Oral Health and Hygiene in Care and Nursing Homes Guidelines

Oral health and hygiene is part of a health assessment and continuing care of a person. The needs of person may change with time so oral health and hygiene needs should be part of a regular review of care needs. These guidelines are designed to complement existing standards for oral hygiene for those in residential accommodation.

August 2013
# Equality Impact Assessment

<table>
<thead>
<tr>
<th>Who does the proposed piece of work affect?</th>
<th>Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>Carers</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have the legal implications been considered?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. Will there be a positive benefit to the users or workforce as a result of the proposed work?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>4. Will the users or workforce be disadvantaged as a result of the proposed work?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using **Screening Form One**

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<td>2.0 Dental Registration</td>
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<td>3</td>
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Oral health and hygiene in care and nursing homes

1.0 Introduction

There have been a number of concerns raised about residents in care homes, residential and nursing, and the level of care given to them about dental treatment, oral hygiene assessments and mouth care planning.

Poor dental care leads to reduced nutrition with subsequent problems such as tissue viability which may result in the development of pressure ulcers, loss of weight, poor nutrition, reduced auto-immunity which may result in loss of well being and increased risk of infections.

Upon admission the resident may be able to retain the services of their dentist or may not be registered.

2.0 Dental Registration

- Residents should be registered with a dentist so that routine care and emergency care can be accessed with ease.
- Residents should be registered with a dentist irrespective of whether or not they have their own teeth or dentures.
- Patients may have care under the NHS dental scheme unless they choose to pay privately.
- Residents should have appointments in a dental surgery for the most optimal care as much dental equipment is not transportable.
- Residents should be supported to use community dental services all the time they are able to keep an outpatient appointment.
- The frequency of appointments will be determined by the dentist.

3.0 Care Home Responsibilities

- Upon assessment for suitability to a care home oral hygiene should be a considered.
- The assessment should show what their history of oral hygiene was and what support they will need to maintain this at a good standard.
- All homes should have an oral hygiene policy.
- All residents should have oral hygiene assessments that should be part of the overall care planning that the home undertakes.
- Oral hygiene assessments will require regular reviews.
- Oral hygiene should be part of the care plan for placement or be reviewed within first six months of placement.
- Each home should have details of emergency dental services and how to access them.
- Domiciliary dental care is a very limited but may need to be considered when the patient is unable to travel to any health appointment.

4.0 Patient with special needs

If patients have special needs which require a higher level of understanding then the Dental Access Centre should be considered. This service is provided by the Dental Access service in Exeter and Barnstable and also by the Dental Access Centre in Plymouth. Any professional (including non dental practitioners) can refer to the centre using the appropriate referral form.
The Salaried Dental Service

The Salaried Dental Service provides both an Urgent Care service through its Dental Access Centres and a Special Care Dental Service.

Dental Access Centres

The Dental Access Centres are available to anyone who resides in the Devon area, who does not have a regular general dental practitioner (NHS or Private). It is also open to visitors to the area who are unable to reach their own dentist.

The service is not available to people who already have a general dental practitioner in the Devon area.

Appointments are booked for patients through the Access Centres or through Devon Doctors one day ahead. Patients are either given an allotted time or attend on a first come first seen basis.

Although urgent appointments are available this is not a drop-in service. You MUST telephone the service to make an appointment in advance.

- Exeter NHS Dental Access Centre
  Dental Access Centre (open 5 days per week)
  Telephone: 01392 405700

- Barnstaple NHS Dental Access Centre
  Dental Access Centre (open 5 days per week)
  Telephone: 01271 324878

- General Dental Helpline
  Open 08:00 -18:00 daily
  Telephone: 0845 002 0034

The Dental Access Centres can offer a limited range of NHS treatment. However, highest priority is given to people who are in pain and to those suffering from bleeding and excessive swelling.

Appointments for routine treatment are restricted by the number of patients requiring more urgent care.

When your treatment is complete you will, unless there are exceptional circumstances, be discharged from the service. We will then advise you how to find your own NHS general dental practitioner. This service will not register patients.

Normal NHS dental charges will apply for all patients unless you are exempt, (evidence of which must be brought to your appointment). We accept cash or cheque at the time of your appointment.
Special Care Dental Service  
Request for assessment – Referral from a non Dental Practitioner

NOTE: Please ensure you complete the whole of this form, or it may be returned to the referrer for more information.

Send completed referrals to:
Exeter NHS Dental Access Centre, Royal Devon and Exeter Hospital (Heavitree), Gladstone Road, Exeter EX1 2ED
Barnstaple NHS Dental Access Centre, Barnstaple Health Centre, Vicarage Street, Barnstaple, EX32 7BH

Patient's details:

| Patient's Name |  |
| Home address |  |
| Postcode |  |
| Contact Telephone Numbers |  |
| Date Of Birth |  |

<table>
<thead>
<tr>
<th>Name of Regular Dentist</th>
<th>Name of General Medical Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Surgery</td>
<td></td>
</tr>
<tr>
<td>Surgery Address</td>
<td>Name of GP surgery</td>
</tr>
<tr>
<td>(surgery stamp can be used)</td>
<td></td>
</tr>
<tr>
<td>Surgery Telephone Number</td>
<td>Name of School – if child</td>
</tr>
<tr>
<td>Date patient last seen</td>
<td>First language – if not English</td>
</tr>
</tbody>
</table>

Please tick reason for referral to Special Care Dental Service:

- Learning disability [ ]
- Acquired brain injuries [ ]
- Diagnosed mental health illness [ ]
- Autistic spectrum disorders [ ]
- Current significant misuse of substances [ ]
- Child with cleft lip or palate [ ]
- Dental treatment complicated by medical condition [ ]
- Medical condition significantly affected by poor oral health [ ]
- Sensory disability making access to general dental service difficult [ ]
- Physical disability making access to general dental service difficult [ ]
- Uncooperative preschool children, or children with a phobia of dental treatment (treatment must have been attempted in General Dental Practice prior to requesting referral) [ ]

Please give information explaining chosen category and why patient is not suitable for treatment in a General Dental Practice:
Provide and overview of patient's medical history (please include a signed current medical history form and a list of the patient's current medication with the referral form):

If known please provide information of any recent dental treatment and any current dental problems you consider the patient may have:

Please tick relevant box:

Is the referral request for: a single treatment [ ] or for ongoing care [ ]

Please provide any other information you consider may be helpful such as communication issues / social issues etc.

CHECKLIST Please ensure the following is attached and actioned prior to referral:

Signed medical history form (Please phone the Dental Access Centre and we can fax or email a copy to complete) [ ]

List of patient medication [ ]

Patient and / or carer has been informed of request for assessment and the reason for referral [ ]

Do you consider this to be an urgent referral? If yes please state why: Yes [ ] No [ ]

PLEASE NOTE:
The Special Care Dental Service reserves the right to refer patients back to a General Dental Practitioner if they do not fit any of the criteria the service is commissioned to provide, or if the form is not legible or completed fully.

<table>
<thead>
<tr>
<th>Name of Referrer</th>
<th>Signature of referrer</th>
<th>Designation / role of referrer</th>
</tr>
</thead>
</table>
Weekends and bank holidays
An emergency service is provided
By Devon Dental
Please telephone them on
01392 823682
After 18.00 pm

For enquiries about finding a Dentist
Phone the helpline on
0845 0020 034

There is limited car parking available on site
For information on public transport ring
Traveline 0871 200 22 23

Patient responsibilities
You should provide as much notice as possible if you have to cancel or change an appointment.
Please inform us of any change of details, so we can update your records.

Confidentiality
We take patient confidentiality extremely seriously.
All personal information is treated in the strictest of confidence.
We are governed by Plymouth Community Healthcare Policies

Complaints
If you are unhappy about any aspect of our service, please talk to a member of staff. We are always happy to receive feedback on our service.
There are leaflets in the waiting area giving details of our customer service team on
01752 435204
If you would be interested in joining a patient focus group please leave your details at reception.

Dental Access Centre
1a Baring Street
Greenbank
PLYMOUTH
PL4 8NF
Telephone
0845 155 8070
Welcome to the Dental Access Centre

Our range of services
The service treats patients who are not registered with a General Dental Practitioner
We offer:
- Treatment for patients who are in pain and cannot access dental treatment
- Dental care for children
- Dental care for patients with special needs

If in doubt if you qualify to use our service please talk to our administration team

Patients can contact us
Monday-Friday
08.45 am-17.00pm
Telephone 0845 155 8070

All appointments must be booked
If you are in pain and require an urgent appointment please telephone
01752 155 8070

On arrival at reception you will be asked to fill in a medical history form and the relevant NHS paperwork
If you are taking medication it would be helpful if you bring a list with you.

