

Keep Smiling



Mouth & teeth care
for older people

R&RA

Published 2018 by
The Relatives & Residents Association
1 The Ivories
6-18 Northampton Street
London N1 2HY
www.relres.org

Copyright © The Relatives & Residents Association 2018

ISBN 978-1-900216-11-1

This handbook and its associated video have been produced to update and extend earlier R&RA publications, *Keep Smiling* (2009), *Dental care for older people who live in care homes* (2003) and *Dental care for older people in homes* (1995).

Written and edited by Janice Gardner and Emma Williams
Designed by em associates
Printed by Allium Print

The associated *Keep Smiling* video produced by
Bob Walters for R&RA

Front cover photograph by John Birdsall/Photofusion

Contents

2	Foreword
3	Introduction
5	Why mouth care matters The benefits The barriers
7	Organising good mouth and teeth care Assessment Planning Dental services Choices and payment
13	Food, drink and a healthy mouth Sweet wise Sugar and general health
17	Looking after teeth Training and practice Understanding and helping Practical preparation Cleaning teeth Mouthcare for a person with Dementia (page 25)
27	Looking after dentures Denture types Identification Cleaning dentures
32	Some common problems Warning signs and action to take
37	Relatives and friends
39	Glossary
40	Links and Guides

Foreword

We in The Oral Health Foundation are excited to lend our support to The Relatives & Residents Association in the publication of *Keep Smiling*. This is an initiative which should help improve the lives of older people across the country.

A little more than a generation ago, around one in every three adults in the United Kingdom did not have a single one of their natural teeth. Thankfully a lot has changed since and everybody now expects to keep most, if not all, of their own teeth throughout their whole life. But this itself poses problems for older people, who through illness or frailty may not be able to carry out the routine hygiene procedures necessary to maintain their oral health properly.

Many carers find it difficult to carry out oral hygiene for those in their care, feeling in some way this is more intimate than many of the other hygiene functions they manage.

Sadly, there is not nearly enough provision by health authorities to provide in-house oral health services for everyone, so it's a case of managing older people's care effectively to prevent any potential problems, as prevention is always better than a cure. With such care they can maintain their dignity, enjoy life and vastly improve their overall mental and physical health.

The effect of looking after our oral health does not stop at our mouth, it goes far beyond that.

Dr Nigel Carter OBE,
CEO Oral Health Foundation

Introduction

It's hard to keep smiling when you've got toothache, when your grandson backs off because of your bad breath or when you can't bite an apple any more.

Too often people keep worries like this to themselves but with some practical help and understanding, plus access to the right professional dental services, the pleasures of a friendly chat, a happy hug and a tempting meal can soon bring the smiles back.

As a person's ability to care for their teeth and dentures gets harder, so does the general health of their mouth unless they have the support of those who can care for them.

This handbook is to help anyone caring for older people, whether in residential care or at home and for people whose dementia or disabilities make them resistant or unable to manage their own mouth and teeth care.

The Relatives & Residents Association's *Keys to Care* and their associated *Keynotes* give handy hints for busy care staff and people who are caring at home. Prompted by concerns raised on the R&RA's Helpline, they give guidance on a range of topics from The Care Plan to Continence Care and Emergencies, and of course these topics include Mouth & Teeth Care, a vital element of people's health and wellbeing.

The *Keep Smiling* handbook takes this further. Its associated video* shows dental care in action in different care settings. Together they aim to give a deeper insight into the things to think about, the questions to ask and the practicalities of how to help with the essential and intimate matter of keeping a healthy mouth.

They show useful skills, tools and techniques. They give guidance for assessment and planning and introduce some of the professional dental services to which older people have access whether in the home or locally.

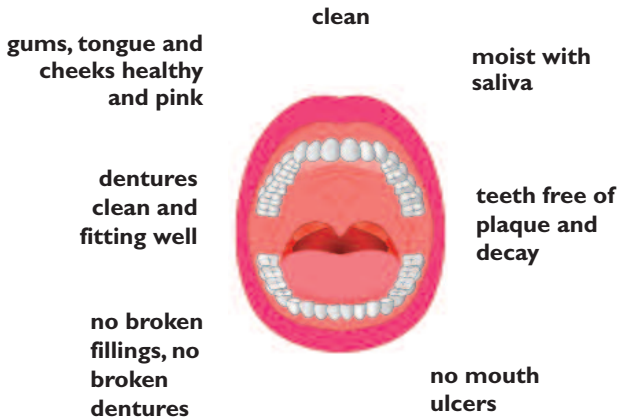
*p. 40 Links and Guides

Why mouth care matters

Older people today are more likely to keep their natural teeth than ever before. They have higher expectations of a healthy mouth and looking good. This needs careful management and, as good oral health links to good general health, there is every reason to invest in it.

The Benefits

A look in the mirror will show, ideally, a healthy mouth:



A healthy mouth means we can enjoy food and drink. We can speak and socialise with comfort and ease.

Research shows that poor oral health can affect general health as it is linked to diabetes, strokes, heart disease, obesity, lung disease and dementia. But oral diseases are largely preventable, through regular removal of plaque that causes decay, use of fluoride toothpaste and cutting down sugary foods, so there are simple, practical changes that can bring the benefits of a healthier mouth.

Good oral hygiene makes all the difference to feeling good and to maintaining one's dignity, health and happiness.

The Barriers

So why is it that older people who live in hospitals or care homes are at greater risk of dental decay and gum (periodontal) disease than older people living at home?

While many people will have taken great care of their teeth and mouth over the years, for some that won't be the case. There are a number of reasons, whether we are living at home or in care, why mouth and teeth care gets forgotten or left at the bottom of our list of priorities. We know what they are. We haven't time. It's personal. We're scared of the dentist.

As people get older and move into care other things get in the way. They may become physically unable to clean their own teeth and prefer to put up with discomfort. People with dementia may find it hard to communicate or co-operate. Those caring for them may not have the time, confidence or the training to help. It may not be clear whose job it is and who provides dental cleaning products and professional dental services.



Assessment is a joint effort

Organising good mouth and teeth care

ASSESSING ORAL HEALTH NEEDS IS A LEGAL REQUIREMENT

Identifying and assessing the individual's needs, including mouth care needs, is required under the Health & Social Care Act 2008 (Regulated Activities) 2014 Regulation 9 Person Centred Care.

It starts with a check-up. This is a serious matter because so much depends on it. Care homes and registered home care providers must meet government standards to show they have made a full assessment of each service user's oral health condition and needs, and that they are maintaining an appropriate care plan to monitor treatment and changes.

From the first assessment to everyday cleaning and care, this is a joint effort, questions and answers going in both directions.

Assessment

Care providers must make an Oral Health Needs Assessment to record a person's needs. It is a time to share information and reach an agreement on the best way to continue a successful routine and, where necessary, to set up and deliver a new one.

A formal requirement for the care provider; it is also a helpful checklist for anyone caring for a relative at home. It can help you be sure you are giving the best possible support and complying with the Care Quality Commission's requirements and NICE guidance for keeping a healthy mouth.*(See links at the end of this handbook).

A nurse or dental professional should examine the person's teeth and mouth as soon as possible after admission into a care home. Depending on your location this may be done by a dentist or specifically trained hygienist. The person's current or previous dentist will be able to supply information about earlier dental care if necessary.

The assessment should then record:

- the name and contact details of the dentist, if they have one;
- what dental treatment has been carried out in the past;
- if they normally pay (NHS/private/insurance) or are exempt;
- how they normally care for their teeth;
- whether they have any natural teeth and their condition;
- whether the person has dentures and if so details;

*p. 40 Links and Guides

- the level of assistance the person will need or prefer;
- whether the person is experiencing any problems and if so details;
- whether the person needs an urgent dental check-up or treatment;
- any mouth care product which they need e.g floss/ interdental sticks and who will provide these products;
- date of the next review of this assessment.

This assessment will form the basis of the mouth care plan that follows.

Planning

Mouth care must form an important part of each person's overall care plan, an ongoing joint venture, to be reviewed and updated regularly. It will show the mouth care regime that the person follows, the help they may need in managing it and any changes to be noted and acted upon. It will give carers the information they need to support or remind the person they care for; to provide or renew equipment and reach dental services when needed. A person's choices should be noted. There may be particular concerns to take into account for those with dementia.

Recording action on a daily mouth care chart can help check that the plan is working and up to date.

“ ”

“When we’re doing an assessment of someone we look at them as a whole person. If they have ill-fitting dentures, broken teeth or ulcers it will affect what they eat and so affect their weight and general wellbeing within the home.”



Domiciliary dental care

Dental Services

Continuity in healthcare is valuable and, if possible, it is worth people

maintaining links with their usual dentist. However, some people will be unable to visit their dentist owing to their restricted mobility or long distance from the surgery. In this case, they will need to use services nearer the home with accessible premises or be seen by a local dentist who makes domiciliary visits. If neither option is available people may be cared for by a community dental service or a local specialist dental service if they meet the criteria for using these services.

Community dental services or special care dental services are available to help people who are unable to use general dental services because they are seriously ill, mentally frail or otherwise infirm. These services employ dentists and other staff who are skilled in the treatment of older people. A carer can ask services such as these to treat specific people, but it may not be possible, or necessary, for every person to be examined and treated by them.

“ ”

“Just as we would have a doctor if they were ill, we should have a dentist available for their teeth.”

Choices and Payment

The home may have an arrangement to provide dental care for all residents, either with a general dental practitioner or with another dental service. Individual residents should always be given the opportunity of making their own choices and should be informed about any obligation they have to pay NHS or other charges.

NHS dental charges

The guidelines for NHS dental charges are quite complex and although subject to change, it is important to be aware of the benefits and exemptions which might apply.

People receiving certain means tested benefits such as Pension Credit, don't have to pay, but need to provide evidence that they are receiving it.

For those who need to apply for exemption or reduction of charges, the person or their representative should complete the HCI form, or if they are living in a care home and supported by the local authority, the care home manager can apply on their behalf using a shorter form HCI (SC).

A certificate will then be given to exempt the person from NHS charges or reduce the charges. It is important to remember that changes in a person's circumstances or NHS rules and regulations might mean that their entitlement to help may change over time.

Paying for private dental care

Private dentists set their own fees for examination and treatment, so it is a good idea to find out the cost of treatment before it starts. If a home has an arrangement with a private dentist to provide services, a patient's charges should be made known to the home so that they

can make sure the resident or relatives understand these. Residents in care homes have as much right to NHS care as the general population.

Insurance

Some people may have insurance to cover the cost of dental treatment. The home should ask about this before any treatment starts.



Further information can be found in Age UK's Factsheet *Dental care: NHS and private treatment**. This is updated annually and free to download. It advises contacting national Age UK offices for information specific to Scotland, Wales and Northern Ireland.

In England, NHS co-payment dental charges apply for those over 18 years of age. In Scotland and Wales dental check-ups are free. The NHS notice *Who is entitled to free NHS dental treatment in England?** gives details.

*p. 40 Links and Guides



Healthy snacks

Food, drink and a healthy mouth

Care workers' induction programmes and the Care Certificate all emphasise the importance of providing good nutrition and adequate hydration to keep a healthy mouth and a healthy body.

Sweet Wise

Many of us love sweet things but they carry the biggest risk for developing tooth decay. The risk of tooth decay increases with the number of times that teeth are exposed to sugar (in both food and drink) each day. There are ways, though, to reduce the risk and keep a person's existing natural teeth free from decay even if sugary snacks are eaten.

Saliva is our natural defence against decay and helps to neutralise the mouth after we eat food. People suffering from dry mouth (Xerostomia, see page 35) are therefore at an increased risk of tooth decay. Our mouths 'water', that is we produce more saliva, when we eat, as a natural aid to digestion. This is why sugary foods should be eaten ideally at meal times as the extra saliva present will help to fight the 'acid attack' and reduce the risk of tooth decay.

It also makes sense to avoid sugary snacks and drinks between meals and just before bedtime. It can be difficult to change habits and, in such cases, it is even more important for older people to make sure teeth are cleaned and brushed regularly. This will reduce the risk of new tooth decay forming and current decay getting worse. Regularly cleaning the plaque bacteria off teeth with tooth brushing and limiting the dietary sugars these bacteria use to create holes in teeth are the best ways to prevent tooth decay.

Safe snacks to offer as an enjoyable alternative include:

- tea and coffee (no sugar; use sweetener instead)
- water (to be always available and drinking encouraged)
- fruit
- breadsticks, savoury biscuits
- cheese

Sugar and general health

Too much sugar is not good for general health. It can lead both to weight gain, especially if a person has limited mobility, and a higher risk of developing diabetes.

However, for those struggling to maintain their weight, this is not always the case.

Sugar and special diets

Care staff must comply with any nutritional or dietetic requirements advised by medical or other healthcare professionals, such as dietitians. However, they must also be aware that some nutritional food supplements do contain sugar and will increase risk of dental decay. This calls for a high standard of oral hygiene and preventive care. For people needing diet supplements, drinking water after sugary drinks and the use of a mouthwash containing fluoride could be beneficial, preferably used at a separate time to brushing the teeth.

Sugar and medication

Many medicines contain sugar and sugar-free alternatives should be sought if they are available. This is particularly important for those with dry mouth or difficulty swallowing. If no sugar-free alternative is available, giving the medicine at mealtimes, if safe to do so, will help reduce the risk of decay.

Making choices

Homes must respect the decision of a resident to choose what they wish to eat. However, the home should encourage residents to take an interest in eating healthily by explaining the benefits and by involving residents in planning menus and making healthier choices available. Nutritional issues can be discussed at meetings of residents and relatives so that everyone can be involved in making decisions about food and nutrition.

LET'S MIX THINGS UP

Come 3.30pm every afternoon Sharon noticed her mother always got a cup of tea and a piece of cake even though she was not that fond of cake and had rarely eaten it before coming to the home. She noticed that many residents were also leaving the tea and cake. At the next relatives and residents meeting, Sharon suggested residents should be given a choice of drinks and snacks. After collecting views, the home introduced soft mangoes, pears and bananas, along with a selection of tomato, cucumber, cheese sandwiches and yoghurts, served with a choice of hot and cold drinks. With a selection to choose from and something to talk about, residents became far more interested in the afternoon snack and looked forward to it.



Would you like some help?

Looking after teeth

Mouth care is personal and sensitive, so confidence in carrying it out needs training and practice.

Remember, if someone is unable to look after their own mouth then you have a duty of care to support them. It is very important to prevent oral disease and it is your knowledge and understanding of the person you care for and the day to day practical care you give which matters most.

Training and Practice

The Care Certificate, developed jointly by Skills for Care, Health Education England and Skills for Health, is

designed to ensure care staff are given the same induction and learn the skills, knowledge and behaviours to provide compassionate, safe and high quality care.

However, there is little reference to mouth care. NICE and SCIE

have also produced *Improving oral health for adults in care homes A quick guide for care home managers*.^{*} There is also further free information and guidance through websites such as *E-learning for healthcare – Improving mouth care*.^{*}

Training can also be offered within the home if a care home has the benefit of visits from a domiciliary dentist. Care staff can observe a correct approach and learn simple techniques, such as use of a second brush where mouth opening is restricted. They can be alerted to warning signs and take in advice on good methods, materials and equipment.

Local community and specialist dental services can advise on best care practice, as can local dental practices, and provide support for both paid and non-paid carers. In some cases, they may be able to provide training opportunities in your area. The skills, knowledge and understanding of dental hygienists are so relevant to the support which staff need to give, that it would be helpful if they could be involved in training.

“

“Carers need support also, in identifying problems and understanding people’s needs, and in how they can help and look after someone’s teeth.”

^{*}p. 40 Links and Guides

Practice

When was the last time you brushed someone else's teeth? It is an intimate, personal thing we prefer to do for ourselves. So it is hardly surprising if we hesitate when asked to help someone else and it is important to feel confident in our approach.

It can be a good idea to partner with another carer and practise brushing each other's teeth first. This will help carers not only to appreciate how difficult it can be to brush someone else's teeth, but also how it feels for someone to have this done.

Understanding and helping

People will need help with mouth care for a number of reasons. It may be loss of physical control through diseases such as Parkinson's or arthritis, or mobility problems simply stopping them reaching the basin.

Those with dementia can experience changes in behaviour. The loss of interest and ability to complete everyday tasks such as tooth brushing can cause rapid development of dental decay (caries) and gum (periodontal) disease. Many people may have heavily treated teeth (fillings, crowns, bridges and implants), which need increasing care with age. People with mild to late stage dementia may develop reflexes that make tooth brushing difficult, such as closing their lips, clenching their teeth, biting and moving their head.

Let's talk

Develop a routine, providing mouth care at the same time each day.

It is best if the person can be encouraged and reminded to clean their own teeth. If more help is needed talk

about how you can work with them to make it easier; whether this is:

- miming and showing the person what they need to do or what you are about to do;
- supporting the person by guiding their hand;
- using an electric toothbrush or a modified toothbrush, such as a three-headed toothbrush, angled or easy-to-grip handle toothbrush may help the person to continue to manage their own mouth care;
- providing them with a bowl, if they are able to perform self-care but can't reach a basin.

But everyone is different and will need different support.

Be alert to changes in behaviour that suggest oral or dental problems.

Relatives or friends may notice changes, so listen to their concerns.

Saying No

If the person is unwilling, or if it proves too difficult, you should stop and ask for help. The person may, for instance, have difficulty swallowing, a problem which may be overcome with use of an aspirating toothbrush if suction is available. Dentists should be asked for advice wherever it is needed.

“ ”

“A good relationship between resident and carer means the resident is more willing to show what's wrong, even if the carer must say, 'I'll need to talk this patient into it, adjust to the idea and get back to you.'”

Some people may absolutely refuse mouth care. They may be protecting mouths that are uncomfortable. Some people with dementia may not remember the need to care for their teeth and may not understand what is happening when someone tries to clean their teeth. Some reactions can be frightening to those are trying to help them, such as biting, grabbing and spitting as well as refusing to open their mouth. There are a number of techniques to reassure people and finding the one that works might take time and patience. Techniques include:

- showing the person what you are going to do;
- talking, humming and singing to reassure them, but never speak down to them;
- giving an object to hold, such as:
 - holding another toothbrush to help them feel involved
 - or giving rolled up flannels to grip to try to distract them from grabbing
 - or a favourite item to help feel more secure;
- using a second toothbrush or other equipment

FINDING THE CONNECTION

Nadia was struggling to encourage Delia to let her clean her teeth. She had spoken gently to her, mimed with the toothbrush, but Delia just clenched her teeth and pushed her away. Nadia reported her problem to her team leader, who sought assistance from care workers who were successfully engaging with Delia in other activities. Suggestions included making sure Delia was sat in front of a basin, engaging her in conversation about the visiting dog who she loved so much to relax her, but finally what worked best was singing to her. Delia loved singing and this seemed to relax her the most. It didn't always work but on more days than not staff were able to encourage Delia to let them clean her teeth.

to gently help open the person's mouth;

- taking your time, perhaps breaking down the tooth

brushing into

the four sections of the mouth, carried out at different times of the day so as not to overwhelm them.

If none of the above works, walk away and try again later. Perhaps try again during a time when they are most relaxed e.g. when watching their favourite TV programme.

Advice from a dental team in handling this sort of situation is often essential. Once the problem has been identified and the person reassured, care may become easier.

When the person needs and accepts your help, talk to them about it, make sure they are comfortable and know what you are going to do.

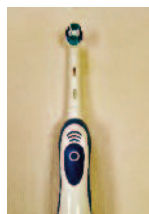
Practical preparation

A toothbrush used properly will remove bacterial plaque from the teeth and mouth. A manual, small to medium headed toothbrush is more effective at reaching all parts of the mouth. Soft-headed, specially adapted for easy handling, aspirating, three-headed, electric, even sometimes a children's toothbrush can suit particular needs.

The taste and texture of toothpaste can be a barrier to brushing for some people, especially those with sensory difficulties. Alternatives such as *Oranurse*, an unflavoured toothpaste with the correct amount of fluoride content may be preferred by those unable to tolerate the taste of



Small-headed



Electric



Three-headed toothbrushes

regular toothpaste. It is also low foaming so is suitable to use if there are swallowing issues.

Fluoride is an important ingredient in toothpaste as it helps strengthen tooth enamel. Toothpastes with higher levels of fluoride content are generally available and can also be prescribed by a dentist for people with a high risk of tooth decay.

People have different approaches to caring for teeth, whether cultural or chosen routines and for some people their routine includes use of special medicinal sticks or tongue scrapers. These practices should be respected and understood and such special requirements agreed at the admission stage where possible, with decisions recorded in the care plan and adjusted when needed.

Cleaning teeth

With preparation and agreement in place, here is a checklist to keep in mind when brushing someone else's teeth:

- The aim should be that the teeth are cleaned twice a day. Choose a time when the person is relaxed, remembering that it is important to make sure that the teeth are clean before bed.
- Tooth brushing does not necessarily have to take place in a bathroom and it may be more comfortable sitting in bed or in a chair. Remember to have the right equipment.
- Make sure you have washed your hands and use protective, disposable gloves.
- Think about where to stand. It is easier to stand behind the person slightly to one side, particularly if

you need to support their head, but this position may vary depending on where they feel comfortable.

- Make sure the person knows what you are going to do, especially if they are confused. Explain each step to be taken and be alert to any signs of distress. It is useful to agree a stop sign that they can use.
- See that the person is comfortable. Some may prefer to sit in front of a washbasin with a mirror above it; otherwise have a bowl and mirror handy.
- Remove any dentures before cleaning the natural teeth, checking underneath for signs of rubbing or soreness from the dentures.
- Check the rest of their mouth before you start for ulcers or areas that may be sensitive, or any changes in the mouth or something that worries them.
- Support the head and gently draw back the lip with thumb or finger.
- Place a pea sized amount of fluoride toothpaste containing 1,350 – 1,500ppm (or higher if prescribed) on the small-headed or agreed appropriate toothbrush. Hold this as you would a pen to ensure gentle brushing.
- It is a good plan to work systematically cleaning one tooth at a time. All surfaces of the teeth should

BRUSHING SOMEONE ELSE'S TEETH:

Not sure what pressure to use when brushing another person's teeth? Try writing your name with the hand you do not usually write with. That's a good guide to the pressure you should use. But remember, always ask the person how it feels. They are the best judge

be brushed taking care to clean along the gum margin and the outside, biting and inside surfaces of the teeth including the supporting gums. It should take about two minutes to clean the whole mouth.

- Encourage people *not* to rinse with water or use mouthwash at the end so that the fluoride is retained in the mouth.
- Take special care if there are any loose teeth, as any plaque left behind will make the problem worse. If the gums start to bleed this shows that there are signs of gum disease and these areas must be kept really clean.
- It is very sensitive if the toothbrush touches the back of the mouth so try to avoid this.
- If possible gently brush the tongue to keep it clean and ideally clean in-between the teeth with floss or an interdental brush.
- Try to use the same order each day so that no parts of the mouth get missed.
- It can help to keep lips moist with a lip balm, an aqueous cream or petroleum based product.
- Keep a record of tooth brushing and log any areas of concern. If no improvement ask for further advice.

The person you care for this way will surely feel better for it and you can share a smile.

Mouth care for a person with Dementia

It is important to recognise that some people have good days and bad days; try to find out the individual's best time of day for mouth care. Using clear short instructions repeated in the same words is useful. As can smiling and using appropriate touch and reassuring gestures.

Top tips

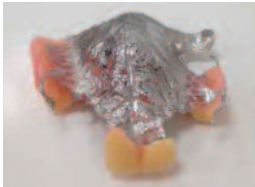
- Cover the mirror (people with dementia can be alarmed by their own reflection).
- Get everything out first (as there may be only a short time in which to get their mouth clean).
- If possible clean teeth in the bathroom, which can help them to know it is time to brush their teeth.
- Explain and guide.
- Show pictures of someone cleaning their teeth.
- Put your hand over their hand (this helps the individual feel more in control and retains their independence).
- It sometimes takes two people – one to distract, hold hands or encourage whilst the other brushes the teeth.
- If it is difficult to open their mouth, try gently pushing up under their chin and letting go, this can sometimes release the jaw or putting your finger inside the lips to one side and pressing down on the soft tissues can trigger the mouth to open.
- Try using a mouth prop or finger shield as most people find it easier to bite down on something rather than keeping their mouth open by themselves (never put your fingers between the teeth).
- A specialised brush such as a *Dr Barman's Superbrush* may help as it is designed to clean several tooth surfaces at once. Both products are available from www.dentocare.co.uk.
- Try brushing different parts of the mouth in short sessions through the day.
- Keep a record of what works.



Full acrylic denture



Partial acrylic denture



Metal denture



Dental implant

Looking after dentures

While some may wear complete dentures, increasingly people have kept some natural teeth and wear partial dentures to replace their missing teeth.

Like natural teeth, dentures must be looked after if they are going to last. They should fit well, be comfortable and replaced if they are chipped, broken or no longer fit. However, it is important to be aware that some people can become very attached to an old set of dentures and not want a new set. The most

important thing is that they are able to eat their food in a way that works for them.

Denture types

A complete denture is one that replaces all the teeth in one arch.

