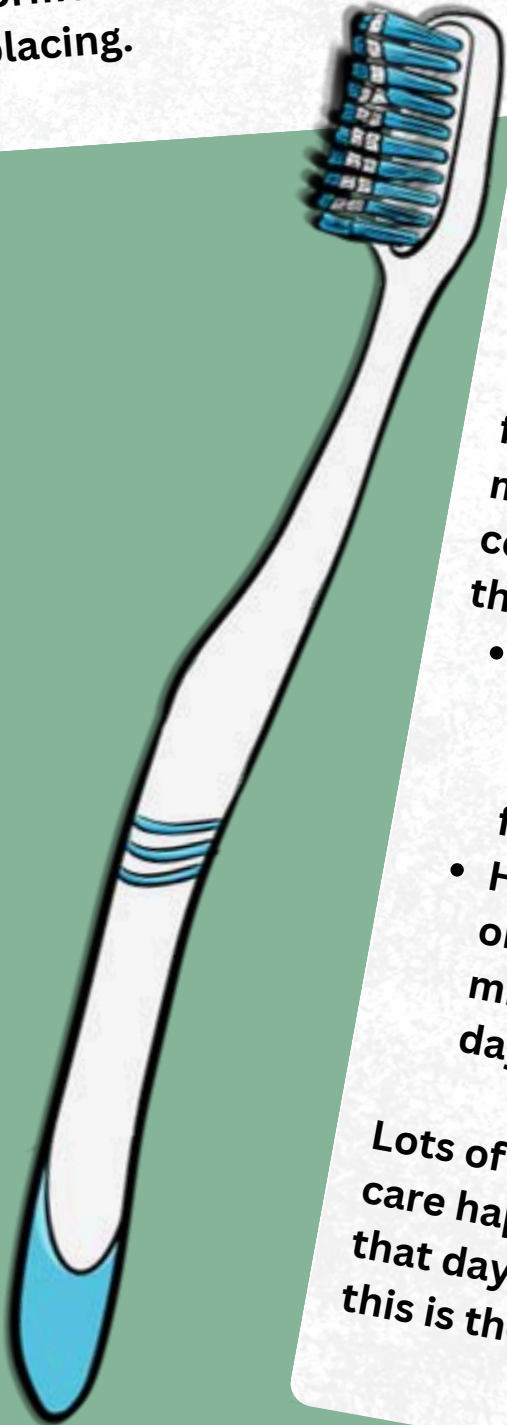


## Having the right products available on hand that are fit for purpose

It is important to ensure staff have access to the products needed to support residents with mouthcare:

- Toothpaste MUST contain fluoride 1350 – 1500 parts per million (ppm) fluoride. A dentist might be able to prescribe high fluoride content toothpaste (e.g. 2800 – 5000 ppm).
- Handheld toothbrushes need to be changed every 3 months (or sooner if the bristles look damaged). Consider who will provide the replacement brush.
- There can be other products available to support independent brushing such as specially designed toothbrushes for easier holding (the same goes for flossing aides)
- Many residents and carers find electric toothbrushes easier to use but remember the heads still need changing every 3 months (consider who will replace these)
- Low-foaming or different/mild flavour toothpastes are available if residents aren't keen on certain tastes/sensations in their mouths
- Using a tongue cleaner to help residents with bad breath

There might be questions around who buys and provides these products. It is best to check so that this doesn't get missed. Whoever is responsible (either the care home or family/friends) needs to know and needs to be informed when products need replacing.



## Making mouth care part of everyday conversations and checking it's been done twice daily

It is essential for staff to establish clear lines of communication about mouth care with residents (and their families and friends where needed) and make sure that mouth care is part of everyday conversations. Some care home staff do the following:

- Talk during staff handovers (for example, between day and night staff) about whether oral care has happened for a resident.
- Have systems in place (e.g. reminders on care plans) to ensure that if it is missed it is picked up at least once a day.

Lots of things can get in the way of mouth care happening so if it only happens once that day, prioritise mouth care at night as this is the most effective time.

## Raising concerns about the mouth

We recognise that access to NHS dentists when needed is difficult and this is even more so for people in care homes who might have additional needs. However, this shouldn't deter staff from making sure that any concerns about a person's mouth are raised and documented. Places to try if the person living in a care home doesn't have a dentist:

- NHS Choices [Find a dentist - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- [NHS Dentist near me » Find an NHS Dentist taking new patients \(dentalchoices.org\)](http://dentalchoices.org)
- Contact a dental practice local to the care home

Oral health is everyone's business and if it has not been possible to find a dentist then this concern can be raised through the local integrated care board (ICB) - [Find your local integrated care board \(ICB\) - NHS \(www.nhs.uk\)](http://www.nhs.uk). ICBs commission dental services in England and are required to meet the needs of their local population for both urgent and routine dental care.

If the resident, their family/friend, and/or care home staff are still not satisfied with the ICB's response, then the complaint can be taken to the Parliamentary and Health Service Ombudsman [Making a complaint | Parliamentary and Health Service Ombudsman \(PHSO\)](#).

If the resident needs urgent care, contact any dentist known to the care home, as some surgeries offer emergency dental appointments and will provide care if clinically necessary.



