



National Smile Month 16th May – 16th June 2022



National Smile Month encourages people around the world to focus on their oral hygiene and health.

The Infection Prevention & Control team are promoting oral hygiene in social care settings to reduce the risk of infections in service users/residents.

Oral care is an essential key line of enquiry (KLOE) for CQC inspections and care homes are expected to evidence that all staff have training in oral health care and how oral health care is assessed, considered and delivered as a part of a person's care plan.

Did you know? (findings from the CQC report (2019) Smiling matters: oral health care in care homes)

- Most care homes have no policy to promote and protect people's oral health (52%)
- Nearly half of care homes were not training staff to support daily oral healthcare (47%)
- 73% of care plans reviewed only partly covered or did not cover oral health
- It can be difficult for residents to access dental care
- 10% of homes had no way to access emergency dental treatment for residents

The Lancashire County Council Infection Prevention and Control (IPC) Team encourage you to review your knowledge of the NICE (2016) guideline (NG45) 'Oral health for adults in care homes' and Oral health toolkit for adults in care homes (PHE, 2020) to support the implementation of training and assessments.

We encourage you to Think! SMILE (saliva, mouth care, infection, loose teeth, eat) when improving the oral health of your residents and service users and we have enclosed some ideas of how oral hygiene can be promoted within your setting.



National Smile Month 16th May – 16th June 2022

National Smile Month encourages people around the world to focus on their oral hygiene and health.

The Infection Prevention & Control team are encouraging good oral hygiene in social care settings to reduce the risk of infections in service users/residents.

Problems caused by poor oral hygiene



Large amounts of bacteria in the mouth can cause infections in the body (bacteria can make its way into the bloodstream and lungs)



Good oral hygiene removes the bacteria from the mouth and reduces the risk of infections:

- Gum disease
- Tooth decay
- Mouth sores
- Respiratory infections/pneumonia

Promoting Oral Health

- Train staff in oral care
- Check that residents have access to a toothbrush and toothpaste (1,350 – 1,500ppm of Fluoride)
- Check the condition of toothbrushes and replace every 3 months
- Encourage interdental cleaning (flossing)
- Encourage mouth wash rinsing
- Clean dentures
- Remove dentures at bedtime
- Implement oral health assessments and reviews
- Implement a daily oral hygiene care plan
- Link in with a dentist
- Educate with fun activities and place posters up in the setting

TOP TIP

Always make sure you brush your teeth/gums/dentures with a fluoride toothpaste last thing at night and at least one other time in the day for 2 minutes



Did you know that some mouth care products can be prescribed such as high fluoride toothpaste and mouth wash?



Think! SMILE to improve the oral hygiene of residents and service users and to reduce the risk of infections:

S aliva (lack of)	→	Think! *Dry mouth *Speech disturbance - slurring or sensation of a thick tongue *Diminished taste *Difficulty chewing and swallowing *Tooth decay	→	Think! *Medication review *Artificial saliva *Hydration review *GP review
M outh care	→	Think! *Has mouth care been given *Have they got access to toothbrush/toothpaste/mouth rinse *Do they need support with mouth care	→	Think! *Oral health assessment *Daily oral health care plan
I nfection	→	Think! *Bleeding/swollen/red gums *mouth sores/ulcers *Blisters on lips/around the mouth *Pain *Poor intake *Chest infection	→	Think! *GP review *Dental review *Oral health assessment *Pain relief *Food texture
L oose teeth/dentures	→	Think! *Ill-fitting dentures *Pain *Difficulty talking *Difficulty eating *low self-esteem/reduced pride in appearance	→	Think! *Pain relief *Dental review/denture review *Oral health assessment
E at	→	Think! *Poor intake *Signs of malnutrition *Refusing food	→	Think! *Nutrition review *MUST (malnutrition Universal Screening Tool) *GP review

Resources available

[Oral health toolkit for adults in care homes - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
<https://www.dentalhealth.org/about-national-smile-month>
<https://www.who.int/news-room/fact-sheets/detail/oral-health>
[Recommendations | Oral health for adults in care homes | Guidance | NICE](#)
[Smiling matters: oral health care in care homes | CQC Public Website](#)
[Care home staff training resources - Public library - UKHSA national - Knowledge Hub \(khub.net\)](#)
[Webinar recording: Improving oral health in care homes - YouTube](#)



Please share your ideas with us for the promotion of National Smile Month. Please tweet us at @LancsIPC <https://twitter.com/lancsipc> infectionprevention@lancashire.gov.uk

Think **SMILE**!

Reducing infections by improving oral hygiene



Did you know that large amounts of bacteria in the mouth can cause bacterial infections in the body?



There is a strong link between poor oral hygiene and respiratory illnesses such as pneumonia.



Think **SMILE** to improve the oral hygiene of residents and service users and to reduce the risk of infections:

S aliva (lack of)	→	Think! *Dry mouth *Speech disturbance - slurring or sensation of a thick tongue *Diminished taste *Difficulty chewing and swallowing *Tooth decay	→	Think! *Medication review *Artificial saliva *Hydration review *GP review
M outh care	→	Think! *Has mouth care been given *Have they got access to toothbrush/toothpaste/mouth rinse *Do they need support with mouth care	→	Think! *Oral health assessment *Daily oral health care plan
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L oose teeth/dentures	→	Think! *Ill-fitting dentures *Pain *Difficulty talking *Difficulty eating *low self-esteem/reduced pride in appearance	→	Think! *Pain relief *Dental review/denture review *Oral health assessment
E at	→	Think! *Poor intake *Signs of malnutrition *Refusing food	→	Think! *Nutrition review *MUST (malnutrition Universal Screening Tool) *GP review

SING A LONG

BRUSH, BRUSH, BRUSH, YOUR TEETH

(sing it to the tune of Row, Row, Row Your Boat)

**Brush, Brush, Brush, your teeth,
Brush them twice a day,
With a fluoride toothpaste,
To ward off the decay**

**Brush, Brush, Brush your teeth,
Flossing in-between,
Don't forget your gums and tongue,
To keep them nice and clean**

Oral Health

f	w	r	k	i	n	f	e	c	t	i	o	n	k	s	d	g	e	w	o
d	c	r	g	s	p	u	i	k	f	g	e	v	q	m	x	s	g	a	h
a	l	d	t	v	d	o	p	x	k	m	d	s	a	l	i	v	a	z	j
w	e	s	p	f	r	k	q	r	j	s	a	b	n	d	s	j	k	w	e
p	a	j	d	c	i	r	m	o	u	t	h	i	o	e	u	y	q	t	f
o	n	k	o	l	n	y	t	q	p	s	a	d	f	r	t	k	r	g	l
k	s	w	e	r	k	j	c	z	l	v	w	n	d	o	e	c	s	x	u
e	q	t	g	d	s	h	f	o	c	a	r	e	j	d	e	i	u	m	o
b	o	h	z	y	x	m	i	f	s	u	y	q	o	n	t	d	g	a	r
r	a	s	j	l	b	k	a	g	l	h	c	r	x	s	h	v	w	d	i
u	p	d	e	n	t	u	r	e	s	w	y	i	e	u	a	p	t	v	d
s	t	w	a	c	q	v	e	i	o	l	d	n	o	d	x	k	f	c	e
h	u	f	o	h	g	e	a	t	j	g	p	s	y	r	g	u	m	s	v
j	s	i	r	p	z	d	s	u	o	v	f	e	m	b	j	x	l	z	a
d	r	y	a	z	e	x	l	o	p	s	c	t	w	k	i	h	q	a	q
c	w	d	l	i	v	t	b	a	c	t	e	r	i	a	s	k	o	l	m

mouth	rinse	fluoride
bacteria	drinks	clean
infection	oral	dentures
saliva	care	gums
teeth	eat	brush

Smiley Selfie

- Take a smiley selfie using the frame template below and share it with us on Twitter to show your support of National Smile Month
- Our Twitter handle is @Lancsipc
- This year's campaign hashtags are: #SharingASmile
#SmileMonth

Cut around dotted the line



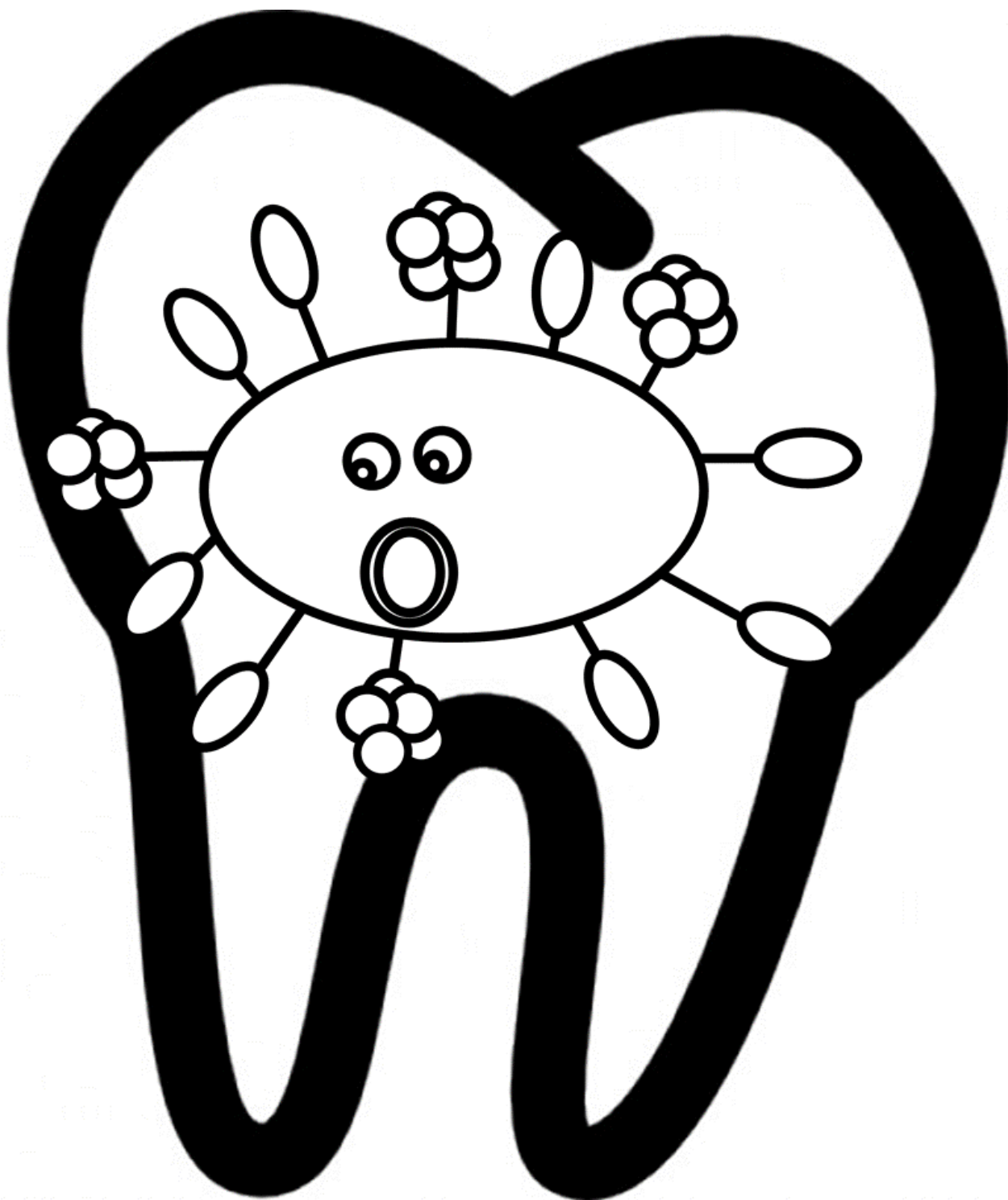
Colouring sheet

Mouth bacteria: *Streptococcus Mutans*

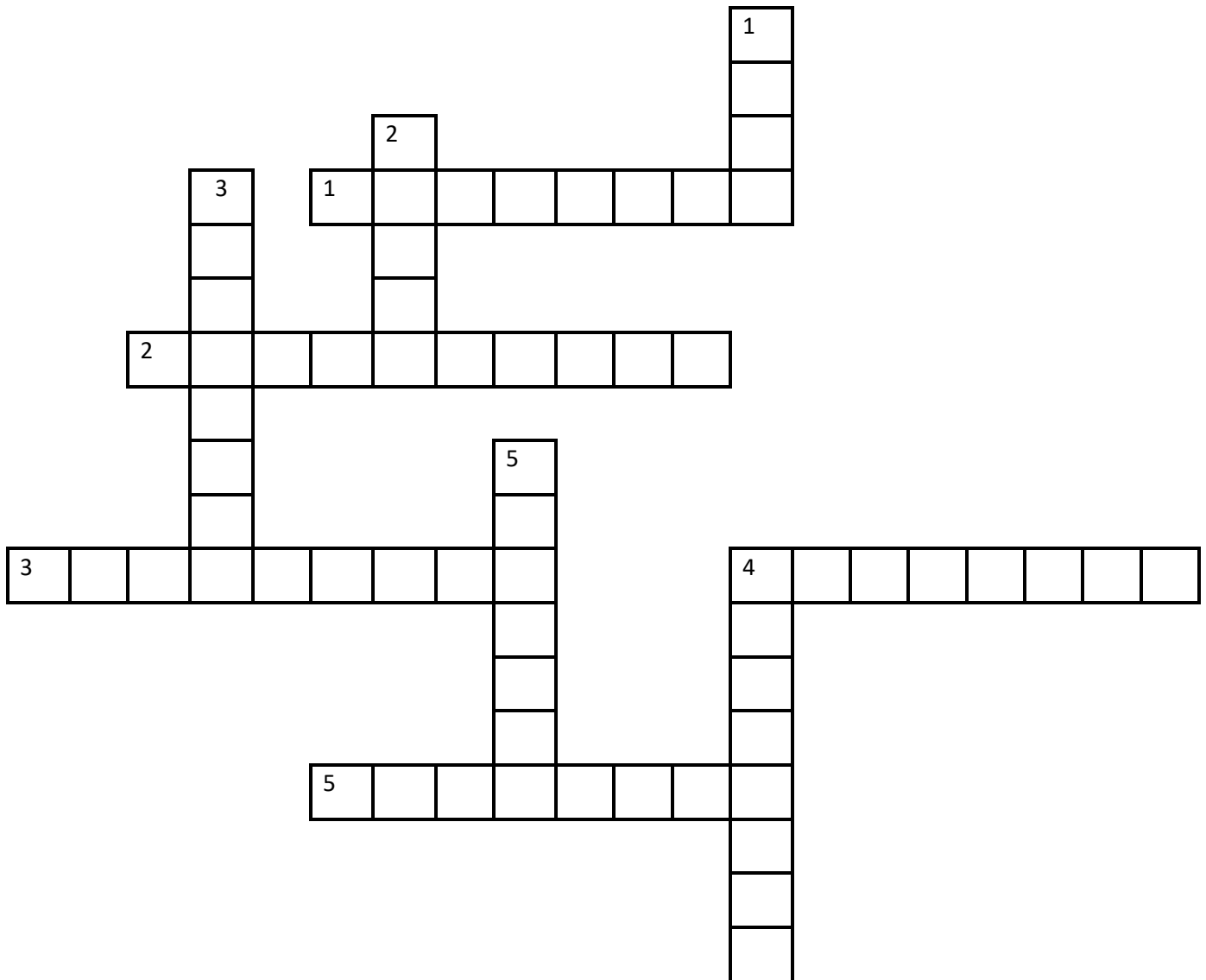


Colouring sheet

Mouth bacteria: *Porphyromonas gingivalis*



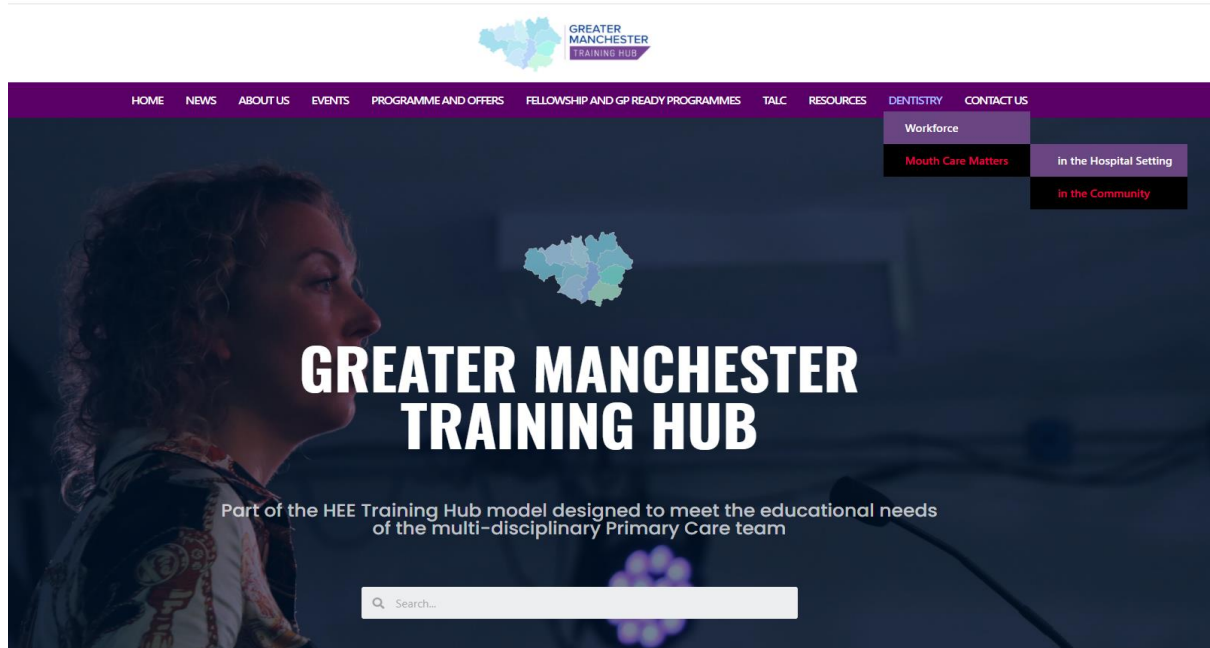
Oral Health Crossword



Across	Down
1. Another word for false teeth	1. Pink tissue surrounding the teeth
2. A common tool people use to clean their teeth	2. More than one tooth
3. You could get an _____ if you do not conduct good oral hygiene	3. A chemical that helps to prevent cavities
4. Good oral health keeps teeth free from _____	4. Drink plenty of water and keep _____
5. What can build up in your mouth if you do not complete oral health care	5. Tooth Doctor

TEETH, TOOTHBRUSH, DENTIST, INFECTION, HYDRATED, FLUORIDE, HEALTH, BACTERIA, GUMS, DENTURES

1. Generic link to the hub:



<https://www.gmthub.co.uk/>

2. Direct link to the Mouth Care Matters in the Community training package:

On-line free training package - supporting the delivery of mouth care in a community and residential care home setting



This training will help care settings be CQC compliant, in line with NICE Guidance & Standards (NG48 & QS151)

<https://www.gmthub.co.uk/dentistry/mouth-care-matters-in-the-community>

Oral Health Policy Template – example 1

Oral health policy for(Name of Care Home)

1. Why mouth care matters

Having a healthy mouth is something that helps everyone to live well. Pain free eating and drinking is something that many people can take for granted. Keeping teeth and dentures clean and in good condition can be a struggle for people living with disabilities, complex conditions or frailty. Maintaining good oral health improves a person's general health and wellbeing and can also play a part in helping people stay independent for as long as possible. This oral health policy sets out how Care Home staff will work with residents to care for their mouths.

2. How a care home will help residents with oral health

2.1 Oral Health Assessment

On admission, an appropriately trained member of staff will complete an Oral Health Assessment Form (available in the toolkit) to capture information about a resident's oral health care requirements and preferences, the condition of their mouth, any current concerns or problems that require further action, details of their dentist and their last dental appointment. Where family and/or close friends are involved in on-going care, they may be involved in the oral health assessment and care plan (with the resident's permission if the resident has capacity to consent). Where a resident does not have capacity to consent, care home staff will act in best interests of the resident and involve family and/or close friends.

2.2 Agreeing a mouth care plan with a resident

A mouth care plan will be agreed with every resident following the initial Oral Health Assessment and will include any advice from the dental team. The care plan will reflect the information recorded in the Oral Health Assessment form in line with the Delivering Better Oral Health toolkit. The mouth care plan will be reviewed and updated on a regular basis in line with updating of other care plans, or sooner depending on the stability of the resident's health and wellbeing.

2.3 Provision of daily mouthcare

Local policies and arrangements will be applied to maintain infection prevention and control.

Evidence of oral health assessments, mouthcare plans and records of provision of daily mouthcare may be required for CQC inspections.

Care of natural teeth

Many residents will be able to maintain their own mouth care and some residents may benefit from prompting and support to undertake mouth care when needed. Where more help is required, a record of this will be documented in the resident's care plan, including refusal of mouth care. Teeth will usually be brushed with a fluoride toothpaste last thing at night and at one other time during the day. Where required, care home staff will ask appropriate member

of staff for advice about getting prescribed mouthcare products or helping someone to use them.

Any changes to resident's eating habits and loss of weight will be monitored and recorded. Problems with eating and chewing may have an oral health cause including mouth or jaw pain, and/or infection or broken teeth. If other causes have been ruled out, care staff will consider reviewing the Oral Health Assessment and when appropriate, consulting a dentist.

Care of dentures

Residents will be encouraged to wear their dentures throughout the day and to remove them at night. If a resident refuse to remove their dentures at night and has the capacity to make this decision, this will be respected and recorded in their daily mouth care chart.

Ideally the resident's dentures will be removed and rinsed after every meal, At least once a day the resident's denture will be removed and will be cleaned using a denture brush or soft toothbrush with unperfumed liquid soap denture cleansing foam or crème. Residents without any natural teeth will have their gums cleaned and food debris removed with a soft toothbrush whilst the denture is removed.

When dentures are removed, they will be stored dry in a named denture pot in after brushing and will be rinsed before being put back in the resident's mouth.

Marking dentures

Consent will be sought from residents to have their dentures labelled to support identification of dentures if mislaid. Relatives will be informed if dentures go missing, and arrangements made to replace them.

2.4 Provision of supplies of dental products

It is important that all residents have access to appropriate mouth care products, such as appropriate toothbrush, toothpaste and dry mouth products. Residents and/or family members will be advised if the care home provide these and if not, they will be informed about how residents will access appropriate mouth care products. Our policy is that. (delete below as appropriate for your care home)

- The care home will provide all mouthcare products
- The care home expects the resident to fund or family members to provide all mouthcare products

2.5 Diet and oral health

We respect residents' personal choice to eat what they want to eat, when they want to eat it. In older people, oral health has been found to deteriorate and there are a variety of factors that contribute to this. A change in diet can increase the risk of dental decay, especially if food and drink with a higher sugar content is being consumed more frequently. Some residents may require nutritional supplements or calorific food that are high in sugar which have been advised by health professional. In these cases, maintenance of good oral hygiene is even more important.

For more information on how sugar increases people's risk of tooth decay and how to reduce their risk, please refer to Delivering Better Oral Health Toolkit.

2.6 Arranging dental appointments

Every resident has the opportunity to make their own choice about which dental practice to attend and maintaining links with their usual dentist is encouraged. Care home staff will help those residents without a dentist in accessing dental care.

For residents who are unable to access general dental services, arrangements on how appointments are made will be agreed between the resident and/or their families and documented in the care plan. It is important that residents see a dental team regularly for check-ups and preventive care, even when no teeth are present. The dentist will be able to advise how frequently check-up appointments are required.

If staff are arranging and taking the resident for dental care, information about all prescribed medication, relevant medical history and the name of their doctor will be provided to the dentist. Information about daily mouth care will also be shared.

Urgent dental care need is defined as an illness or injury that requires urgent attention but is not a life-threatening situation. Care should be provided within 24 hours unless the condition worsens. An example is a resident with dental pain which is not helped by painkillers. Where a resident has an urgent care need, care home staff will help the resident to seek treatment at their own dentist first. If this isn't possible, care home staff will ring 111 for advice and treatment.

Emergency dental care need is defined as life threatening illnesses or accidents which require immediate, intensive treatment. Examples of dental emergencies include uncontrollable bleeding following extractions, dental trauma or rapidly increasing swelling around the throat or eye. Where a resident requires emergency dental care, the care home staff will seek help by ringing 999.

Staff will ensure that any members of the dental team visiting the care home are registered with the General Dental Council.

Staff will know how to raise concerns about availability of dental services with relevant organisations such as local Healthwatch and public health teams.

2.7 Arranging transport to the dentist

Arrangements for transport to dental appointments and treatment will be discussed and agreed with the resident or family and/or close friend at the initial Oral Health Assessment.

2.8 Obtaining consent for support with oral care

It is important that every resident is given the opportunity to make or take part in decisions about their oral health care. Capacity to consent should be assessed and discussed with residents and/or family at the initial Oral Health Assessment and each time this is reviewed. If the individual cannot give informed consent, the Lasting Power of Attorney for Health and Welfare, family members, close friends, professionals and/or staff will be involved in the decision-making process as appropriate, acting in the resident's best interests in line with the Mental Capacity Act 2005.

