

Supporting daily personal mouth care

This section helps to explain some of the techniques, equipment and practical skills that will help you to support your clients to undertake daily mouth care. This enables the clients you provide care for to have the dignity and respect of having a clean, comfortable mouth and be able to smile, eat and enjoy socialising.

Important!

It's important to allow people to self-care as much as they can. Different people will need different levels of support. Prompting self-care may be necessary. For some, encouragement alone is enough but, for others, they may need either support from you or for you to carry out their daily mouth care for them.

Prompt – Encourage - Support

As you will already be aware, it is important to obtain consent before supporting any client with their daily mouth care. For further guidance, see the appendices section (p. 44)

Dealing with concerns relating to changes in a client's mouth

Problems in the mouth can often go untreated. It is important to note that although care providers are not expected to know about different mouth conditions, if they are regularly checking clients' mouths, and supporting them to care for their mouths, they may be able to see any changes as they occur and update the daily mouth care log accordingly. **More importantly, in care home settings, if the care provider is in any way concerned, they can report these changes to managers promptly.**

Only practitioners registered with the General Dental Council and acting within their scope of practice may diagnose and treat dental disease or refer someone for specialist treatment. Here are some common mouth problems that may help discussions with the dental team:

Gum disease (gingivitis, periodontitis)

Gingivitis and periodontitis affect the gums and supporting structures next to the tooth. Gingivitis is the inflammation of the gums and is reversible. Periodontitis (periodontal disease) affects the bone holding the teeth. Gum disease is also linked with heart disease and diabetes. In the first instance, it is caused by plaque and poor oral hygiene and, therefore, in its early stages can be managed by good mouth care. Smokers and people with diabetes are more at risk of gingivitis and periodontitis, as are people with a reduced immune response (e.g. down's syndrome). It is common in people with dementia or poor motor function.

Gums appear red and, with gingivitis, will bleed when brushing. If it progresses to periodontitis, teeth will appear longer as gums recede and teeth will become loose. Bad breath may also be a feature.

Cleaning teeth thoroughly twice per day may reverse gingivitis and may halt the progression to periodontitis. If gums bleed, brushing gently using a soft toothbrush should be continued. The dentist may recommend certain types of mouthwash, which can also help with plaque control. This should always be used under the guidance of a dentist and/or member of the dental team.

Dental Caries (tooth decay)

Dental caries, also known as tooth decay is a common condition. It is caused by the presence of carbohydrates like sugar being present in the mouth. It occurs when these carbohydrates are converted into acid by bacteria that are always in the mouth. Repeated high level of acid in the mouth mean that patches on a tooth surface gradually dissolve over weeks and months. A tooth with decay can have brown patches on the surface. Holes or broken areas can also be seen. People with dry mouths are at high risk of developing tooth decay.

When tooth decay is advanced, it can cause either intermittent or constant pain and eventually lead to an abscess.

To prevent tooth decay from happening, clients should restrict food and drinks containing sugar to mealtimes. They should brush their teeth, or have their teeth brushed with fluoride toothpaste. The dentist will recommend the most appropriate strength of fluoride in the toothpaste or may even prescribe a toothpaste with high levels of fluoride if the client is at a particular risk of developing tooth decay. It is really important to ask clients to spit out the toothpaste after the teeth have been brushed. Rinsing after brushing should be discouraged. If the client's dentist or a member of their team recommends a mouthwash, this should be used at a different time to brushing.

Xerostomia (dry mouth)

Xerostomia or dry mouth is caused by a reduced production of saliva. Clients with xerostomia will have a dry, fissured tongue and little or no saliva pool in the floor of their mouth. Any saliva present can appear sticky or frothy and the client may have difficulty eating, swallowing and/or speaking. There will also be a loss of suction for clients with dentures. In addition, because of the lack of saliva, there will be an increased risk of tooth decay.

A number of factors can contribute to a dry mouth including, certain medication, dehydration, and mouth breathing. Some medical conditions can also cause a dry mouth including diabetes, rheumatoid arthritis, Alzheimer's disease, cystic fibrosis, Sjogren's syndrome. Radiotherapy and chemotherapy also cause dryness. If you are concerned that a client may have xerostomia, it is important to speak to their dentist and/or a member of the dental team who will advise and/or prescribe products that will help relieve the symptoms.