NHS Charges
We charge current NHS charges
You do not have to pay for treatment if, when the treatment starts, you are:
- Aged under 18
- Under 19 and in fulltime education
- Pregnant or have had a baby in the previous twelve months
- Receiving income support
- Receiving Income related employment and support allowance
- Receiving Income based job seekers
- Have a pension credit guarantee card
- Are named on a valid NHS tax credit exemption certificate
- Are named on a valid HC2 certificate

Payments may be made using
- Cash
- Debit/credit card

Our team consists of
- Dentists
- Dental Therapists
- Dental Hygienists
- Dental Nurses
- Decontamination team

all fully supported by
- the administration team

Infection control
We take the safety of our patients and staff seriously. We follow all the recommended guidelines with respect to the decontamination of instruments and the use of disposable items and the cleaning of the surgeries.

If you have any queries please ask to speak to our Infection control lead
### Appendix 4

**Referral of Patients to Plymouth Community Healthcare Dental Service**

<table>
<thead>
<tr>
<th>Patient’s full name</th>
<th>Patient’s Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Address</td>
<td>Patient’s Telephone Number(s)</td>
</tr>
<tr>
<td>Patient’s postcode</td>
<td>Home</td>
</tr>
<tr>
<td></td>
<td>Work</td>
</tr>
<tr>
<td></td>
<td>Mobile</td>
</tr>
<tr>
<td>NHS Number</td>
<td>Email address</td>
</tr>
</tbody>
</table>

I am unable to treat this patient myself because: (please give reason, e.g. phobia, attendance history, etc)

…………………………………………………………………………………………………………………………………………………………………………………………………………………..
…………………………………………………………………………………………………………………………………………………………………………………………………………………..

I have attempted the following treatment (not minor oral surgery):

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Further information: (e.g. Learning disability, mental illness, mobility, if wheelchair user - can the patient transfer independently from a wheelchair? Etc)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Suggested Dental Treatment:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Incomplete forms will be returned. This includes the medical history form overleaf.
Please return your form to: Patient Referrals, Dental Access Centre, 1a Baring Street, Greenbank, PL4 8NF

<table>
<thead>
<tr>
<th>Nursing home details Name of referrer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full address of home</td>
</tr>
<tr>
<td>Contact number</td>
</tr>
</tbody>
</table>

DENTIST’S NAME AND ADDRESS IN CAPITALS and date when last seen by dentist
## Appendix 5

Plymouth Dental Access Centre

### PATIENT ASSESSMENT & MEDICAL HISTORY QUESTIONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mobile Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GP Surgery Name</th>
<th>Postcode</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do you have, or have you had:</th>
<th>- give details please</th>
</tr>
</thead>
</table>

- Heart disease, surgery, murmur, rheumatic fever
- Chest pains, angina, swollen ankles
- Problems with blood pressure
- Pacemaker, thrombosis, other
- Bronchitis, pneumonia, pleurisy
- Emphysema, chest surgery, cystic fibrosis
- Breathlessness on exercise or at night
- Other chest condition, smoker
- Hepatitis B, C, HIV or had blood transfusion
- Bleeding problems, abnormal bruising
- Anaemia, sickle cell
- Haemophilia, other bleeding disorder
- Diabetes (sugar in urine)
- Jaundice, liver disease
- Kidney, Urinary problems
- Epilepsy, convulsions, fits
- Indigestion, hiatus hernia
- Previous general anaesthetics for any operation, including dental treatment
- If "yes", were there any problems
- Family history of general anaesthetic problems
- Asthma, eczema, hay fever
- Allergic to, or had any reactions to any medicines, drugs, local anaesthetic, foods, elastoplast, latex etc
- Taking any medicines, drugs, pills, inhalers, suppositories or skin creams, contraceptive pill etc
- Taking steroids or had any in the past year
- Faint easily
- Any inherited diseases within the family
- Mental health problem, learning disability, or syndrome, etc.
- Any other serious illness or condition
- Are you pregnant, or think you might be?
- Are you breast feeding?
- Do you drink alcohol?

<table>
<thead>
<tr>
<th>What do you weigh?</th>
<th>Stones</th>
<th>Kg</th>
</tr>
</thead>
</table>
Medical History – November 2011