

Oral health in care homes and hospitals

NICE quality standard

Draft for consultation

January 2017

This quality standard covers oral health, including dental health and daily mouth care, for adults in care homes (with and without nursing provision) and for children, young people and adults in hospitals. It describes high-quality care in priority areas for improvement.

It is for commissioners, service providers, health, public health and social care practitioners, and the public.

This is the draft quality standard for consultation (from 6 January to 3 February). The final quality standard is expected to publish in June 2017.

Quality statements

[Statement 1](#) Adults who move into a care home have their mouth care needs assessed on admission.

[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 or undertake daily oral care for dentures.

[Statement 4](#) (placeholder) Supporting daily mouth care for people in hospital.

NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services](#)), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing oral health services include:

- [Oral health promotion in the community](#) (2016) NICE quality standard 139.

A full list of NICE quality standards is available from the [quality standards topic library](#).

NICE has also developed a quick guide for care home managers on [improving oral health for adults in care homes](#).

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the [NICE local practice collection](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Question 5 The committee identified variability in access to dental services for adults in care homes. Is there a specific, measurable action that will improve access to dental services for adults in care homes?

Questions about the individual quality statements

Question 6 For draft quality statement 4: Is there a particular group of people in hospitals for whom quality improvement is most needed in this area?

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

In the period before admission to a care home, self-care can deteriorate so people may be admitted with poor oral health status. Oral 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 care tailored to their needs can begin straight away.

Quality measures

Structure

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

Data source: Local data collection.

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.

Outcome

Satisfaction of resident or carer with care home admission process.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (care homes) ensure that adults' mouth care needs are assessed on admission to the care home and that care staff know how to do the assessment.

Health and social care practitioners (care staff in care homes) assess the mouth care needs of adults who move into the care home on admission.

Commissioners (commissioners of care home services) ensure that they commission services that provide assessment of adults' mouth care needs on admission to a care home.

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 are asked if they need help with brushing their teeth or 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](#) (2016) NICE guideline NG48, 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.
- 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 should consider using the [Oral health assessment tool](#) to help with carrying out assessments. [NICE's guideline on [oral health for adults in care homes](#), recommendation 1.2.1]

On admission

The oral health assessment should be completed as part of the admission process, or at least within a week of the person being admitted (sooner for people on short stays). [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 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 oral hygiene routine. Some adults may have lost contact with family or friends and care home staff should make sure they can establish the mouth care needs of these adults.

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.

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.

Outcome

Ability of care home staff to access information about individual residents' oral health needs.

Data source: Local data collection.

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.

Health and social care practitioners (care staff in care homes) record the mouth care needs of adults living in the care home in their personal care plans.

Commissioners (commissioners of care home services) ensure that they commission services in which adults have their mouth care needs recorded in their personal care plan.

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.

Source guidance

[Oral health for adults in care homes](#) (2016) NICE guideline NG48, 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 or to carry out daily care for their dentures.

Rationale

Brushing natural teeth with fluoride toothpaste twice a day and undertaking daily care for dentures, such as brushing, removing food debris and removing dentures overnight, improves oral health. Good oral health is important to maintain self-esteem, dignity and quality of life. In addition, poor oral health can affect people's ability to eat, speak and socialise.

Quality measures

Structure

Evidence of local arrangements for adults living in care homes to be supported to clean their teeth twice a day or undertake daily oral care for dentures.

Data source: Local data collection.

Process

a) Proportion of adults in a care home with natural teeth whose teeth are brushed with fluoride toothpaste twice a day.

Numerator – the number in the denominator whose teeth are brushed with fluoride toothpaste twice a day.

Denominator – the number of adults living in a care home who have natural teeth.

Data source: Local data collection.

b) Proportion of adults in a care home with dentures who are supported to undertake daily oral care.

Numerator – the number in the denominator who are supported to undertake daily oral care.

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

Data source: Local data collection.

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 using the 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 to clean their teeth twice a day or undertake daily oral care for dentures, if support is needed.

Health and social care practitioners (care staff in care homes) support adults living in the care home to clean their teeth twice a day or undertake daily oral 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 they commission services in which adults living in care homes are supported to clean their teeth twice a day or undertake daily oral care for dentures, if support is needed.

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, or to care for their dentures every day, including cleaning them and remove them overnight.

Source guidance

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

Equality and diversity considerations

Care staff may be uncertain or anxious about how to provide mouth care for adults in care homes with impaired sensory function or cognition. Care home managers should make sure that care staff understand the needs of people with dementia and other cognitive difficulties. They should also make sure care staff know how to respond if a resident refuses oral health care, in line with the [Mental Capacity Act](#) and local policies about refusal of care (see also NICE's information on [your care](#)).

Quality statement 4 (placeholder): Supporting daily mouth care in hospitals

What is a placeholder statement?

A placeholder statement is an area of care that has been prioritised by the quality standards advisory committee but for which no source guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be developed in this area.

Rationale

Evidence-based guidance is needed on how best to support people to brush natural teeth and care for their dentures while in hospital. Good mouth care in hospital can reduce the risk of infection and improve experience for inpatients. Daily mouth care in hospital is particularly important for people who are in hospital for long periods, to prevent deterioration in their oral health.

Question for consultation

Do you know of any relevant evidence-based guidance that could be used to develop this placeholder statement? If so, please provide details. If not, would new evidence-based guidance relating to daily mouth care for people in hospital have the potential to improve practice? If so, please provide details.

Is there a particular group of people that would most benefit from receiving support for daily mouth care in hospitals?

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.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [quality standard advisory committees](#) on the website 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 [quality standard's webpage](#).

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 oral health-related quality of life.

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

- [Adult social care outcomes framework 2015–16](#)
- [NHS outcomes framework 2016–17](#)
- [Public health outcomes framework for England, 2016–19.](#)

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](#) 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.

ISBN: