

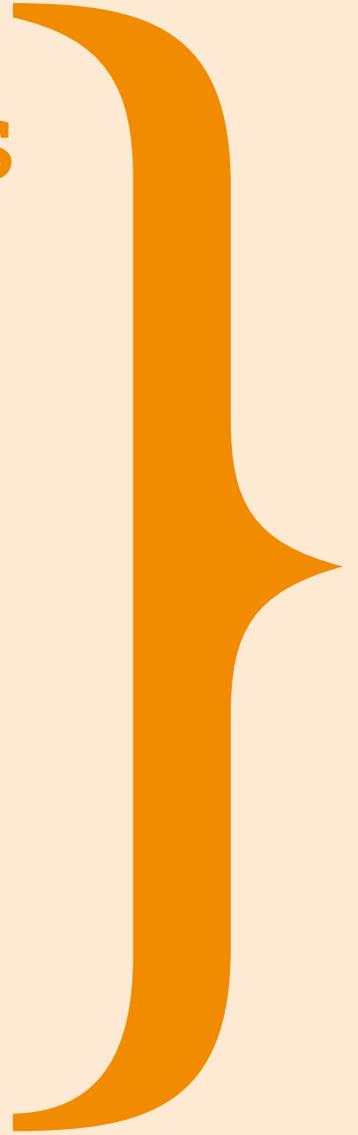
Mouth Care Matters

Toolkit for Improving Mouth
Care in Hospitals



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Contents



	Introduction	6
1	The need to improve mouth care in hospitals	8
2	Making a change to mouth care on a ward	14
3	Improving mouth care across a hospital/organisation	17
	Step 1 - Identification of a mouth care lead(s)	18
	Step 2 - Developing a multidisciplinary mouth care network	18
	Step 3 - Investigating existing mouth care standards (collection of baseline information from the Trust)	20
	Step 4 - Developing a mouth care quality improvement project plan	30
	Step 5 - Implementing/updating a mouth care policy	32
	Step 6 - Introducing/updating a mouth care assessment and recording tool	32
	Step 7 - Reviewing mouth care products on the ward	33
	Step 8 - Introducing mouth care training for hospital staff	33
	Appendixes	40

A toolkit for oral health quality improvement in hospitals

Introduction



The purpose of this toolkit is to provide guidance for health care professionals to improve the standards of mouth care for adult inpatients during their hospital admission. These recommendations are based upon the work that has been carried out as part of the Health Education England quality improvement programme 'Mouth Care Matters'.

Before implementation of any of the recommendations in this toolkit, we advise that you check it meets the governance standards of your NHS Trust.

The overall aim of Mouth Care Matters (MCM) is to empower staff through training and education to identify people that need help with mouth care and ensure it is delivered in a safe and compassionate way.



This toolkit does not provide training in oral health; for training material please refer to the resources section on the MCM website (www.mouthcarematters.hee.nhs.uk)

Part 1

The need
to improve
mouth care
in hospitals



Why does Mouth Care Matter?

Supporting patients with regular mouth care is a fundamental part of care that has frequently been identified as requiring improvement. (<http://www.mouthcarematters.hee.nhs.uk/wp-content/uploads/2017/02/171025-Standardising-the-delivery-of-oral-health-care-practice-in-hospitals.pdf>).

Good mouth care contributes to good oral health. Oral health is an important part of general health and wellbeing. It allows people to eat, speak and socialise without discomfort or embarrassment. Hospitalisation can be associated with a deterioration of oral health in patients. This in turn has been linked to an increase in hospital-acquired infections (such as hospital acquired pneumonia), poor nutritional uptake, longer hospital stays and increased care costs (Terezakis et al 2011).

Good oral health is also important for patient safety and dignity, and is an essential element of compassionate care.

Why invest in a mouth care quality improvement plan?

Mouth care standards in hospitals have been found to be poor, in 2016 key findings from 12 acute NHS trusts in Kent, Surrey and Sussex included:

- Not one of the trusts had a specific policy or protocol for mouth care and oral health.
- Only four out of 12 trusts had standard documentation available on the wards for recording mouth care.
- An audit of 692 notes across the 12 trusts found 95% did not have any record of an oral assessment being undertaken.
- Mouth care training was available in five trusts; however, this was often for nurses on only one ward or for one speciality. A nursing survey of 724 staff found that only 52% had any previous training in mouth care.

- Resources for carrying out mouth care were ineffective and posed safety issues, with 12 out of 12 trusts using foam sponges as standard practice for mouth care. Foam sponges do not effectively clean teeth and can be a patient safety risk due to the ease of detachment of the foam head and potential aspiration.
- There was no defined pathway in any of the trusts for patients with urgent dental problems such as very loose teeth or acute dental pain.
- A survey of 593 inpatients found that 26% were experiencing problems with their mouths but only 19% of patients overall were asked if they were experiencing oral problems.
- 11 Trusts reported losing 695 dentures in the last 5 years. When the data is extrapolated, as a minimum 9,500 dentures are lost in NHS hospitals in England every year, costing the NHS in the region of £1 million annually. Much of this is preventable.

East Surrey Hospital was rated good by the CQC inspection in 2014; the only clinical improvement recommendation was to review mouth care as this was identified as a poor standard. The inspection found patients had dry mouths and there was no evidence of oral health assessments in the nursing notes.

Another trust was issued a regulation 28 letter by the coroner's office after a mouth care related safeguarding investigation. A patient with dementia was discharged from hospital to a care home after 35 days, his mouth was very dirty and full of dried oral secretions that prevented him eating and drinking, his dentures had also not been removed at all during his admission. He died shortly after arriving at the care home. A coroner described his care as sub-optimal in all respects and issued a regulation 28 letter to the trust requiring improvement in the mouth care standards which were found to be deficient.

Financial Benefits

Investing in mouth care has been shown to have significant financial benefits.

An unhealthy mouth contributes to poor nutritional uptake and a higher risk of hospital acquired infections including pneumonia which can lead to increased bed days and higher overall care costs. A health economics evaluation was carried out on the Mouth Care Matters programme, it was found that for every pound invested in MCM across Kent, Surrey and

Sussex there was a £2.66 benefit of return within the health care system. Mouth care habits of health care professionals attending training also improved with a further £17 in social benefits.

For more information on financial benefits, a health economics report is available to read on the Mouth Care Matters website which looks at the potential financial savings.

http://www.mouthcarematters.hee.nhs.uk/?page_id=1488

Benefit to patients - Quotes from patients and staff:

“At university we were taught that mouth care is very important, yet after qualifying it is the one areas of care I see done so poorly. How can patients eat if their mouth is bone dry and sore - it needs to change and I want to help make mouth care matter”.

Recently qualified nurse

“As a stroke speech and language therapist I regularly carry out swallow assessments but most of the time I need to clean the mouth first, after this the patients are often too tired for the assessment. I think there needs to be a big culture change towards including mouth care as part of daily care”.

Speech and language therapist

“I really wanted to clean my mouth but all I was given during my hospital seven day stay was a pink foam swab and some water”.

89-year-old patient

“When my elderly father was dying, I remember kissing him and there was a horrible smell from his mouth. His mouth was so dry I could barely understand what he was saying. A nurse that has been on recent mouth care training helped to clean his mouth, it made such a difference and he seemed so much more comfortable. He was able to speak a little and was even smiling over the last few days”.

Daughter of a patient

Mouth Care Matters is based on four key principles; staff require:

1. **Knowledge** of the links between oral health and general health and well-being.
2. **Skills** gained through training on how to carry out assessments of the mouth and good mouth care.
3. **Access** to tools needed to provide effective mouth care such as toothbrushes, toothpaste, denture pots, and easy access to dry mouth products.
4. **Support** when necessary from doctors/dentists/staff with enhanced mouth care skills such as mouth care leads.

Who is responsible for mouth care?

MCM is not just for nursing staff in a hospital; it is also for other health care professionals including doctors, speech and language therapists, dieticians, occupational therapists and pharmacists. Oral health care should be on everyone’s radar and training can involve the multidisciplinary team.

4 Simple Principles



1

Provide staff with **knowledge** of why mouth care is so important



2

Ensure staff are **skilled** to provide **good mouth care**



3

Patients have **access** to **effective** mouth care products

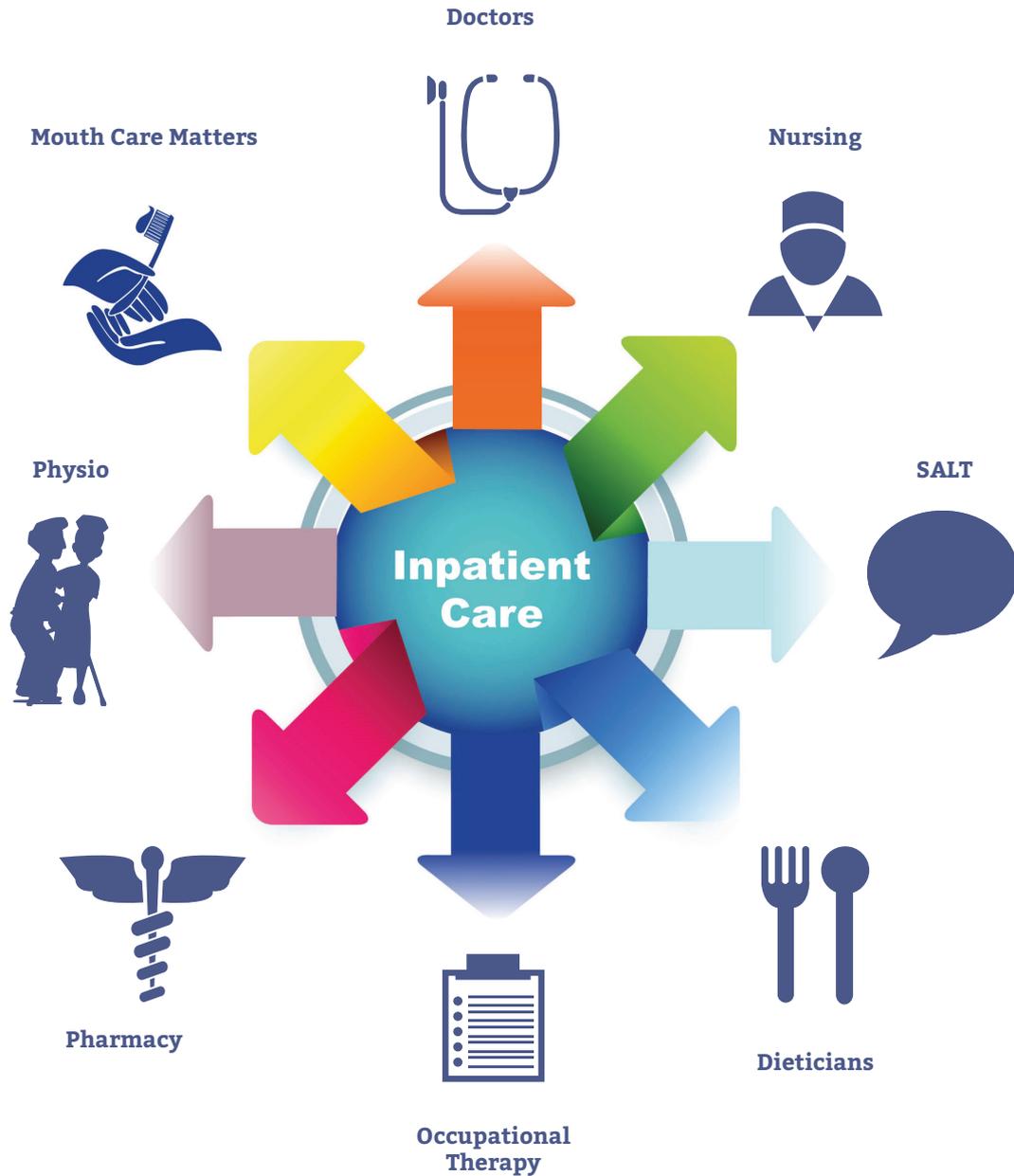


4

Ward staff have **support** from staff with **enhanced** oral health skills

Roles of health care professional in oral health

Health Care Professional	Roles in Mouth Care and Oral Health
Doctors	Diagnosing and prescribing for oral conditions such as ulcers, oral thrush and oral pain.
Nursing staff	Carrying out mouth care assessments and assisting or supporting with mouth care.
Speech and Language Therapists (SALT)	Identifying patients who have poor oral health and require support, advising on oral care for people including those with dysphagia or oral hypersensitivity.
Dietetics team	Nutritional advice concerning oral health.
Occupational Therapists (OT)	Helping to advise and/or create aids for toothbrushes for patients with physical disabilities for example toothbrush grips.
Pharmacists	Advising patients/carers on medication related oral problems including a dry mouth.
Physiotherapists	Role can involve looking into the mouth and making other teams aware of poor oral conditions. When carrying out chest physio or deep suctioning noting oral issues.
Hostess/Porters	Being vigilant about dentures that are often left on trays/bed linen and are disposed of and lost between ward transfers.
Volunteers	Can play a role in asking if patients have products for mouth care or signposting for help.



Making improvements to mouth care can involve one ward or making trust wide changes. Everyone can make a positive change, for example a health care assistant may wish to improve mouth care on their ward or it may be the head of nursing who wants to raise standards across the whole trust. The following two sections provide suggestions for making changes on both a small and large scale.

References

1. (<http://www.mouthcarematters.hee.nhs.uk/wp-content/uploads/2017/02/171025-Standardising-the-delivery-of-oral-health-care-practice-in-hospitals.pdf>).
2. Terezakis E et al (2011) The impact of hospitalisation on oral health: a systematic review. *Journal of Clinical Periodontology*; 38: 7, 628-636.
3. <https://www.mouthcarematters.hee.nhs.uk/wp-content/uploads/2017/08/Mouth-Care-Matters-Health-Economic-Report-Final-draft-20170710-clean....pdf>

Part 2

Making a
change to
mouth care
on a ward



Often the most successful quality improvement programmes start small and focus on making continual small changes of improvement. The Mouth Care Matters initiative began as a small quality improvement programme in one hospital.

Here are some suggestions for making improvements on an individual ward.

1. Review the mouth care products available on a ward.

There are a variety of different products that can be used for mouth care.

Wards should stock as a minimum: small headed toothbrushes, toothpaste and denture pots. Ideally there should also be a supply of non-foaming toothpaste, this can be used for many different patient groups. For example, patients with swallowing difficulties or who are not orally fed, patients who have dementia or patients who have learning disabilities.

Foam ended swabs are not advocated by MCM, and have been banned in many trusts due to risks of aspiration if the foam head becomes detached or is bitten off.

2. Mouths should be assessed on admission.

For patients that are going to be in hospital for over 24 hours it is important to assess whether the patient has any oral health issues that may impact on their recovery for example, a very dry mouth can have an impact on eating and speaking.

3. Identifying patients who require support with mouth care.

It is important to identify the level of support a patient needs with their mouth care. Every patient needs to be assessed on an individual basis. Can they independently access a bathroom to clean their teeth? Are they able to physically grip a toothbrush and clean their teeth? If not they will require some level of assistance.

4. Working to ensure all mouth care is documented.

Investigate where and how mouth care is currently being documented in nursing notes.

Mouth Care Matters has developed a mouth care assessment and recording form, working alongside nursing staff and allied health care professionals.

<http://mouthcarematters.51.143.169.215.xip.io/wp-content/uploads/sites/6/2017/02/Mouth-Care-Assessment-and-Recording-form-April-2018.pdf>

The recording form consists of three parts:

- a Mouth care screening to help identify high risk patients.
- b Mouth care assessment to plan what support and care is needed.
- c Daily recording sheet.

The form can be adapted so that it fits in with the governance and the documentation of the trust. For example, some hospitals have used it as a stand-alone tool, others have it as part of a bundle of nursing care plans and others have used it digitally.

Remember for patients that are in hospital for more than 24 hours:

1. Check if they have mouth care products with them (toothbrush, toothpaste and denture products if necessary).
2. Ask them if they have any oral problems and look out for signs such as not eating, tugging at their face or a swollen face.
3. Look into the mouth with a light source to check if it looks healthy, record your findings.
4. Assess the level of support they need with their daily mouth care.
5. If there are concerns about mouth care or oral problems speak to your senior or the medical team.

Please visit our website to view and download a wide range of resources, including our recording tool, posters and a guide which you can use when making a change in your trust.

Mouth Care Matters

M Mouth Care Pack after 24 hours of admission

O Oral assessment

U Unhealthy mouth & the affects on nutrition, hydration & dignity

T Tools & products

H Help & level of support

S Sunflower & safe denture care



Health Education England

What is MOUTHS?

MOUTHS is an acronym designed to help remember the 6 key points for carrying out good mouth care.

By using MOUTHS in patients daily mouth care routine, their overall dignity and wellbeing will be greatly improved.

The Mouth Care Pack...



Screening sheet



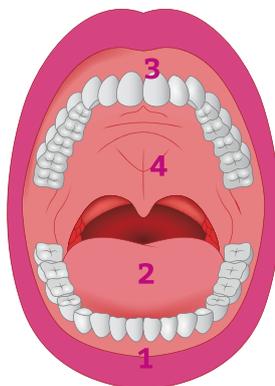
Mouth care assessment



Daily recording sheet

What to look for?

Light source
for better visibility



- 1 Lips: Pink & moist
- 2 Tongue: Pink, moist & clean
- 3 Teeth & gums: Clean, teeth are not broken or loose. Gums are not bleeding / inflamed
- 4 Cheeks / palate / under tongue: Clean, saliva present & looks healthy
- 5 Dentures: Clean & comfortable
It is important that both the dentures and the mouth are cleaned daily

Tools



Small headed toothbrush



Dry mouth gel



Non-foaming toothpaste



Named denture pot (If applicable)

Remember



Denture sunflower

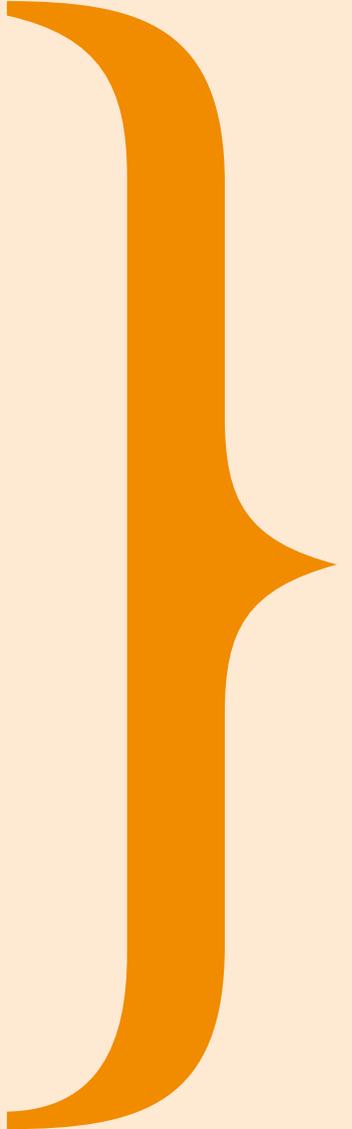
Place the sunflower at the bedside to easily identify patients who have dentures to help reduce loss or damage

5 How to remove & clean a denture



Part 3

Improving
mouth care
across a
hospital/
organisation



This section contains a range of resources including audits, surveys and key recommendations that may be useful to health care professionals working to improve mouth care across a hospital.

It is important to check with your governance team who can recommend if any changes are necessary to align with trust policy.

Step 1 - Identification of a mouth care lead(s)

Making long term sustainable improvements in a hospital or any setting takes time and investment. Full support from the trust at a senior level is essential for making positive changes. We have found from our work with over 100 trusts in England that having a dedicated mouth care lead(s) with protected time to work on quality improvement makes a big difference to the success and sustainability of the initiative.

Characteristics of a good mouth care lead include:

- A highly motivated member of staff that has a passion for service improvement and oral health.
- The lead should ideally be a nurse, a speech and language therapist or dental nurse (with a hospital background).
- Someone who is confident and can positively reinforce to hospital staff why mouth care is an essential part of overall care during a hospital stay.

The mouth care lead does not need to be a member of staff that is involved in diagnosing oral health conditions. The role of the mouth care lead is to promote the importance of mouth care to staff and patients, to provide training and to positively change the culture. **Staff should always work within their scope of practice.**

For a guide on the role of a mouth care lead see Appendix 1.

Step 2 - Developing a multidisciplinary mouth care network

Maintaining good mouth care standards is the responsibility of all health care professionals.

To improve the standards of mouth care, engagement is needed from a range of clinical and non-clinical hospital staff. The following table is a non-exhaustive list of staff in the hospital that can form part of the network to improve mouth care.

Maintaining good mouth care standards is the responsibility of all health care professionals.

Multidisciplinary mouth care network

Role	Can help with
Head or Director of Nursing	Strategic support for the project and helping to establish wider contacts.
Matrons/Ward Managers	Leading by example, helping to arrange training, communicating with staff on wards.
Speech and Language Therapists	Strong advocates for supporting improving oral health as their role involves looking in the mouth and they are often the staff group that identifies problems in the mouth or poor mouth care.
Education and Development team	Can help identify training sessions/events where oral health training can be included for example the new staff induction.
Hospital Procurement	Can help source mouth care products that are suitable and cost effective for hospital patients.
Dental/Maxillo facial unit	Some hospitals will have a dental/maxillofacial department who are often very supportive to work towards improving oral health and have staff who wish to be involved in training and possibly review patients on the ward.
Palliative care team	Mouth care is an important part of palliative care and this team are often keen advocates for improving mouth care and often welcome training and collaboration.
Geriatric/Medical team	Often welcome mouth care/oral health training for medical teams. The medical teams are increasingly caring for patients with dental problems and have been very keen to improve mouth care. Doctors have no oral health training.
Patient Safety team	Can help raise issues that impact on patient safety like the use of foam swabs for mouth care.
Infection Control	Can help raise awareness of the importance of mouth care and the links to infection, and also storage of mouth care products.
Communication team	Assist with promoting mouth care in trust communications, oral health promotion events and on social media.
Governance team	Registering and checking compliance of audits, surveys and service evaluations.

Step 3 - Investigating existing mouth care standards (collection of baseline information from the trust)

Collecting baseline information on current mouth care practice including training and mouth care recording can be used to formulate a mouth care quality improvement

project plan. The baseline data will identify areas of good and inadequate practice, and can be used as part of the evidence for why the initiative is needed in an individual trust. Improvements can be seen by comparing baseline data to data collected after the programme has been implemented. The following tables contain the information that was collected as part of the MCM programme in Kent, Surrey and Sussex.

Mouth Care related information that can be collected for baseline data

Activity	Rationale
1. Baseline trust Survey	This questionnaire provides general information on current practice in relation to mouth care.
2. Mouth Care Survey for Nursing Staff	The aim of this short survey is to collect information about nurse's experiences and attitudes towards training and practices in mouth care. Ward only recommended number is 10 responses Trust wide recommended number is 50 responses
3. Mouth Care Recording Audit	The aim of this audit is to determine whether mouth care is being recorded for in-patients. The audit can be carried out to see if mouth care is being recorded in any sections of the patient notes, for example nursing or medical notes, drugs charts, hydration sheet etc. The audit should include patients from all wards in the hospital including medical, surgical and high dependency or intensive care. Ward only recommended number is 10 responses Trust wide recommended number is 50 responses
4. Inpatient Survey	This survey asks inpatients about whether they are currently experiencing any oral related problems and whether they feel they are getting support with mouth care if they need it. This survey can only be carried out with patients that have the capacity to consent. Ward only recommended number is 5 responses Trust wide recommended number is 25 responses
5. Mouth Care Product Questionnaire	Wards have been found not to stock appropriate mouth care products and this questionnaire can be used to find out if and which products are available. Ward only – check ward Trust wide recommended number is 50% of wards
6. Has mouth care been added to the care certificate within your trust?	Provide learning outcomes:
7. Staff Focus Group	A good way to find out about the attitudes of staff towards mouth care and their views about changing practice.
8. Reflective Case Studies	Cases where the failure to look in the mouth or the absence of supportive mouth care has had an impact on patient are good to share with both clinical and non-clinical staff to demonstrate the impact poor oral health has on overall health.
9. Denture Loss Numbers/ Monies Paid	Denture loss is a significant problem in hospitals nationally and is often under reported. The numbers lost and the cost is very useful information to present to a trust.

Mouth Care Matters Baseline Trust Survey

Question	Answer	Rationale
1. Does your trust have an existing mouth care/oral care policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	All trusts should have a mouth care policy
2. Does your trust have mouth care as part of another policy for example nutrition and hydration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	As above
3. Does your trust have an existing mouth care/oral health-recording tool?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, where is mouth care currently recorded? <input type="checkbox"/> Not currently consistently recorded <input type="checkbox"/> End of life paperwork <input type="checkbox"/> Skin bundle <input type="checkbox"/> Other - specify	Mouth care should be recorded in a designated area in patient records
4. Is there any current oral health/mouth care training for staff in your trust?	<input type="checkbox"/> No <input type="checkbox"/> Yes, it is: <input type="checkbox"/> Ward based training <input type="checkbox"/> Classroom training <input type="checkbox"/> E-learning <input type="checkbox"/> Video <input type="checkbox"/> Other, please provide details	All staff should be able to access mouth care training
5. If there is mouth care training in the trust who is it for?	<input type="checkbox"/> Nurses <input type="checkbox"/> Nursing assistants <input type="checkbox"/> Doctors <input type="checkbox"/> Other allied health care professionals, e.g. SALT, dieticians (please specify)	As above to help to identify gaps in training

Question	Answer	Rationale
<p>6. Has mouth care been added to the care certificate within your trust?</p>	<p>Provide learning outcomes:</p>	<p>As of publication, mouth care was not on the National Care Certificate. Many trusts have chosen to add it locally</p>
<p>7. Have there been any complaints or issues specifically related to mouth care?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Useful to look at mouth care incident recording and complaints to identify areas of poor practice or concern</p>
<p>8. Are there pathways for dental care if the inpatient has the following problem during their stay?</p> <p>Please provide details of pathway for example contact max-fax unit onsite or local dentist?</p>	<p>Problems <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Missing dentures (lost during hospital stay) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Severe tooth ache <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Very loose tooth (aspiration risk) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Swollen face due to dental abscess <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sharp tooth affecting eating <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Head and neck trauma (e.g. broken jaw, avulsed tooth) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Suspicious lesion in the mouth <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Uncontrolled bleeding from mouth (example: after a tooth extraction) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>All trusts should have a pathway for patients with urgent dental care</p>

Question	Answer	Rationale
<p>9. Are foam ended products currently used in your trust for mouth care?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>They are used:</p> <p><input type="checkbox"/> On all wards Specific wards (please provide details)</p> <p><input type="checkbox"/> Other - e.g. end of life/ ITU/HDU They are: <input type="checkbox"/> Pink <input type="checkbox"/> Green</p>	<p>Foam products have been identified as a patient safety risk</p> <p>https://www.gov.uk/drug-device-alerts/medical-device-alert-oral-swabs-with-a-foam-head-heads-may-detach-during-use</p>
<p>10. Is there a policy/guidance for the safe use of foam swabs?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>As above</p>
<p>11. Denture loss recording</p>	<p><input type="checkbox"/> Is denture loss recorded?</p> <p><input type="checkbox"/> Yes No</p> <p><input type="checkbox"/> If yes, how is it recorded?</p> <p><input type="checkbox"/> Datix (incident reporting) Legal</p> <p>In the last 3 years, how many lost dentures have been recorded through Datix?</p> <p>In the last 3 years, how many lost dentures have been recorded through legal?</p> <p>In the last 3 years how much has the hospital paid out in compensation fees due to lost dentures?</p>	

Mouth Care Survey for Nursing Staff

<p>1. Are you a:</p>	<p><input type="checkbox"/> Nursing assistant <input type="checkbox"/> Nurse <input type="checkbox"/> Specialist Nurse <input type="checkbox"/> Other .. Please specify ward type/area of work:</p>
<p>2. Have you ever had training in assessing a patient's mouth and providing mouth care? If yes, what type of training have you had?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Part of nursing or nursing assistant training <input type="checkbox"/> Other formal training <input type="checkbox"/> In house training <input type="checkbox"/> Other, please specify</p>
<p>3. Do you currently find any barriers to providing/assisting patients with mouth care? If yes, what are these barriers?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Time <input type="checkbox"/> Lack of training <input type="checkbox"/> Lack of tools like a toothbrush <input type="checkbox"/> Do not like to do it <input type="checkbox"/> Patient compliance/co-operation <input type="checkbox"/> Not a priority <input type="checkbox"/> Other (Please specify)</p>
<p>4. When giving mouth care, what products do you routinely use?</p>	<p><input type="checkbox"/> Adult toothbrush <input type="checkbox"/> Electric toothbrush <input type="checkbox"/> Toothpaste <input type="checkbox"/> Brushing of gums <input type="checkbox"/> Cleaning of dentures <input type="checkbox"/> Chlorhexidine gel <input type="checkbox"/> Saline <input type="checkbox"/> Over the counter mouthwash <input type="checkbox"/> Artificial saliva/dry mouth gels Gauze</p> <p><input type="checkbox"/> Paediatric size toothbrush (small head) Foam swabs <input type="checkbox"/> Brushing of teeth <input type="checkbox"/> Brushing of tongue <input type="checkbox"/> Chlorhexidine mouth wash <input type="checkbox"/> Lemon glycerine swabs <input type="checkbox"/> Water <input type="checkbox"/> Lubricant applied to lips <input type="checkbox"/> Other mouth gels</p>
<p>5. How often do you record mouth care in your notes?</p>	<p><input type="checkbox"/> Never/almost never (1 in 10 cases) <input type="checkbox"/> Occasionally (3 in 10 cases) <input type="checkbox"/> Frequently (8 in 10 cases) <input type="checkbox"/> Always (10 in 10 cases)</p>
<p>6. Do you feel confident in (tick the box if you agree)?</p>	<p><input type="checkbox"/> Brushing teeth <input type="checkbox"/> Providing dry mouth care <input type="checkbox"/> Recognising and taking dentures in and out of a mouth <input type="checkbox"/> Assessing a mouth and referring onwards if necessary <input type="checkbox"/> Providing mouth care for someone who displays challenging behaviour</p>
<p>7. Do you feel confident in recognising signs of:</p>	<p><input type="checkbox"/> Dry Mouth <input type="checkbox"/> Ulcers <input type="checkbox"/> Thrush/Candida <input type="checkbox"/> Oral cancer</p>
<p>8. Do you feel you would benefit from training in providing mouth care and assessing the mouth?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Any other comments</p>	

Mouth Care Recording Audit(s)

Audit Capture (both pre and post implementation of Mouth Care Matters)

WARD TYPE.....

DATE.....

<p>1. How long has the patient been in hospital?</p>	<p><input type="checkbox"/> < 24 hours <input type="checkbox"/> 1-7 days <input type="checkbox"/> >7days</p>
<p>2. Where in the notes is mouth care recorded?</p>	<p><input type="checkbox"/> Nursing notes <input type="checkbox"/> MCM Recording and assessment tool <input type="checkbox"/> Medical notes Drugs chart <input type="checkbox"/> SKIN bundle <input type="checkbox"/> Mouth care/oral care form <input type="checkbox"/> No record</p>
<p>3. Is there record of a mouth care assessment/examination being carried out from the notes?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Is there a record of whether the patient has any oral related problems (such as dry mouth/pain/soreness etc)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Is there a record of whether the patient has mouth care products such as toothbrush/ toothpaste/denture care products?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Is there a record of mouth care being carried out in the last 24 hours?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>

Inpatient Survey

(NB: If undertaking on a ward where you do not know the patients, speak to the ward staff to identify patients who are well enough to participate in the survey and have the capacity to consent).

Patient consent:

We are/I am carrying out a project looking at mouth care in hospitals.

The information collected will be used to look at ways in which we can improve services for patients.

I want to ask you some questions on whether being in hospital has impacted on how you care for your mouth and whether you need any support with mouth care.

1. How long have you been in hospital for?	<input type="checkbox"/> < 24 hours <input type="checkbox"/> 1-7 days <input type="checkbox"/> >7days
2. Since being in hospital have you been asked by staff whether you need any mouth care products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you needed any products, were they provided? (Note to audit taker, please state what products are visible/available on patient's bedside)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you found it uncomfortable to eat any food or to drink because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been asked by staff whether you are having any problems with your mouth including pain, mouth dryness, problems eating or drinking, broken or lost dentures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you currently wear dentures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you able to get up out of bed and go to the bathroom with no help from staff to brush your teeth/clean dentures? If no, how regularly have you received help in brushing your teeth/cleaning dentures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Daily <input type="checkbox"/> A few times a week <input type="checkbox"/> A few times a month <input type="checkbox"/> Never
8. At home, how many times a day do you clean your teeth/mouth/dentures?	<input type="checkbox"/> Twice daily <input type="checkbox"/> Once daily <input type="checkbox"/> A few times a week <input type="checkbox"/> Never
9. In hospital, how many times a day do your teeth/mouth/dentures get cleaned?	<input type="checkbox"/> Twice daily <input type="checkbox"/> Once daily <input type="checkbox"/> A few times a week <input type="checkbox"/> Never
10. Has being in hospital affected the way you look after your mouth?	<input type="checkbox"/> Stayed the same <input type="checkbox"/> Improved <input type="checkbox"/> Made it worse
11. Since arriving, has your general oral health changed?	<input type="checkbox"/> Stayed the same <input type="checkbox"/> Improved <input type="checkbox"/> Made it worse

Mouth Care Product Questionnaire

What products are available on your ward for a nurse to provide supportive mouth care?

When making a change trust wide it is useful to assess what products are on the wards before implementing a change, use the table below to check the current tools.

Recommended Mouth Care Products	Yes (please add product details e.g. product code or make)	No (please comment on alternative options if available)
Small headed toothbrush		
Toothpaste		
Non-foaming toothpaste		
Dry Mouth products (not on prescription)		
Denture pot/Lid		
Foam ended mouth care products		
Mouth care container to store products		
Other mouth care items:		

Staff feedback in the form of focus group

Focus groups are about gaining insight through guided group discussion, where staff share their thoughts, feelings, attitudes and ideas on subjects in a safe forum. These discussions bring a rich source of data in participants' own words and develop deeper insights that can help plan training or how to implement changes.

The aim of holding a Mouth Care focus group

- To obtain feedback from staff about mouth care in their hospital
- To identify areas of good practice
- To identify issues to address and where improvements can be made
- We suggest holding focus groups before during and after implementation of a change.

Focus Group discussion guide for session

Welcome and Introduction
(Thank you for coming, Who I am?, Who are you?)

Purpose of focus group

To find the views of different members of the nursing team (all levels) in relation to mouth care for our patients in hospital.
To start to work towards forming a team/network to support mouth care improvement in the trust.

Explain ground rules

- We want **you** to do the talking.
- We would like to hear everyone's views and allow you all to have your say.
- If you feel I have interrupted you to hear from others, please accept my apologies in advance.
- Similarly, there is a lot to get through, so we may have to move the discussions on before you feel you have made your point. If so, we can either re-visit it at the end, or you can talk to me after the discussion finishes.
- There are no right or wrong answers.
- Every person's opinions are important.
- Please feel free to disagree with others or share a different point of view.
- Remember that we are here to raise issues and possible solutions in a constructive way. Raise frustrations but the aim is to discuss how best to move forward.
- What is said in this room stays here.
- Discussions will be anonymous nothing you say can be attributable to you.
- This is a relaxed and open session.
- Please respect the views of others by agreeing not to discuss details of our conversation outside this room or once we have finished.
- Only mention the level of details that you are comfortable to discuss.
- With your permission we would like to record the discussions to help us reflect on the issues that have been raised.
- If we use any quotes, they will be anonymous but used to illustrate a point that has been made.

Overview (rough guide to questions you can ask)

- In terms of priorities, where does mouth care fit in caring for patients?
- Why is mouth care important for patients?
- What are the links to oral health and general health?
- In terms of priorities, where does mouth care fit in caring for patients?
- When is mouth care given to our patients?
- Whose role on the wards is mouth care?
- Is mouth care currently recorded? If so where? Is it thorough?
- Are patients having their mouths assessed like we assess the rest of the body on admission?
- What challenges are there in delivering mouth care to patients?
- Under what circumstances do you think mouth care is not appropriate for a patient?
- PROBE FOR ISSUES AROUND A PATIENT'S CAPACITY TO CONSENT (NB, if a patient does not have capacity, unless it causes distress then it is in the patient's best interests to provide mouth care. If it does cause distress you should try again on another occasion - always document).
- Is there a need for there to be changes to mouth care for inpatients?
- Is there a need for training in mouth care?

Summary

- What would you like to see implemented/changed to improve how we care for patient's oral hygiene even further?
- Discuss products currently available and new products.
- Mouth Care recording paperwork.
- Ward champions.
- Don't forget to ask attendees if they have any additional questions.

Reflective Case Studies

Case discussions have played an important part in the Mouth Care Matters initiative as they have shown repeatedly the impact of poor oral health on a patient's overall health and well-being and have identified patient safety and infection control issues. Reflecting on cases as part of a small team or discussion at senior meetings is a good way to share with the trust the importance of oral health. It may also help identify areas of poor practice for example mouth care recording.

It is much more powerful to have photographs from cases you have found in your own hospital rather than cases from another hospital. Read the trust photography policy before you take any photographs. Most trusts require the use of a registered trust camera to take photographs. Make sure you always seek verbal and written consent before taking photographs.

Below is an example of a Mouth Care Matters case study:

Case Discussion

Mouth Care Lead at an NHS Trust
Background

An 89-year-old female was referred to the mouth care lead due to her poor mouth state on admission to hospital.

There were concerns about neglect and lack of support for mouth care in the care home environment.

Although the patient was able to communicate, due to previous stroke and arm weakness, she was dependent on others for full mouth care making her more vulnerable.

This case was an important learning opportunity as it demonstrated to staff the importance of looking into the mouth, raising concerns and consequently changing future risk of similar events occurring.

On Assessment

Looking in the mouth, the patient's palate was coated in thick yellow dried secretions. She also had blood encrusted coating around her lips and coating her teeth.

The medical team had just been to review the patient, there were no mentions of the patient's mouth state in their entry, their only observation was "patient appears dry".

I noticed during the assessment she wore upper dentures. When these were removed, they were very unclean, covered in a yellow/green phlegm-like texture. The patient had been complaining of a sore and painful mouth and had not been eating and drinking.

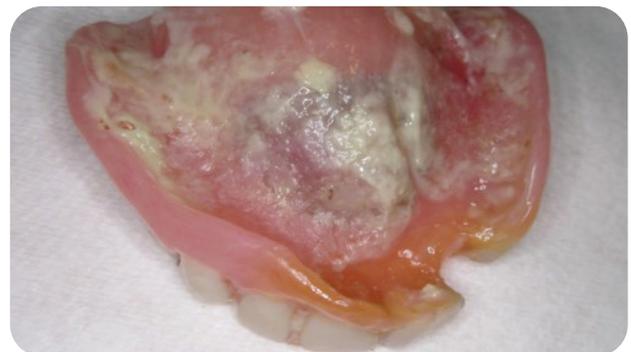
Advice and Outcome

Full mouth care was given with student nurse support. The dentures were removed and cleaned. Dry mouth gel was applied to mouth. A small soft-headed toothbrush, dry mouth gel and non-foaming toothpaste were left at patient's bedside. The mouth care lead showed the nursing team how to care for the mouth.

The nurse in charge completed an incident form and raised a safeguarding incident in regard to the care agency attending to the patient at home.

The MCM lead was contacted by the safeguarding team days after requesting some advice for the care staff at home.

The patient's package of care times at home was increased to allow for more time for mouth care as a result of the safeguarding investigation.



Before photos

Learning Points

1. Increased awareness from staff regarding the importance of mouth care resulted in the first referral to mouth care lead.
2. Despite the patient being reviewed by the medics on ward round minutes before MCM lead input, there were no concerns raised which demonstrates that the inside of the mouth was not assessed.
3. Had basic mouth care not been given in a timely manner, this could have resulted in the patient stopping eating and drinking, and increased risk of chest infections from bacteria build up in the mouth.
4. By raising the issue early, appropriate investigations took place, and the patient's general care after discharge from hospital was improved.

After Photos



Denture loss data

Losing a denture while in hospital can be very distressing to an individual, and can have a detrimental effect on their eating, their ability to communicate and their well-being. In most cases, patients will need to wait until they have been discharged from hospital before they can access a dentist to re-make their dentures. This process can take up to several months if not longer. Furthermore, reimbursement for denture loss is a significant financial burden to the trust.

It can be challenging to find accurate data on the number of dentures lost; we have found that following a denture being lost the following happens:

- It is not reported
- Reported to lost property

- Reported to Patient Advice and Liaison Service (PALS)
- Incident reported
- After discharge it is reported by the patient or family

To investigate denture loss numbers, we would recommend that you check Datix. You should also contact the incident reporting lead, PALS team, general lost property office, laundry and the lost and claims department.

The claims department may also be able to help with the amount of money it has cost the trust in reimbursements for lost dentures over the past few years.

Denture loss in England

11 Trusts in Kent, Surrey and Sussex reported losing 695 dentures in their last 5 years.

7 Trusts reported financial reimbursements of £357,672 over the last 5 years.

Highest amount reimbursed for a single denture was £2,200.

J mann & M. Doshi (2017). An investigation into denture loss in hospitals in Kent, Surrey and Sussex BD/223, 435-238 (2017) doi:10.1038/sj.bdj.2017.728

Step 4 - Developing a Mouth Care quality improvement project plan

After collecting the baseline information, it can help identify where change and focus is needed. For example introducing training, changing mouth care products, writing and ratifying a mouth care policy.

It can be helpful to formulate a series of key performance indicators (KPI's) as supporting evidence. These indicators will help to evaluate whether the trust is achieving the mouth care improvement objectives and if additional support is necessary. The KPI's can include undertaking a range of audits and questionnaires after implementation of mouth care recording paperwork and training to measure improvements against baseline data.

The following table contains a mouth care improvement plan, please note these are only suggestions and can be modified.

Mouth Care Key Performance Indicators (KPI)

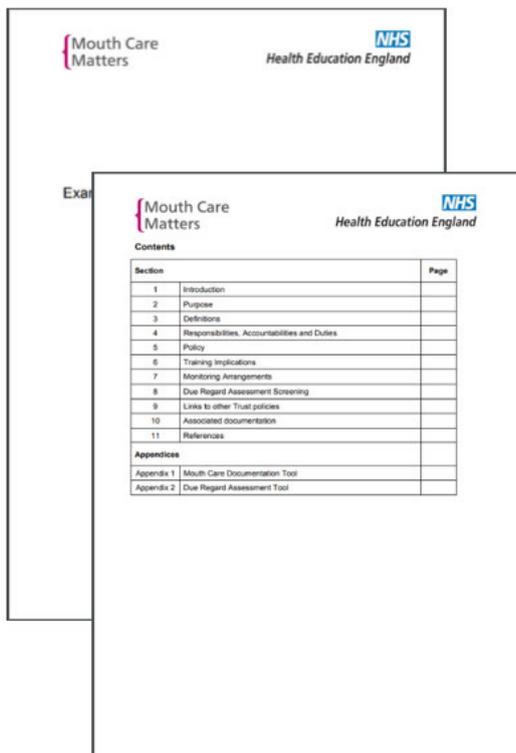
Action (Key performance indicator)	Evidence	Notes
Mouth Care Matters Lead(s) identified	Name of designated lead(s)	
Completion of base line investigations	Completed questionnaire	Complete and analyse survey.
Nursing staff survey on mouth care and training (pre-mouth care matters)	Summary data collection sheet	Will help identify where training is needed and for which nursing grade.
Inpatient questionnaire on mouth care experience (pre-mouth care matters training)	Completion of survey data collection sheet	Shows whether patients are getting the support they perceive they need with mouth care.
Audit of mouth care recording for inpatients (baseline)	Data from audit	Is mouth care carried out and consistently recorded?
Mouth Care Products audits	Data from survey	Are wards stocking safe and appropriate products for inpatients.
Having mouth care included in trust policy	Policy successfully accepted by board	Can adapt policy or write a policy or standard operating policy, if one is not in place. Will need to be ratified by trust.
Mouth care assessment and recording form implementation within trust	Mouth care recording form as part of nursing documentation	If a new tool is required, it is worth introducing on one ward at a time.
Ongoing Mouth Care Training for staff (class room and ward based)	Summary of numbers and evaluation	Feedback can be used to adapt training or make a case for on-going training.
Audit Mouth care recording (post training)	Summary data collection sheet	Audit on a six monthly basis after implementation of training and recording tool to see if there have been changes.
Improvement in mouth care patient experience (Mouth care audit tool)	Summary data collection sheet	Carry out on a six month basis after implementation of training and recording tool.
Mouth Care related case studies	Completion of reflections	Reflections and quotes make powerful evidence for the need for change.
Denture loss numbers feedback	Incident report numbers/ financial claims for last 3 years	Numbers/costs are important for all staff to reflect on and can be used as part of denture loss training.
Staff feedback on the Mouth Care Matters initiative	Focus group with staff after training has been implemented	To seek the views of staff of whether the training and tools are useful and how to continue to make improvements.
Oral health promotion events within organisation (Smile month/ mouth cancer action month/ innovation etc.) Use of social media	Poster/Presentation/ promotional stand/twitter	Can promote the importance of oral health for clinical and non-clinical staff and patients and carers
Presentation on the initiative within organisation (board level/safety improvement team)	Summary of presentation	To share improvements in care with senior staff and to continue to maintain momentum and support. Ideally showcasing improvement and need for a permanent MCM lead role. Raise the issue of urgent dental pathways for inpatients if there are no existing arrangements in the trust.

Step 5 - Implementing/updating a mouth care policy

Hospital trusts generally have a range of policies and procedures covering clinical and corporate activities, but policies on mouth care are often lacking.

An example mouth care policy can be found on the Mouth Care Matters website in the resources section.

This policy was developed by a multidisciplinary team of dental professionals, nursing staff and speech and language therapists. As with all other clinical policies it covers responsibilities, training for staff and standardised practice.



Step 6 - Introducing/updating a mouth care assessment and recording tool

The Mouth Care Matters assessment and recording form was developed as part of the initiative after finding that many trusts do not have a mouth care recording form and that supporting patients with mouth care was very poorly documented.

We wanted to develop a tool that was intuitive and straightforward. We have worked closely with nursing staff to make it practical and for it not to be an added burden to their existing workload.

Many trusts have used this form or have adapted it for their hospitals. For example, some hospitals have incorporated the form into their existing nursing paperwork, some have used it electronically and others have it as a stand-alone assessment and recording form.

The image shows a screenshot of the 'Mouth Care Pack' assessment and recording form. The form is titled 'Mouth Care Matters' and includes the NHS Health Education England logo. It contains a 'Mouth care screening sheet' with various sections for assessment. Section 1 asks about patient history (Toothbrush, Toothpaste, Upper denture, Lower denture, Denture pot, No teeth). Section 2 asks if the patient has any pain or discomfort in the mouth. Section 3 lists conditions that require a mouth care assessment, such as Chemotherapy, Delirium, Learning difficulties, Dementia, Nil by mouth, Painful mouth, Dependent on oxygen use, Refusing food or drink, Painful teeth, Dysphagia, Severe mental health, Sore tongue, Frail, Head & neck radiation, Stroke, Other (please specify), ICU/HDU, and Uncontrolled diabetes. Section 4 asks for the level of support (requires risk assessment, unable to get to a sink/needs assistance). The form also includes a section for 'Patient is fully dependent on others for mouth care', 'Patient requires some assistance', and 'Patient is independent'. At the bottom, there is a signature line with fields for Name, Date, and Job title.

Please view appendix 3 for details on how to use the Mouth Care Recording tool.

The tool can be downloaded from the MCM website resources tab.

<http://www.mouthcarematters.hee.nhs.uk/wp-content/uploads/2017/02/Mouth-Care-Assessment-and-Recording-form-April-2018.pdf>

A short video about the mouth care assessment and recording tool can be found on the website in the Mouth Care Matters resources section.

Step 7 – Reviewing mouth care products on the ward

Work with nursing staff, patient safety and procurement to ensure products available on the ward are safe and suitable. Patients should be encouraged to bring in their own mouth care products into hospital or ask a family member or carer to do this for them. There are a variety of different products that can be used for mouth care. Wards should stock as a minimum: small headed toothbrushes, toothpaste and denture pots with lids. Ideally there should be a supply of non-foaming toothpaste for patients with swallowing difficulties. Dry mouth gels are also a very useful product to have available for staff on the wards. Foam ended products are banned in many trusts due to risks of aspiration if the foam head becomes detached or is bitten off. MCM does not advocate the use of foam ended products. Please see our product order guide on our website for more information on recommended tools for mouth care.



Tools on the ward

Step 8 - Introducing mouth care training for hospital staff

All health care professionals working in a hospital should have access to mouth care training. Training can be provided in different formats including classroom-based sessions, on the ward training, hands-on training, videos and E-learning.

Classroom training

Who to train?

Mouth Care is the responsibility of all the multidisciplinary team and so it is important to not just focus training on nursing staff. Talk to other disciplines, speech and language

therapists are a big advocate of mouth care. Doctors have very limited training in oral health and will often welcome oral health sessions, speak to the postgraduate department. Hostess, porters, carers & pharmacists, can also benefit from having some form of training.

When to train?

Finding time to release staff from wards to attend training sessions can be challenging. We found the most effective method was to utilise a range of opportunities to deliver mouth care training including:

- Ward-based, hands-on training
- Small group classroom teaching sessions
- Staff induction programmes
- Training sessions tailored to specific groups, for example the speech and language team, palliative care, chemotherapy, oncology, doctors, dieticians and pharmacy team on planned study days.

Useful people to speak to who can help identify sessions where mouth care training can be incorporated

Learning and development team	Can also help with facilitating and delivery of training.
Practice development nurses	welcome training, and are able to help train on the wards.
Medical and dental education centre	Junior doctor training, Grand Round presentations. Dental core trainees (dentists training in hospital) may be interested in presenting to their medical peers.
Ward managers	Can highlight champions and staff for training.
Matrons	Can help facilitate training in their areas.
Specialist team Leaders – e.g. SALT, Dietitians, Occupational Therapy, Palliative care	Will often be keen on oral health training as part of their educational sessions, may hold study days which would benefit from a short session on mouth care.

Key messages to deliver during training sessions:

(Information about the points below is covered in the Mouth Care Matters guide and other resources <https://www.mouthcarematters.hee.nhs.uk/links-resources/mouth-care-matters-resources/>). We have also developed a range of videos which can be used in your training sessions.

Suggestions for what to cover include:

1. The links between poor oral health and general health and well-being including;
 - Aspiration pneumonia
 - Diabetes
 - Cardiovascular disease
2. How to carry out a mouth care assessment.
3. The importance of recording mouth care and how to complete a mouth care recording pack, (or discuss what you are using in your trust).
4. How to recognise and manage common oral conditions in hospitalised patients including:
 - Unhealthy mouths
 - Dry mouth and oral secretions
 - Oral thrush
 - Mouth ulcers

Staff are not expected to diagnose oral conditions but recognise that a referral to the medical team may be required.

5. Mouth care products for inpatients - what products are available in the trust.
6. Top tips on how to deliver mouth care to different patient groups including patients with
 - Dysphagia
 - Dementia
 - Learning disabilities
 - End of life
 - Who are not being orally fed
 - Show care resistant behaviour.
7. Denture care and working to prevent denture loss.

Making training interactive

Not everyone attending mouth care training will initially appreciate the importance and this is one of the reasons to make training interactive and meaningful to the audience.

Ideas include:

- Online game based learning platform (such as Kahoot) where you can design a quiz to play with groups via mobile phone access. These have been really successful at encouraging interaction.
- Create a quiz to test knowledge of oral health. This again acts as an 'ice-breaker' and generates discussion.
- Make the training relevant to the area by sharing a powerful case where an absence of looking in the mouth or carrying out mouth care had a negative impact on care.
- Positive stories are also important to share where supporting someone with mouth care. These can lead to an improved patient experience.

Put the audience in the position of the patient?

Discussing mouth care amongst a group of staff often generate slots of ideas and beliefs based on own experience and cultures, often people are keen for tips on how to care for their own health and that of their children and other dependents. Advice such as the recommended "spit don't rinse" after tooth brushing, how much toothpaste to use for a child? (smear or pea sized) and "when should mouthwash be used?" often generates discussion.

Get staff to put themselves in the patient's shoes, the following questions all relate to patients on the ward, ask the group.

- How would you feel if you went for a few nights away and forgot your toothbrush?
- How would you feel if you were on a busy shift with no time to stop and have a drink?
- How would you feel if you had a mouth full of ulcers?
- How would you feel if you had to kiss someone with bad breath?

Get them to think about how they would feel, and discuss common ward situations:

- Patients unable to brush teeth, feeling unwell, a mouth covered in secretions and debris.
- Patients who have dry mouths including those who are not orally fed.
- People with cognitive conditions who are resistant to care.
- Patients with sore ulcerated mouths affecting eating and drinking, higher risk of infections.
- Patients who are at the end of life.

Practical ideas for mouth care training

- The dry mouth cracker challenge; Encourage the group to eat a couple of crackers with no water to experience the sensation of a dry mouth.
- Ask the group to test the non-foaming tooth paste and dry mouth products amongst the group.
- Make your own dried saliva secretion using xanthan or guar gum and use with mouth models. These gums when mixed with a little water and a few coffee



Fake saliva secretions made with xanthan gum, water and coffee granules

granules become slimy and the same consistency of sticky saliva secretions.

- Practicing brushing each other's teeth can be very useful, make it more realistic - wear earplugs or eye masks to experience how it feels as an inpatient with hearing or visual impairments.

Scenarios to practice mouth care assessment and recording tool

Make some laminated sheets with real life patient cases so staff can work in small groups and discuss cases. This will give staff an opportunity to go over the assessment and recording tool in detail.

Training Scenario

- 68 year old male, admitted to HDU
- Admitted to hospital following a fall
- Highlighted to MCM lead via Datix (completed by tissue viability nurse)
- Patient had not had any nutrition or hydration for +5 days
- Medics discussing option of NG tube as suspected swallow might be unsafe



Complete a mouth care assessment, how would you clean this mouth and what products would you need?

Mouth models for demonstration

You can purchase mouth models from a variety of places at varying costs. Having models on display are good for demonstrating as sometimes staff are not keen to practice brushing on each other. Ask your local dentist/dental department to see if they have old dentures that can be used for training or try speaking to your lost property department, they may have some unclaimed lost dentures you may be able to use (make sure they are disinfected first).



Mouth model with fake secretions

Ward based training

Mouth Care is a hands-on skill which can be difficult to teach in a classroom setting. Ward based training with staff and real-life patients are invaluable. Think about a patient with dementia who is resistant to having their denture removed or a patient at the end of their life with thick dried secretions. These cannot be re-created in the classroom.

Finding time on a busy ward is going to be challenging so speaking to the ward manager or matron is very important in order that training can be planned for quieter times of the day for example in the afternoon, or on certain days. Suggest coming to the ward to spend a morning to help with mouth care, It is also very important to include sessions at different times so that night staff also have access to training. Don't forget to train agency staff and student nurses as you want all members of the team to be providing the same care.

Tips for training outside for the classroom

- Bitesize sessions - focus on one topic for example products or the recording tool.
- Use patients for hands on sessions - ask the staff. Are there any patients who could do with help or advice in terms of their mouth care? Ask an untrained colleague to hold the pen torch to allow you to see in the mouth better. Tell the patient and member of staff what

you are doing at all times when delivering care. For example say *"I am now going to massage this dry mouth gel into your tongue as it looks very dry, I am going to clean your teeth with small circular motions starting at the back and all the way to the front, is that ok?"* - telling the patient what you are doing helps them feel relaxed as they know what is happening; it also allows you to train a member of staff at the same time as reassuring the patient.

- Have an incentive for staff attending training. Some companies give out trial products of toothpastes/brushes/dry mouth gels or pen torches.
- Use training aids that can be used on the wards like laminated posters/photographs.
- Create a tent card where you can flip the pages to show case studies/products/denture care etc.
- Hold small ward based training sessions on a regular basis, we have found the following technique popular when delivering quick training:
 - o Find suitable room to hold mini training sessions on the ward, or close to wards, plan your training sessions in the afternoon when it is often quieter. Speak to ward managers to advise them you will be in the training room on a specific date between 2-4pm. Each session is on the hour and every half hour, and get them to send one member of staff to each session.
 - o To make sure you cover all staff members, request a photocopy of the duty rota from ward managers to use as a register. Mark on a register who has attended each session and keep a log to feed back to the ward managers.
 - o Deliver sessions for 20 minutes. Give staff members a leaflet post training and if possible (highly recommend) an incentive for attending like a pen torch. They hopefully will then go back to their ward and promote their new pen torch and knowledge. They then ask the next member of staff to attend the session with a continued relay of new staff attending every 30 minutes.
 - o Often short training sessions are popular as you can train multiple members of staff at once, whilst the wards are only losing one or two members of the team for a short period at a time.



E-learning

There are several mouth care E-learning packages that staff can be signposted to, including:

- <https://www.skillsplatform.org/courses/4005-oral-health-free>
- <https://www.e-lfh.org.uk/programmes/improving-mouth-care/>



Training tent card

Mouth Care Champions on the wards

Mouth Care Champions for wards can help embed good practice and continuity of improving care. They can be any member of the ward team who is enthusiastic about improving mouth care in their working environment.

1. Speak directly to the ward manager or matron to identify people/approach enthusiastic staff members.

2. Arrange a training session, either as a group or individually.
3. Create a ward folder with resources including:
 - How to complete mouth care paperwork
 - How to do a mouth care assessment/mouth care assessment poster
 - Mouth care products - include how to order
 - Common mouth complaints in hospital - how to identify and manage/prevent
 - Impact of a lost denture and “How you can reduce this” denture poster
 - Links between oral health and general health
 - How to find a dentist/community dental team contact details?
 - Dental pathways in the hospital for urgent problems.
4. Arrange follow up meeting with the champions to discuss issues and share good practice.

Mouth care competencies for staff

Depending on the learning and development framework for the trusts introducing mouth care competencies can be useful.

Mouth care competencies can be developed for:

- Denture care
- Tooth brushing
- Dry mouth care
- Mouth care assessment and recording
- Oral suctioning
- Training in mouth care

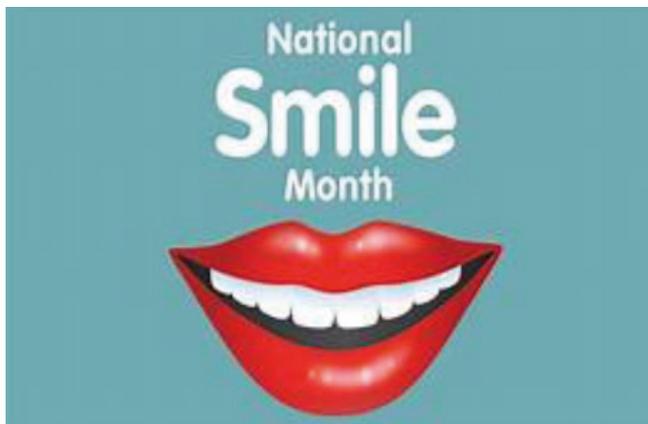
An example of a mouth care competency framework can be found in the appendix.

Oral promotion events

These events can be very useful to help promote the importance of looking after the mouth for the benefit of patients and also staff and their own families.

Think about who the promotional event is aimed at? If it is for staff and raising awareness of mouth care you may wish to hold the stand in a more staff focused area like the educational centre. Make your promotional stand eye-catching to draw interest. Quizzes are also a great way to encourage interest, try to use interesting facts and figures and have a prize on offer. Reps for mouth care products will often offer samples and materials for your table.

Oral health promotion events include:



National smile month

National Smile Month is the largest and longest-running campaign to promote good oral health. Held yearly between mid-May and mid-June, National Smile Month shares positive and engaging messages to allow others to develop and maintain a healthy mouth. There are lots of resources available promoting Smile Month.

<http://www.nationalsmilemonth.org>



Mouth Cancer Action Month

Throughout November, Mouth Cancer Action Month aims to raise awareness of the disease to get more mouth cancers diagnosed at an early stage. There are lots of resources available promoting Mouth Cancer Action Month.

<https://www.mouthcancerfoundation.org/events/mouth-cancer-action-month>



Stoptober

Stoptober is a health awareness campaign by Public Health England that is part of the broader 'One You' campaign aimed at helping people quit smoking, much like national nonsmoking day. Link in with the local stop smoking team. They will usually have a wide range of resources and models they will be able to share. A Stoptober event can also promote the importance of Mouth Cancer Action month.

<https://www.nhs.uk/oneyou/for-your-body/quit-smoking/stoptober/>



World Oral Health Day

World Oral Health Day is observed annually on 20 March, and is dedicated to raising global awareness of the issues around oral health and the importance of oral hygiene so that governments, health associations and the general public can work together to achieve healthier mouths and happier lives.



Nutrition and Hydration Week

Nutrition and Hydration Week has taken place every March since 2012. Its purpose is to bring people together to create energy, focus and fun in order to highlight and educate people on the value of food and drink in maintaining health and well-being in health and social care. Having a clean and comfortable mouth is a vital part of this.

This event is very popular for dietitians, nutrition nurses, and Speech and Language teams.

Using social media to spread the #Mouthcarematters message

The use of social media has helped to raise the profile of the work of Mouth Care Matters both nationally and internationally. Twitter - our main medium has helped connect like-minded people to share ideas and ask questions.