What happens if mouth care is refused?

On occasions where a resident refuses mouthcare, different techniques depending on the resident's needs, will be used to provide continuing daily mouth care. This may involve working closely with the resident's family and/or close friends to reach the best solution. Where a resident doesn't co-operate and mouthcare is not provided due to care-related stress and distress, this will be recorded on the daily mouth care chart. If this continues, advice will be sought from a senior member of care staff, and where necessary dental advice will be sought.

2.9 Arrangements to pay for NHS dental care

Residents aged 60 and over are **NOT** automatically exempt from dental charges. Penalty Charge Notices are payable for incorrect claiming of exemptions. The guidelines for NHS dental charges are quite complex and **subject to change**. If a resident pays for their treatment, financial arrangements will be agreed as part of the Oral Health Assessment discussion.

Together with the resident, Lasting Power of Attorney for Property and Financial Affairs, family and/or friends, the care home manager can help residents to establish whether they are entitled to a means-tested benefit.

For residents that need to apply for exemption or reduction of dental charges, they or the care manager (on their behalf) will need to complete an HC1 form or HC1 (SC) form. Resident's exemption status needs to be checked before dental appointment as it may change. For further information, please refer to:

- www.nhs.uk/common-health-questions/dental-health/who-is-entitled-to-free-nhs-dental-treatment-in-england/
- www.nhsbsa.nhs.uk/nhs-low-income-scheme.
- <https://www.nhs.uk/NHSEngland/Healthcosts/Documents/2016/HC1SC-April-2016.pdf>

2.10 Keeping relatives informed and involved in decision making

Relatives are part of the care team too. If family would like to be involved with the resident's mouth care, this will be recorded in a resident's care plan. Relatives should be encouraged to report to staff, any changes in the resident's oral health that are observed or any concerns.

2.11 Staff training

All staff will receive oral mouth care training as part of their induction and will have an awareness of the Oral Health Policy and Infection Prevention and Control policy and the training resources available to them.

All staff providing or involved in delivering mouth care will be trained and competent to do so. The level of training may vary depending on the role of the member of staff within the organisation. The Care Home Manager will be responsible for overseeing that training is provided and documented.

3. Available resources and references

The following documents are available as resources for staff:

- Delivering better oral health: an evidence-based toolkit for prevention.
<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>
- Care Quality Commission: Smiling Matters Report
https://www.cqc.org.uk/sites/default/files/20190624_smiling_matters_full_report.pdf
- A quick guide for care home managers. Improving oral health for adults in care homes
https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/improving-oral-health-for-adults-in-care-homes?utm_medium=webpage&utm_source=toolsr&utm_campaign=quickguides&utm_content=gg1
- NICE Oral health in care homes guidance (NG48) available here:
<https://www.nice.org.uk/guidance/ng48>
- NICE Oral health in care homes Quality Standard (QS 151) available here:
<https://www.nice.org.uk/guidance/qs151>

Date	Review Date

Acknowledgement

This document is based on the North-East Caring for your smile oral health care home policy and has been adapted by members of the Oral Health in Care Home Working Group.

Oral health policy template – example 2

Oral health policy for (Name of Care Home)

Improving the oral health of our residents

Our aim is to improve/maintain the mouth care of our residents so that they have a healthy mouth as part of living well, to improve their quality of life, wellbeing and dignity.

Our staff understand the importance of maintaining good oral health and how it improves a person's general health and wellbeing, by enabling them to eat, sleep and communicate without pain or embarrassment, and can also play a part in helping people stay independent for as long as possible.

Our staff will assist/support residents in achieving and maintaining good mouth care. They can recognise common mouth and teeth problems that need further professional care and can help residents to access appropriate dental care.

All residents will:

Have an oral health assessment on admission at the home, which will be carried out by an appropriately trained staff member. Where family and friends are involved in ongoing care, with the resident's permission they may be involved in this assessment.

- As part of oral health assessment, residents will be asked details of the dentist/dental service they have had contact with, when they last saw a dentist or received treatment. Those residents who do not have a dentist will be supported in finding one.
- Have a personal mouth care plan completed, which will be in line with advice in Delivering Better Oral Health toolkit. The plan will be reviewed _____ or sooner if required.
- Receive appropriate mouth care that is tailored and relevant to each individual.
- Have their daily mouth care recorded by all staff carrying out mouth care. This will include any refusal of care by the resident. Be signposted or referred to appropriate dental services, if treatment or support is required.
- Evidence of oral health assessments, mouthcare plans and records of provision of daily mouthcare may be required for CQC inspections.