Mouth ulcers

Mouth ulcers can be caused by injury, such as ill-fitting dentures, or linked with changes in hormone levels, lack of iron, some medications, Crohn's disease, coeliac disease, HIV infection, Behcet's disease. They can also be caused by stress and nutritional deficiencies. Minor ulcers (minor aphthae) are typically found in the floor of mouth, inside lip or inside cheeks and heal within 2 weeks.

Important!

It is very important that, if you see any changes to the soft tissues in the mouth that last more than 2 weeks, the client is seen by a dentist as a matter of urgency.

Major mouth ulcers (major aphthae) typically affect the posterior part of mouth and tongue and can be up to 1cm in diameter. Healing takes longer and scarring may result. Initially, frequent salt mouthwashes and mouthwashes (advised by the dentist) can be used to treat the ulcer. If no obvious healing is taking place, advice and guidance from a dentist or member of the dental team **must** be sought.

Mouth cancer

Mouth cancer is a serious condition which has a major impact on a person's life and may cause their death. If caught early, it can be successfully treated. The sooner mouth cancer is spotted, diagnosed and treated, the better the outcomes for the person.

Clients with an ulcer or lump in their mouth that hasn't healed in 2 weeks should be checked by a dentist or General Medical Practitioner. Mouth cancer may present as an ulcer, white or red patch in the mouth that doesn't heal after 2-3 weeks, or a lump or bump. It is often not painful until large.

Any suspicious features should be checked out with a dentist or General Medical Practitioner urgently including:

- Any lump in the mouth that doesn't have an obvious cause
- Any unexplained changes in speech or swallowing

Supporting clients to clean their teeth

It is important that all carers supporting clients with daily mouth care have access to a range of accessible materials to support conversations. For further guidance on communication, see the appendices section (p. 45)

Each client's daily mouth care regime should depend a range of factors, to include whether they have natural teeth and whether they have dentures. They may also have crowns, bridges and implants which should be considered.

Natural teeth

Clients with natural teeth need to have plaque removed daily to reduce the risk of gum disease. They need to brush with fluoride toothpaste at least twice daily to reduce the risk of dental caries (tooth decay). The client's dentist will advise on the strength of fluoride which is recommended for the client, and any oral hygiene aids that they need to use. National guidance encourages dentists to prescribe high strength fluoride toothpaste for vulnerable older people with natural teeth where their dental and/or medical condition indicates a benefit. Alternatives toothpastes are available for clients who need non-foaming toothpaste or those with particularly sensitive teeth.

How to support a client to brush their natural teeth

A video of how to clean someone's teeth is available from Health Education England: <https://www.youtube.com/watch?v=BapR9J86ZZw>

If the client is able to clean their own teeth under your guidance, then encourage them to do this. They may need some extra support to remove plaque from hard to reach areas. They may also prefer to use an electric toothbrush.

If you need to provide support and/or brush your client's teeth yourself:

- Ensure that the person is seated comfortably with their head supported. This can be achieved by standing behind them and supporting their head with your body and other arm. If the client becomes confused/agitated because they can't see you, approach them from the front
- Wear single use gloves, disposable apron, a fluid resistant face mask and eye/face protection
- Put a small amount (pea sized) of toothpaste on their toothbrush and push the toothpaste into the bristles a little to stop it falling off
- Ask the person to open their mouth. If they are reluctant, massaging their cheeks can help relax their muscles
- Clean upper and lower teeth back and front where possible, on each side of the teeth beside the cheek and tongue/palate
- If gums bleed it could be a sign that plaque has been irritating the gums. Continue to brush the gums thoroughly but gently

- Support the client to spit out any excess toothpaste but don't rinse the mouth
- Rinse the toothbrush in cold water
- Document the mouth care undertaken and any issues or concerns in daily care plan. If you have not been able to brush all of the client's teeth, document which part of the mouth you have cleaned

Types of toothbrush

A small headed medium toothbrush is suitable for most people.

If a client has a sore or fragile mouth perhaps because of a dry mouth, medical condition, ulcers or receiving palliative care then a small headed, soft textured brush is best to use.