A partial denture is made when only some of the teeth are missing and can be acrylic or metal, sometimes kept in the

mouth via implants placed in the jawbone. These implants will need to be cleaned in the same way that teeth are cleaned and the dentures will need to be removed and cleaned in the same way as any other denture.

Don't forget to check tissues and serviettes after meals or snacks for hidden dentures!

Identification

Dentures should be permanently labelled with the owner's name. This should be done when they are made and it is easy for older sets to be labelled if they have not already been marked. Denture marking sets are readily available for purchase.

When not in use, mouth dentures should be stored in water in a named denture pot. Dentures should never be stored dry and never simply wrapped in tissue which can so easily be mistaken for rubbish and thrown away. Lost dentures will take a lot of trouble, time and expense to replace. In larger homes it can be helpful to place a recognizable sticker by the resident's bed or basin to remind staff that he or she is a denture wearer.

Cleaning dentures

Some older people may have a routine for cleaning their dentures and, if it is a good one, they can be encouraged to continue it while they can. Care staff remain

responsible for seeing that the dentures are cleaned thoroughly every day to remove food deposits and plaque.

In the case of partial dentures, plaque left on dentures can lead to an increased risk of decay in the remaining teeth. Dentures, particularly acrylic dentures, can harbour bacteria such as candida, which can cause painful oral thrush. This can make dentures painful to wear and can lead to further infections and sores. Poor health and medication can also increase a person's risk of infection such as oral thrush.

Here is a checklist to keep in mind when cleaning dentures.

- Use a denture brush or a soft toothbrush. If the person has natural teeth, this should not be the person's toothbrush but a different brush.
- Use a specially formulated denture cleaning paste or a fragrance-free liquid soap applied to the brush to remove plaque and food debris, ensuring to brush all surfaces of the denture and paying particular attention to any clasps used to fit around teeth to secure the dentures. Toothpaste should not be used as this can be abrasive and can wear the denture away.
- Rinse the denture well with cold water.
- Store overnight in a labelled denture pot filled with fresh, cold water.
- Ensure dentures are rinsed properly when removed from the denture pot before they are put back in the person's mouth and the pot is clean and dried properly before storing until its next use.
- If a person has poor oral health or is suffering from

oral thrush, then soaking the dentures for 20 minutes in a disinfecting solution to fully remove bacteria before placing them in cold water overnight may be recommended.

- For acrylic dentures a sodium hypochlorite solution should be used, such as that used to clean baby feeding bottles.
- For dentures with metal, a chlorhexidine 0.2% solution should be used and is obtained from a pharmacist. Both are toxic so need to be stored carefully.
- If the person has partial dentures they will need their own natural teeth cleaned too.

As people age their dentures may become looser. Staff should contact the dentist if there is damage or the dentures seem ill fitting. They should not attempt to make any adjustments themselves.

I'LL DO IT MYWAY

Eddie was confident and took a pride in her appearance. At her initial assessment Eddie explained that she rinsed her dentures after meals and brushed them twice but she never allowed anyone to see her without them, even at night. Despite the home manager stressing the importance of taking out her dentures at night she was determined not to change her routine. The manager respected this, but staff would keep a careful eye on the condition of her mouth and if necessary enlist professional dental support to encourage Eddie to do the right thing for her oral health.

Taking dentures out

Dentures should be left out of the mouth at night and stored safely. Not removing dentures increases the risk of fungal infections and bacteria causing oral thrush, tooth decay of remaining teeth and gum disease. This can make dentures painful to wear and cause discomfort.

Some people are reluctant to admit to having dentures and even close relatives might not know, so they might feel uncomfortable if their dentures are not close by in case a visitor calls.



Easing dentures out

People are often able to remove their own dentures – just ask. If they need help, remove the denture by sliding a gloved finger by the side of the denture to help break the seal between the mouth and the denture.

Carers should routinely check dentures for cracks, missing teeth or wear which may indicate repair or replacement.

Denture fixatives

A denture fixative is often used to help secure dentures in the mouth, especially if the person has suffered from a stroke or Parkinson's disease.

Saliva keeps dentures in place naturally. So anyone wearing dentures and suffering with dry mouth may require a fixative to keep them in place while eating and speaking.

Fixative is available to buy over the counter and should be removed daily from both the denture and the person's mouth, using a denture brush and a toothbrush.

Some common problems

There are warning signs of mouth care problems and it is important to recognise them and know what to do. They can be subtle and easy to ignore. You need to look out for them so that your early attention can troubleshoot serious discomfort and painful, expensive treatment.

Professional dental and medical treatment at an early stage can identify and deal with what needs to be done to restore a healthy mouth.

Warning signs

Action to take

Reluctance to talk or smile

There can be many reasons why the person who used to greet you with a smile and used to chat to friends isn't smiling any more.

Action Have a word with them about it. A dental examination may be needed.

Eating difficulties

Any changes to a person's eating habits should be monitored and recorded. Problems with eating and chewing may have a dental cause.

Action If a person has pain in their teeth when they eat or drink, especially hot, cold or sweet things, ask a dentist to check.

Bleeding gums and bad breath

Bleeding gums (periodontal disease) and bad breath (halitosis) are both due to the accumulation of plaque bacteria on teeth and under the gums. There is no mistaking halitosis but gum disease can stay hidden until inflammation is seen or the gums bleed when brushed.

Action The first stage of disease is reversible by paying more attention to daily brushing, including gently brushing the gums in this area. *Receding gums* can expose the roots of natural teeth, which can become sensitive. There is a range of desensitising toothpaste and products such as mouth rinses containing fluoride that can help to reduce sensitivity.

However, if the bleeding continues, dental advice should be sought. A dental care professional or pharmacist may suggest Chlorhexidine Gluconate mouthwash or using a Chlorhexidine Gluconate gel instead of toothpaste as this can be helpful in some cases.

As part of a routine visit hardened plaque, known as tartar, could be scaled by a dental care professional, which in turn makes the teeth easier to clean.

Loss and damage to natural teeth

Loose teeth may come out and sometimes break off. If a tooth is noticed to be loose or to have been lost, the most likely cause is advanced gum disease, likely to be affecting the arrangement and condition of the teeth.

Action Ask a dentist to check.

Dental decay (caries)

Dental decay (caries) may not cause any discomfort in the early stages and is shown by a discolouring of the tooth and softening of the enamel. As decay gets worse this can cause pain and sensitivity and, if untreated, can cause abscesses. An abscess will cause pain and may also cause swelling and fever.

Action A dentist should be called urgently.

Mouth ulcers

If a person complains of a sore mouth, ulcers are a common reason. Ulcers can be a white or red sore patch.

Action Most ulcers will clear up by themselves. However, they may be painful, particularly if irritated during mouth care through strong mouth washes or toothpaste. Consider using toothpastes and mouth washes that are not strongly flavoured. It may be worth looking for a toothpaste that doesn't contain Sodium Lauryl Sulphate (SLS-free).

If a person is developing ulcers on a regular basis or is in particular discomfort, then a dental professional assessment should be sought. Likewise, if the ulcer remains for more than two weeks it may need a dental assessment as it can be a potential sign of mouth cancer.

Mouth cancers

Mouth cancers can develop in many parts of the mouth, including cheeks, tongue and within the jaw bone and are sometimes hard to detect.

Action An assessment from a dental professional should be sought for any unexplained abnormalities in a person's mouth. This can be teeth that are loose, pain in the jaw, swellings, red or white patches or sores that do not heal within two weeks.

Because mouth cancers are difficult to spot, it is important that people are supported to have regular dental check-ups to ensure any cancer is caught early.

Not wearing dentures

People might take their dentures out because they have become loose or because they are uncomfortable with chipped or sharp edges. Some anti-depressant medicines or those prescribed for dementia can cause increased involuntary tongue and jaw movements, making it too hard to wear dentures.

Action In many cases dentists can reline existing dentures or make a new set if required. A new set may not be the answer for some people who prefer their existing set.

Drooling

You may notice someone with saliva dribbling from the side of their mouth or with the corners of their mouth cracked and sore. This is not necessarily connected with the teeth but may have an infectious origin. Lack of muscle control and difficulty swallowing can be a symptom of conditions such as Parkinson's disease. New dentures can cause excessive saliva but this should only be temporary. Ill-fitting dentures can be a cause of angular cheilitis, where the corners of the mouth become cracked, inflamed and painful.

Action Medical advice should be sought and treatment may include swallowing exercises and appropriate medication.

Dry Mouth (xerostomia)

Dry mouth, a lack of saliva in the mouth, can be a side effect of medicines or treatments, especially antidepressants, antipsychotic drugs and sedatives. Dehydration and conditions such as diabetes, cystic fibrosis, rheumatoid arthritis and Alzheimer's can also contribute. Lack of saliva leads to an imbalance in the bacteria of the mouth and increases the risk of decay, gum disease and oral thrush.

Action Seek medical advice on alternative medication to reduce this side effect. Frequent sips of cold water; the use of water-based moisturising gels or sprays and mild-flavoured SLS-free toothpaste can be helpful.

People experiencing a dry mouth will feel their mouth uncomfortably dry, with sticky, stringy saliva and pain with eating, swallowing or speaking and perhaps a dry cough. It can be almost impossible to wear dentures with a dry mouth due to the lack of lubrication. This lack

of lubrication can also leave the person vulnerable to additional mouth problems and infections, such as thrush.

Thrush (candida)

This is a fungal infection which affects older people with multiple health problems, those on multiple medications or those with poor mouth condition. It is a very painful condition which can cause an additional condition of dry mouth. This in turn can cause problems with the health of a person's mouth.

It appears as creamy white or sometimes red patches on the palate, top of the tongue or anywhere in the mouth. Thrush can develop quickly under dentures that are not removed every night and it is often not spotted for this reason. It is known in this case as denture stomatitis. It can cause soreness and difficulty with eating and swallowing.

Action Clean teeth, gums and tongue at least twice a day and for denture stomatitis make sure dentures are left out at night and carefully cleaned. Seek medical advice for diagnosis and to prescribe an antifungal medication.



REASSURANCE AND ROUTINES

Some older people may remember painful times at the dentist so need reassurance that advances in dental care mean they can have pain-free treatment.