Using the hashtag #Mouthcarematters and linking in the MCM Twitter account @MCM_HEKSS when promoting oral health will help tweets reach a wider audience.

Sustainability of oral health improvements

Making sustainable improvements to mouth care and changing the culture takes time and effort. It is important that training becomes embedded into education programmes as business as usual otherwise standards will slip. Trust governance programmes should include auditing mouth care recording and continuing to assess the experiences of patients. Some trusts have funded mouth care leads who continue to work on improving and maintaining standards of oral health. Baseline audits can be repeated to measure improvement.

Summary

The purpose of this guide is to provide a framework and suggestions that can be used and adapted by anyone working to improve the quality of mouth care in hospitals. It complements the other resources that are available on the Mouth Care Matters website.

Appendix 1

The role
of a mouth
care lead



The role of a mouth care lead can involve:

1. Establishing a multidisciplinary mouth care network within their trust that works collaboratively to improve the oral health of patients.
2. Carrying out a baseline scoping exercise of current mouth care practice and oral health training in their trust to formulate an oral health improvement plan.
3. Carrying out or organising mouth care training including:
 - a. On the ward training, supervision and specialised advice for hospital staff involved in the provision of mouth care. Training and support needs would be modified according to the ward/patient group, for example intensive care, stroke ward, chemotherapy, palliative care etc.
 - b. Classroom training session - The delivery of interactive training sessions to groups of nursing assistants, nurses and other staff involved in the provision of mouth care (dieticians, speech and language therapists, occupational therapists etc).
4. Implementation/updating mouth care policies/ standard operating procedures (SOP) and getting them ratified in the trust.
5. Updating or introducing a mouth care assessment and recording tool.
6. Auditing mouth care recording in the trust and working to improve where necessary.
7. Working with procurement to ensure that wards have supplies of mouth care products that are suitable for inpatients, for example small headed toothbrushes.
8. Evaluation of the quality improvement work including audits/surveys and questionnaires to demonstrate improvements in quality of oral health care for inpatients.
9. Leading on oral health promotion events to raise awareness of good oral health for patients and staff.
10. Providing regular feedback to the trust on progress for example to the nursing and midwifery meetings.
11. Mouth care advice - To provide patients, family and carers with general dental advice e.g. how to access dental care, treatment for a dry mouth, links between oral health and general health.

Appendix 2

Learning
outcomes
for mouth care
matters leads



The following table contains the learning outcomes that were used when as part of the Mouth Care Matters training programme for people to lead the project.

Subject	Knowledge ... Should be able to describe	Skills Should be able to	Attitudes and behaviours ...Should
Oral health	Links between oral health and general health Impact of hospitalisation on oral health Changes in oral health in an ageing population Oral health risk factors for different patient groups What is a healthy mouth? What is an unhealthy mouth? Oral health and the links to nutrition and dehydration	Recognise that oral health is an important part of general health and that it can deteriorate whilst in hospital Provide advice for patients/carers/hospital staff on oral health Assess when a mouth is healthy, when it is unhealthy and the impact that it has on care	Demonstrate a willingness to improve oral health and to improve general health
Essence of care/guidance of care/CQC Scope of practice	Mouth care is part of the essence of care Know your limitations in regard to diagnosis and raising concerns	Identify when patients are not receiving satisfactory mouth care	Demonstrate awareness of how mouth care fits into legislation
Dry mouth	The causes, signs, symptoms and management of a dry mouth The impact of a dry mouth on eating and drinking, medication safety and progression of dental disease	Recognise dry mouth in patients Apply dry mouth products and provide advice on symptomatic treatment Remove dried saliva secretions	Be aware that a dry mouth can have a significant effect on a patient's well-being and requires action Consult with nurses and doctors when necessary
Oral thrush	The causes, signs, symptoms and management of oral thrush The impact of oral thrush on eating and drinking The importance of meticulous oral care	Refer for medical assessment when oral thrush is suspected Show how to keep the mouth clean	Recognise the importance of managing oral thrush and the importance of maintaining good oral hygiene
Tooth problems	The common dental problems found in inpatients (broken or loose teeth, decay) When and how to refer patients for dental input	Advise patients/carers/hospital staff on how to access dental care if they have dental problems	Show regard for patient comfort and management of dental problems

Subject	Knowledge ... Should be able to describe	Skills ... Should be able to	Attitudes and behaviours ...Should
Poor oral hygiene	<p>The consequences of poor oral hygiene on oral health and general health</p> <p>How to clean a mouth</p>	<p>Advise patients/carers/hospital on the importance of effective mouth care</p> <p>Show staff how to carry out good mouth care for different patient groups</p> <p>Be able to advise staff on mouth care for patients who are not able to comply</p>	<p>Recognise the importance of improving and maintaining good oral hygiene</p>
Denture care	<p>Know the difference between different denture types</p> <p>The importance of daily denture care</p> <p>How to work to limit denture loss during a hospital stay</p> <p>The process if dentures are lost during a hospital stay</p>	<p>Recognise when a patient is wearing a denture</p> <p>Demonstrate how to clean and safely store a denture</p> <p>Be able to advise patients/carers/staff on what to do if a denture is lost</p>	<p>Show regard to the importance of denture care</p>
Mouth care recording	<p>Why mouth care recording is important</p> <p>How, when and what to record</p> <p>The importance of recording when there is a reason for not carrying out mouth care</p>	<p>Explain to staff how to record mouth care using a mouth care recording pack</p>	<p>Understand the importance of recording mouth care</p>
Mouth assessments	<p>How to distinguish between a patient with high and low mouth care risk factors</p> <p>Recognise using a traffic light system when treatment or referral is required</p>	<p>Within scope of practice be able to carry out a mouth care assessment</p> <p>To demonstrate how to carry out an assessment and advise when patients need to be referred</p>	<p>Recognise how mouth assessment forms part of a general assessment</p>
Mouth care policy	<p>Explain the importance of a trust mouth care policy</p>	<p>Contribute to writing or updating a current mouth care policy</p>	<p>Take account for ensuring there is a mouth care policy</p>
Scope of practice	<p>Describe what is within the scope of practice for a mouth care lead and situations when patients need to be referred for further advice and management</p>	<p>Consult when necessary with colleagues for further management</p>	<p>Recognise the limitations of one's role and where the boundaries are</p>

Subject	Knowledge ... Should be able to describe	Skills Should be able to	Attitudes and behaviours ...Should
Practical mouth care skills	Explain how to carry out mouth care including dry mouth care, tooth brushing and denture care	Communicate with patients/ staff/carers on how to provide good and appropriate mouth care	
High risk patient groups	Differentiate between patients who are high and low risk of mouth related problems	Provide staff with the knowledge on how to identify high risk patients and how to support them	
Legal issues	Recall the code of practice for the Mental Capacity Act and how it relates to providing mouth care for vulnerable patients	Demonstrate recognition that patients will vary in compliance and that all staff must work with the patient's best interest in mind	
Confidentiality	Relevant strategies to ensure confidentiality The situations when confidentiality may be broken	Apply the principles of confidentiality in relation to clinical care	Respect the right to confidentiality
Class room teaching	The benefits and limitations of classroom training	Be confident in leading a mouth care classroom teaching session	
Ward based training	The benefits and limitations of ward-based training	Be adaptive to maximise the opportunity for ward-based training	
Evaluation/audit	The principles of internal and external quality assurance	Undertake audits directed by the Mouth Care Matters team	Recognise the benefit of audit and sharing data
Incident reporting	What constitutes a mouth care related incident (trigger list)	Recognise when an incident form is needed in relation to mouth care	Be aware of why we need to raise incidents in term of care

Appendix 3

Completing
a mouth care
recording pack



The Mouth Care Pack is to be completed for all patients that are admitted to your ward,
 Try to complete pack on admission or within 24 hours of admission.

Part 1

Ask the patient if they have the following items with them, Mark Y or N and provide if necessary.

If denture pot required make sure the pot is labelled or their name is marked on the lid.

Dentures are to be placed in the denture pot for safe keeping when not in the mouth.

Mouth Care Matters Health Education England		Patient Name:	
		D.O.B	
		MRN Number	
		NHS Number	

Mouth Care Pack

To be completed for every patient 24 hours after admission

Mouth care screening sheet

Red highlighted box indicates MOUTH CARE ASSESSMENT is required

1. Patient has:

Toothbrush	Y <input type="checkbox"/>	N <input type="checkbox"/>	Provided <input type="checkbox"/>
Toothpaste	Y <input type="checkbox"/>	N <input type="checkbox"/>	Provided <input type="checkbox"/>
Upper denture	Y <input type="checkbox"/>	N <input type="checkbox"/>	At home <input type="checkbox"/>
Lower denture	Y <input type="checkbox"/>	N <input type="checkbox"/>	At home <input type="checkbox"/>
Denture pot (named)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Provided <input type="checkbox"/>

If 'Y' to dentures, place the sunflower sign at the bedside

Patients with **NO TEETH, NIL BY MOUTH or DYSPHAGIA** still require **REGULAR MOUTH CARE**

Part 2

Ask the patient if they are having any problems with their mouth?

- Is your mouth feeling dry?
- Do you have any ulcers?
- Does your mouth hurt?
- Do you have any painful teeth?
- Do you have a sore tongue?

By asking a patient if they are having problems with their mouth on admission we may be able to pick up something that may cause an issue further down the line, e.g. Ulcers in the mouth may cause patient pain and cause issues with eating and drinking. If a patient has answered yes to any of these questions, a mouth care assessment is required.

2. Does the patient have any pain or discomfort in the mouth?

Severe dry mouth	Y <input type="checkbox"/>
Ulcers	Y <input type="checkbox"/>
Painful mouth	Y <input type="checkbox"/>
Painful teeth	Y <input type="checkbox"/>
Sore tongue	Y <input type="checkbox"/>
<input type="checkbox"/> Other: (Specify)	
None of the above	Y <input type="checkbox"/>

3. Patients with any of the below will require a MOUTH CARE ASSESSMENT: Tick appropriate box(es)

<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Nil by mouth
<input type="checkbox"/> Delirium	<input type="checkbox"/> Palliative care
<input type="checkbox"/> Dementia	<input type="checkbox"/> Refusing food or drink
<input type="checkbox"/> Dependant on oxygen use	<input type="checkbox"/> Severe mental health
<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Stroke
<input type="checkbox"/> Frail	<input type="checkbox"/> Unable to communicate
<input type="checkbox"/> Head & neck radiation	<input type="checkbox"/> Uncontrolled diabetes
<input type="checkbox"/> ICU / HDU	<input type="checkbox"/> Learning difficulties
<input type="checkbox"/> Learning difficulties	<input type="checkbox"/> None of the above

4. LEVEL OF SUPPORT Requires risk assessment Unable to get to a sink / need assistance

Patient is fully dependent on others for mouth care

Mouth care assessment required. Record all mouth care on the daily recording sheet

Patient requires some assistance

Unable to get to a sink or needs help with mouth care. Record all mouth care on the daily recording sheet

The assistance patient requires: (i.e bowl, encouragement, reminder, remove their denture etc)

Please state:

Patient is independent

Able to walk to a sink and needs NO help with mouth care

Signed: _____ Name: _____ Date: _____ Job title: _____

Part 3

Patients who fall into any of these categories have a higher risk of problems with the mouth, or may need assistance with mouth care.