Triple headed toothbrushes clean all three surfaces of the teeth simultaneously and although not as effective as regular toothbrushing, they are useful when there is limited cooperation.

Once the teeth have been inserted into Collis curve toothbrush bristles, brushing backwards and forwards will encourage good gingival health.

An electric toothbrush can also be used if the client wishes, but guidance on use needs to be sought from a member of the dental team.

Dentures

Cleaning dentures at least twice daily will remove bacteria and food that can cause mouth odour, the skin under the denture to become irritated and the corners of the mouth to become sore. Preferably, dentures should be rinsed after every meal and food should be removed using a soft toothbrush, denture cream or liquid soap and water. If the client has no natural teeth, a soft toothbrush or face cloth and a tongue scraper should be used to gently clean the mouth and remove any debris.

It is important to remember that some people have both natural teeth and dentures so both will need to be cleaned.

Before cleaning dentures:

- Cover the client's clothes with a clean towel
- Check if the client can remove their own denture
- If the client can't remove their own denture, ask them to take a sip of water as this makes it easier to take the denture out
- Wear single use gloves, disposable apron, a fluid resistant face mask and eye/face protection
- Remove the lower denture first by running a gloved finger along the lower edge of the denture to the side and gently push upwards
- To remove the upper denture, run a gloved finger along the top edge of the denture towards the back of the mouth and push gently until you feel the denture dislodge
- Partial dentures often have clasps and hooking a fingernail under the clasp will dislodge it. The client or a family member often knows the best way to take the denture out

How to avoid damaging dentures whilst cleaning them:

- Always brush dentures over a basin of water to stop it breaking if dropped
- Avoid using hot water and soaking for longer than the times recommended
- Never use household bleach to clean dentures as this lightens their colour

How to clean a client's denture(s)

A video of how to clean someone's denture is available from Health Education England: <https://www.youtube.com/watch?v=aJvsFUtRL9k>

- Wear single use gloves, disposable apron, a fluid resistant face mask and eye/face protection
- Take the denture to the sink in a denture pot or holder
- Place a paper towel or water in the sink so if you drop the denture, it won't break.
- Use a denture cleaning cream or liquid soap to clean dentures. If you use toothpaste, make sure it is one that is recommended for dentures
- Put the denture cleaning cream or liquid soap on to a brush and brush all surfaces of the denture, including metal clasps
- Be careful not to squeeze the denture as it might break
- Rinse the denture thoroughly with cold running water and place back into a labelled denture pot
- At night, dentures should be taken out and left in water. Ensure the water is changed every day to prevent bacteria growing.

How to reinsert dentures:

- Dentures should be rinsed in clean water before being placed back in the mouth
- If able, ask the client to put in their own denture if they can. If they need you to support them, put the upper denture in first. Put each denture in at a slight angle and move into the correct position.

Things to consider:

If the client uses denture fixative and/or it is required because the denture is loose:

- Make sure the denture is clean and dry. Put a small amount of denture adhesive cream onto it (you should only need to do this once a day).
- Put the denture into the clients mouth and ask them to firmly close their mouth for a couple of seconds. If the adhesive cream overflows, too much has been used. Remove any spare adhesive, don't allow the client to swallow it. Ask the client not to eat or drink anything for 5 minutes.
- At night, take the denture out. Clean the denture, thoroughly removing any adhesive.
- Arrange regular routine appointments with the client's dentist so they can check the clients mouth and dentures.

When the client has been diagnosed by a dentist as having oral thrush:

- Make sure the denture is clean (see above)
- Speak to the dental team about soaking the denture

When the denture is causing pain:

- Clean the denture, leave it out of the mouth and soaking in water. This allows the mouth to relax and heal
- Arrange for a dentist visit if the problems persist

How to avoid dentures getting mixed up:

- Name dentures with a permanent pen to prevent this from happening (see next page)
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Summary of usual daily mouth care for clients who wear dentures:

- Dentures should be removed at night
- On removal, dentures should be cleaned with a toothbrush/denture brush with a denture cream or liquid soap and water
- Overnight and/or whenever it is not in the mouth, the denture should be stored in a named denture pot in clean water
- Moist non-fraying gauze should be used to clean inside the client's mouth at night to ensure removal of any food debris

If the denture already has an identification number, record it in the persons' notes

Denture marking

Dentures are a client's property and it is important that they don't lose them. Dentures can easily be mislaid in care homes or hospitals. This can cause distress, difficulty eating, is costly and it is often difficult for older people to adapt to new dentures, particularly if they have been without them for several weeks. All dentures should, therefore, be marked at the beginning of care.