People with dementia often react well to home visits by the dentist, while others may be more comfortable and reassured by the familiar look, sounds and smells of the dentist's surgery



“”

“Relatives can really settle down a patient. They know if they’re uncomfortable and can just inform us and either hold the hand of the patient or say if they need five minutes and then we’ll carry on.”

Relatives and friends

Relatives and friends often spend long periods with residents during their visits. They have opportunities to observe, advise and support.

They can, with the resident’s agreement, discuss problems in detail with the dentist or care home and also help to explain information to residents and offer reassurance during dental procedures.

Warning signs

Relatives should discuss with care staff any signs of change or discomfort that may be due to dental problems and should follow the issue up to make sure that notice is being taken.

Practical help

Relatives, especially partners, may feel that they would like to be involved with personal care by helping to clean the resident's teeth if the resident is unable to do it themselves. They should be given the opportunity and receive any help they need to do this, but staff still have the responsibility to maintain daily mouth care for those who need assisted care.

Advocacy

Finally, if the home is having difficulties in obtaining dental care for residents, or if the local specialised dental services appear to be unavailable, the relatives can play a positive part in finding out why this is so, by acting as their advocates or contacting a patient liaison service.

RELATIVES ARE PART OF THE CARE TEAM TOO

Heather was pleased when her mother moved into a care home, now she would be looked after 24/7. That is not to say Heather doesn't still have an important role to play in her mother's care. Dementia has taken away much of her mother's ability to ask for help, so both the time that Heather spends with her and her knowledge of her likes and dislikes, mean that she is able to spot changes and this is welcomed by staff. Recently she noticed that she was holding her food in her cheek rather than swallowing and was able to be there when the domiciliary dentist called to investigate. This helped her mother feel more secure and able to co-operate with the examination.

Glossary

Abscess	painful collection of pus caused by bacterial infection in tooth, gum or bone
Angular cheilitis	condition where one or both corners of the mouth are inflamed, cracked and sore
Bacterial infection	invasion of bodily tissue by harmful microorganisms
Candida	imbalance in gut flora leading to oral thrush
Caries	tooth decay
Denture stomatitis	an infection caused by candida, also known as denture thrush
Dysphagia	problems with swallowing
Fluoride	a natural mineral added to toothpastes and some water supplies to strengthen tooth enamel
Fungal infection	fungus invading tissue
Gingivitis	first stage of periodontal (gum) disease
Halitosis	bad smelling breath
Periodontal disease	gum disease
Plaque	biofilm or mass of bacteria on teeth and gums
Ulcer	sores in the mouth
Saliva	spit, lubricating the mouth
Tartar	hardened plaque
Xerostomia	dry mouth due to lack of saliva

Links and Guides

Keep Smiling video R&RA www.relres.org

Keys to Care R&RA www.relres.org (p.4)

Keynotes R&RA www.relres.org (p.4)

Mouth and Teeth Care, Keynote R&RA www.relres.org (p.4)

Health and Social Care Act 2008 (Regulated Activities) 2014 CQC www.cqc.org.uk (p.7)

Oral Health Assessment Tool NICE www.nice.org.uk (p.8)

Improving oral health for adults in care homes NICE www.nice.org.uk (p.8)

Dental care NHS and private treatment Age UK www.ageuk.org.uk (p.12)

Who is entitled to free NHS dental treatment in England? NHS www.nhs.uk (p.12)

Improving mouth care Health Education England www.e-lfh.org.uk (p.18)

Mouth Care Matters Health Education England www.mouthcarematters.hee.nhs.uk
(back page in acknowledgements)

Mouth Care Assessment Pictorial Guide Health Education England
www.mouthcarematters.hee.nhs.uk

Delivering better oral health Public Health England www.gov.uk/government/publications

Caring for Smiles, a guide for families and friends NHS Health Scotland www.scottishdental.org

Oral Health Foundation www.dentalhealth.org

Acknowledgements

The R&RA is most grateful for its introduction to members of Health Education England's *Mouth Care Matters* programme, whose advice has helped shape our work for care workers and those with a responsibility to help older people maintain their oral health. This professional team's interest, encouragement and support has extended to R&RA's participation in *The Dementia Friendly Dentistry Group* which has reviewed and advised on the publication's development.

We should like to acknowledge with thanks permission to reproduce the illustrations on pp. 27, and 31. from *Mouth Care Matters – a Guide for hospital healthcare professionals*, a book strongly recommended for those wishing to pursue in more depth matters raised in *Keep Smiling*.

The staff and residents of three distinctive care homes and the dental professionals working with them have been generous in inviting us to observe their practice and share their views and experience. For their valuable participation we would like to thank:

Cumbria House, Kent
Drovers House, WCS Care Group, Rugby
Hartsholme House, OSJCT, Lincoln
Domiciliary Dentist, Dr Joe Sullivan
Dental Hygienist Educator, Emma Grimshaw

The Relatives & Residents Association (R&RA) is the national charity for older people in or needing care and the relatives and friends who help them to cope. We support, inform and speak out on behalf of older people and publish useful guides for them, their relatives and care workers.

Our daily Helpline also offers free, independent and expert information, comfort and advice

www.relres.org