Mark any of these boxes if relevant to your patient, these patients requires a mouth care assessment.

If a patient is independent and no red boxes are marked this is all you need to do for the mouth care pack.

Make sure you sign, write your name, mark the date and write your job title at the bottom of the page.

Part 4

Assess the level of support your patient needs in order for them to maintain a good level of oral health whilst in hospital. Tick the following:

- Are they fully dependent on others for mouth care? – They will require a mouth care assessment.
- Do they require some assistance? – These are the patients who may not be able to get out of bed so may need a bowl brought to them for them to brush their own teeth in bed? Do they require a bit of a reminder or encouragement to assist them when brushing their teeth? Mark in the yellow box what mouth care assistance your patient requires.
- Patients who are able to go to the bathroom and brush their teeth themselves without assistance are classed as independent.

If you have ticked a red box on the previous page then a documented mouth care assessment is to be completed.

This is to be done once a week unless the patient's condition deteriorates, e.g. they complain of pain in the mouth or they stop eating and drinking.

Using a pen torch assess the patient's mouth.

If the patient is wearing any dentures remove these.

Score each area of the mouth L, M, H, which ever best suits the condition of the mouth.

Green column – Low risk, this is a healthy mouth, 2x daily mouth care is advised.

Yellow – Medium risk, if you mark your patient's mouth in this column advice on how to care for the mouth is noted in the action box and at the bottom of the page.

Red – High risk, any patients who are having serious problems in their mouth are classed as high risk, refer to the doctor to assess the patient's mouth.

Record it at the side of the page, make sure you date the assessment and sign when completed.

Patient Name:	
D.O.B	
MRN Number	
NHS Number	

Mouth care assessment
Complete **WEEKLY** if the patient has a red box ticked on the front page/or if their condition deteriorates

Look in the patient's mouth using a LIGHT SOURCE and carry out a WEEKLY mouth care assessment. Mark as L, M or H in the white box under today's date and sign.				DATE:	DATE:	DATE:	DATE:	DATE:
	LOW RISK (L)	MEDIUM RISK (M)	HIGH RISK (H)*					
Lips	• Pink & moist	• Dry/cracked • Difficulty opening the mouth	• Swollen • Ulcerated					
Action	None	Dry mouth care	Refer to DOCTOR					
Tongue	• Pink & moist	• Dry/fissured/shiny	• Looks abnormal • White coating • Very sore/ulcerated					
Action	None	Dry mouth care	Refer to DOCTOR					
Teeth & gums	• Clean • Teeth not broken • Teeth not loose	• Unclean • Broken teeth (no pain) • Bleeding/inflamed gums	• Severe pain • Facial swelling					
Action	2 x daily toothbrushing	Daily toothbrushing and clean the mouth	Refer to DOCTOR or dental team					Advise the patient to visit their dentist on discharge if there are any problems with their teeth that do not require urgent treatment in hospital
Cheeks/palate & under tongue	• Clean • Saliva present • Looks healthy	• Mouth dry • Sticky secretions • Food debris • Ulcer <10 days	• Very dry/painful • Ulcer >10 days • Widespread ulceration • Looks abnormal					An ulcer present for more than 2 weeks must be referred to the doctor
Action	None	Clean the mouth/dry mouth care/ulcer care	Refer to DOCTOR					
Dentures	• Clean • Comfortable	• Unclean • Loose • Patient will not remove	• Lost • Broken and unable to wear					Remember to place the denture sunflower at the patient's bedside. Advise the patient to visit their dentist on discharge if the denture is loose
Action	Clean daily	• Denture care • Dental fixative • Encourage removal	DATIX if lost or refer to dental team if broken					

*For patients who are unable to communicate or cooperate with a mouth care assessment, signs of mouth related problems may include not eating/drinking, facial swelling & behavioural changes

Signature:

Dry mouth care
Frequent sips of water unless nil by mouth
Moisturise dry mouth gel onto the tongue, cheeks and palate
Hydrate with a moist toothbrush
Apply lip balm to dry lips
Keep mouth clean

Ulcer care
Rinse mouth with saline
Anti-inflammatory mouth spray – discuss with doctor
ULCER PRESENT FOR MORE THAN 2 WEEKS. REFER TO DOCTOR

Denture care
Advise the patient to leave denture out at night in a named denture pot with a lid
If the patient has oral thrush, soak in chlorhexidine (0.2%) mouthwash for 15 minutes twice a day, rinse thoroughly and encourage the patient to leave the denture out whilst the mouth heals

A mouth care assessment is a really important part of looking after our patients; sometimes patients are unaware of problems in their mouths.

Mouth cancer is on the rise, the earlier it is detected the better the prognosis and so assessing the mouth in hospitals is very important.

The side of the tongue and under the tongue are most at risk, but mouth cancer can develop anywhere in the mouth and throat.

When undertaking your assessments If you notice any white or red patches, any lumps and bumps, ulcers that have been there for more than 2 weeks or anything unusual, get it checked by the doctor or if available contact the local Max Fax team.

Mouth cancer kills one person every 3 hours in the UK because of late detection. Every contact counts.

Appendix 4

Example of a
mouth care
competency
assessment



Skill	Complete a mouth care assessment, carry out mouth care procedures and discuss the importance of mouth care with staff/family
Area of Practice	All Clinical Areas
Author and date of origin	Mouth Care Lead

Theoretical competence must be achieved prior to undertaking the skill. Your assessor will be required to circle Yes or No to indicate whether competence has been achieved.

Theoretical Competence	Achieved
Demonstrate an understanding of the Mouth Care pack and its components	Yes/No
Discuss why some patients are at higher risk of mouth related problems	Yes/No
Identify the consequence to the patient of poor oral care	Yes/No
Discuss the importance of carrying out daily mouth care	Yes/No
Discuss the importance of recording any mouth care carried out (including refusing care)	Yes/No
Discuss when dry mouth care is needed and how to carry it out	Yes/No
Demonstrate knowledge of cleaning teeth and dentures	Yes/No
Demonstrate knowledge of mouth care products available	Yes/No
Identify when a patient should be referred to a doctor or dentist	Yes/No
Discuss the impact of poor oral health on general health and well being	Yes/No

Practical Competence (to be carried out on a scenario basis in a class room setting)

- Greet patient and introduce self.
- Explain the procedure to the patient, and obtain consent.
- Demonstrate respect for the patient's privacy and dignity by closing the curtains/door.
- Raise up the bed and position patient comfortably in the supine position and ensure lighting is adequate.
- Perform hand hygiene in accordance with the Trusts Infection Control Policy (2015).
- Fill out the mouth care pack in accordance to the patient's answers.
- If the patient cannot answer they are deemed high risk and require a mouth care assessment to be undertaken. Tick box: Patient is fully dependent on others for mouth care.
- If a red box has been ticked on the front page of the form, you must carry out a mouth care assessment.
- If patient has no red box ticked but requires some assistance, tick: Patient requires some assistance and write their requirements in the box provided and record their daily mouth care on the daily recording sheet.
- If a patient has no red box ticked and is independent, tick: Patient is independent. No mouth care needs to be recorded.
- Once the front form has been completed, sign and date at the bottom of the sheet.
- If a patient wears a denture, provide a named denture pot and put the sunflower sticker at their bedside.
- Carry out tooth brushing/dry mouth care or denture care.

If patient requires a mouth care assessment

- Perform hand hygiene in accordance with the Trusts Infection Control Policy put on non-sterile gloves.
- If the patient refuses mouth care, then record this on the daily recording sheet. Try again another time during the day.
- If the patient wears a denture, ask them to remove it for the assessment and place in a named denture pot.
- With a torch, look in the patient's mouth and assess the lips, tongue, teeth & gums, cheek/palate & under the tongue and dentures.
- Follow the guide to assess if the patient is High, Medium or Low risk for each category.
- Remove gloves and decontaminate hands.
- On the Mouth care assessment page (inside) put date in box provide and mark either H, M, L in the white box. Sign.
- Bring the relevant mouth care products to the patient. Ask for assistance from another nurse if necessary.
- Perform hand hygiene in accordance with the Trusts Infection Control Policy put on non-sterile gloves.
- Follow the appropriate actions of mouth care suggested under each category on the form
- Take away any waste to the sluice room (i.e. bowl) and clean their tooth brush.
- Remove gloves and decontaminate hands.
- Record the mouth care carried out on the daily recording sheet, sign and date.
- Discuss with a member of staff any mouth care concerns.

The underpinning principles must be adhered to throughout the skill in order to complete your competency successfully. Your assessor will circle Yes or No to indicate whether competence has been achieved.

Underpinning principles (Health and safety, Communication, Cross Infection, Respect, Professionalism)	Achieved
Dress code is adhered to in accordance with the Trust Uniform policy (2012)	Yes/No
Professional attitude and behaviour are maintained throughout the procedure in adherence with the NMC Code of Conduct (2015)	Yes/No
Communication with the patient is evident throughout the procedure	Yes/No
Infection control guidelines have been adhered to, in order to minimise the risk of cross infection	Yes/No
Privacy and dignity of the patient is always maintained	Yes/No
Patient and staff health and safety was not compromised during the procedure	Yes/No

This skill needs to be completed successfully 3 times, in order to be deemed competent. Please complete the Competency Assessment Document

Assessment Completion	Achieved
Relevant knowledge related to the skill was demonstrated	Yes/No
Ability to perform the skill at the appropriate level was demonstrated	Yes/No
Professionalism was always demonstrated during the assessment	Yes/No
Underpinning principles were addressed	Yes/No
Name of assessor:	Signature of assessor:
Assessor's comment:	Date of skill:



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