How to put a name on a denture:

- Wear single use gloves, disposable apron, a fluid resistant face mask and eye/face protection
 - Remove dentures from the person's mouth
 - Clean dentures in soapy water with nail brush/denture brush over a sink filled with water
 - Disinfect the dentures by soaking for 30 minutes in a recommended denture cleaning solution
 - Dry the denture
 - Use an indelible pen to write patients name or initials near the back of the denture. Wait to dry
 - Apply fine layer of clear nail varnish & allow to dry
 - Rinse with water and replace in the person's mouth
- Commercial denture marking kits are also available.

Key messages

All individuals:

- Maintain hydration and appropriate fluid intake. Keep the oral mucosa moist
- Reduce the frequency and amount of sugar in the diet. Keep all foods and drinks containing sugar to mealtimes. Where appropriate, explore sugar-free alternatives
- Rinse away food debris and/or sticky secretions with water
- Apply moisturising gel/lip balm to dry lips
- Seek guidance from a member of the dental team for a product to relieve a client's dry mouth

Individuals with swallowing difficulty (dysphagia) to reduce the risk of aspiration:

- Position the client so they are upright with their head tilted forwards
- Use a smear of non-foaming fluoride toothpaste as prescribed by a dentist
- Do not rinse after toothbrushing

Oral health care for clients requiring additional support

Some clients will require support in caring for their own mouths, including the removal of dentures and cleaning and soaking them over night. Supporting clients in this way is very important for maintaining their dignity, but can also prevent some problems arising such as infections, ulcers, thrush etc.

This also applies to clients who have cognitive impairment, dementia etc. However, it is recognised that providing this level of support for some clients with these types of conditions can be challenging and a thorough cleaning of the client's mouth may not be achieved each time. The completion of the above table will therefore also enable other carers and/or members of the dental team to see which parts of the mouth are most frequently cleaned/missed due to non-compliance.

Some signs that clients with cognitive impairment may have mouth problems:

- Agitation
- Refusal to eat and drink
- Pulling at ears or face
- Banging head
- Drooling
- Grinding
- High temperature
- Swollen and bleeding gums
- Odour coming from mouth
- Pimple/yellow spot at side of tooth which is oozing
- Swelling of the face or neck
- Loose or mobile teeth

Tips for providing daily mouth care to care-resistive patients (e.g. patients with dementia)

- Ask family members about previous mouth care routines.
- Show pictures and/or mimic actions you want the client to do – e.g. spitting
- Try desensitising techniques to get patient used to hands around face
- Record all attempts in the daily mouth care log - both successful and refusals. If refusal of daily personal mouth continues, this must be escalated to the Oral Health Champion.

Supporting denture wearing clients with dementia

Many clients with dementia get to a stage when they struggle to use their dentures and they may be best removed. Relining old dentures can provide a temporary solution. However, it can be very difficult for clients with moderate or advanced dementia to adjust to new dentures. If the client is best not wearing dentures this needs to be discussed with families to avoid distress.

Supporting clients with swallowing difficulties (dysphagia)

Remove any debris with moist non-fraying gauze and use a smear of non-foaming toothpaste when toothbrushing. Avoid using mouthwashes and use denture adhesives with caution. Further advice and guidance should be sought from a speech and language therapist or the client's General Medical Practitioner.

Supporting clients undergoing cancer treatment

People having cancer treatment, such as head and neck radiotherapy treatment, chemotherapy treatment etc. can have a painful mouth and need more support with mouth care. The skin in the mouth may appear red and shiny and irritated. Ulceration and sloughing inside mouth can also be present during treatment. It usually resolves 2 weeks after treatment but some soreness can continue for several months. Guidance on how to care for a client's mouth during cancer treatment must always be sought from their dentist and/or member of the dental team and adhered to rigorously.

Mouth care at end of life

The principles of good mouth care apply to people in the last few weeks and days of life. Advice should be sought from the client's dentist or a member of the dental team regarding end of life mouth care. The dentist will advise on the specific products to be used for the client.

Individuals with own teeth

- If the dentist has prescribed a gel, use as directed and as tolerated by the client. Check for residual gel in mouth before reapplying. Residual gel may indicate that a smaller amount is needed
- Apply moisturising balm to lips if dry/cracked. Do not use petroleum jelly products if the client is on oxygen therapy
- Support the client and/or their family members to be involved with mouth care if able/would like to participate
- Document mouth care in end of life care plan if used or daily/progress notes

Individuals with dentures

- Clients can continue to wear their dentures if they want and/or they can be tolerated
- Dentures should be removed if they are causing pain or distress. Ill-fitting dentures should be removed if they are raising concern regarding occluding the airway, particularly in semi/unconscious clients
- Dentures should continue to be removed overnight, or as needed, rinsed after meals and cleaned thoroughly twice a day as per the denture cleaning guidance above
- If the dentist has prescribed a gel, use as directed and as tolerated by the client. Check for residual gel in mouth before reapplying. Residual gel may indicate that a smaller amount is needed
- Apply moisturising balm to lips if dry/cracked - do not use petroleum jelly products if the client is on oxygen therapy
- Support the client and/or their family members to be involved with mouth care if able/would like to participate
- Document, explain and inform family if dentures are unable to be removed or are unable to be put back in
- Document all personal mouth care in the end of life care plan, if used, and daily mouth care log

Who is entitled to free NHS dental care?

1. Hospital treatment

If the client is currently in an NHS hospital and treatment is carried out by the hospital dentist they don't need to pay for the treatment but may have to pay for any dentures or bridges. This usually applies only to people who are in hospital for an extended period or need essential or urgent dental care.

2. People on low income benefits.

Clients are entitled to free NHS dental treatment if they or their spouse (including civil partner) receive:

- Income support
- Income related employment and support allowance
- Income based jobseeker's allowance

- Pension credit guarantee credit
- Universal credit (in certain circumstances)

3. Certificates to help with health costs

Clients can receive free NHS dental treatment if they're entitled to or named on:

- a valid NHS tax credit exemption certificate
- a valid HC2 certificate which is available for people on a low income. Care home residents with a certain level of savings can apply for this using form HC1(SC).

Please check this figure on: <https://www.nhs.uk/using-the-nhs/help-with-health-costs/nhs-low-income-scheme-lis/>

People named on an NHS certificate for partial help with health costs (HC3) may also get help. They will be asked to show their dentist written proof that they don't have to pay for all or part of their NHS treatment. They'll also be asked to sign a form to confirm that they don't have to pay.

Help with NHS dental charges

If someone is living in a care home or are being looked after by a care providing organisation, they may be eligible for help with NHS dental charges but may need help to apply for an exemption certificate. For clients who are unable to apply themselves, the care providing organisation or family member can complete the HC1(SC) form on their behalf. If a HC1(SC) has been completed and is successful a HC2 (exemption) certificate will be issued and must be kept in a safe place. A dental practice record form needs to be completed for each course of treatment and section c) HC1 Certificate and its certificate number should be completed.

You can order an HC1(SC) form online or pick one up at your local Jobcentre Plus office and most NHS hospitals. Your doctor, dentist or optician may also be able to give you one. <http://www.nhs.uk/NHSEngland/Healthcosts/Documents/2014/HC1-SC-April-2014.pdf>

Visiting the dentist

What a dentist will provide

- Appointments for clients who need them when they have capacity to do this. Sometimes practices are full and won't be able to take on new patients at a particular time
- If clients need additional time or specialist facilities, the client's dentist will arrange for this or if this isn't possible refer the client to a dentist who can provide this
- An assessment of the client's dental health needs and a plan tailored to their needs. This might include advanced prevention like a prescription for toothpaste with a higher concentration of fluoride or fluoride varnish. It will also include any treatment needed and a plan for this to be done given any health conditions that the client may have

What a dentist can't provide:

- Transport to the dental surgery
- Home visits are only provided in exceptional circumstances (e.g. end of life) when someone is unable to transfer to a wheelchair and is 100% housebound
- For safety reasons dentists can only provide very basic care at the client's home/residency e.g. easing dentures