The manager of the care home will:

- Ensure all new staff receive mouth care training and training in infection prevention and control as part of the induction process and all existing staff maintain up-to-date training in mouth care and training in infection prevention and control.
- Ensure all staff follow the residents' mouth care plans and record mouth care on a daily basis.
- Ensure staff know how to recognise, record and respond to changes in resident's mouth care needs
- Ensure information is available and displayed about accessing appropriate local dental services for routine, out-of-hours and emergency dental care.

- Ensure that staff are aware of how to access routine, urgent (which is defined as, an illness or injury that requires urgent attention but is not a life-threatening situation. Care should be provided within 24 hours unless the condition worsens.), out-of-hours and emergency (which is defined as life threatening illnesses or accidents which require immediate, intensive treatment) dental treatment for residents.
- On admission, residents that need to apply for exemption or reduction of dental charges, they or the care manager (on their behalf) will need to complete an HC1 form or HC1 (SC) form (whichever is appropriate for resident). Resident's exemption status needs to be checked before dental appointments as it may change. For further information, please refer to:
 - www.nhs.uk/common-health-questions/dental-health/who-is-entitled-to-free-nhs-dental-treatment-in-england/
 - www.nhsbsa.nhs.uk/nhs-low-income-scheme.
 - <https://www.nhs.uk/NHSEngland/Healthcosts/Documents/2016/HC1SC-April-2016.pdf>
- Liaise with residents and their families about accessing dental care, ensuring that residents and families are clear about their responsibilities and the support provided by the care home.
- Support residents and families to access dental care when needed. This might include making appointments, facilitating transport or accompanying the resident. The care home will clarify with residents and their families on admission, what can be provided in this respect, any charges that this will incur, and will ensure residents and families are clear about their responsibilities and the support provided by the care home.
- Ensure that that any members of the dental team visiting the care home are registered with the General Dental Council
- Ensure they know how to raise concerns about availability of dental services with relevant organisations such as local Healthwatch and public health teams.
- Ensure all staff have access to and understand the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS). Care will be provided in line with the Mental Capacity Act and local policies about refusal of care.
- Ensure all residents have access to appropriate mouth care products, such as appropriate toothbrush, toothpaste and dry mouth products. Residents and/or family members will be advised if the care home provide these and if not, they will be informed about how residents will access appropriate mouth care products. Our policy is that.
(delete below as appropriate for your care home)
- The care home will provide all mouthcare products
- The care home expects the resident to fund or family members to provide all mouthcare products
- Ensure all care staff, residents and family and friends (if involved in residents' care) are aware of care home policies to promote health and wellbeing, including mouth care.

Care staff will:

- Follow local policies and arrangements to maintain infection prevention and control.
- Provide prompting and support for residents to undertake mouth care when needed.
- Know how they can ask for advice about getting prescribed mouthcare products, or helping someone to use them
- Provide good mouth care for those who no longer have the physical or mental capacity to undertake this for themselves.
- Report any concerns about a resident's mouth to the on-duty manager or nurse, who can escalate to access the appropriate referral or support required. This includes reporting multiple episodes of refusal of care by the resident. Where a resident doesn't co-operate and mouthcare is not provided due to care-related stress and distress.
- Understand the Mental Capacity Act 2005 to be able to support a resident about refusal of mouth care.
- Advise residents on products and advice for cleaning natural teeth and dentures.

Summary of oral care provision for residents:

- Residents with natural teeth will have their teeth brushed with a fluoride toothpaste last thing at night and at one other time during the day.
- Residents will be encouraged to spit, rather than rinse toothpaste out after brushing.
- Residents who have had other oral health issues identified such as a dry mouth will receive care to address these.
- Residents who have dentures (partial or full) will have their dentures removed at night
- Resident's dentures will ideally be removed and rinsed after every meal and will be cleaned at least once a day using a denture brush or soft toothbrush with unperfumed liquid soap or denture crème and will be stored in a dry pot with resident's name.
- While the denture is out, residents with remaining natural teeth will have them cleaned morning and night with a fluoride toothpaste using a separate toothbrush.
- Residents without any natural teeth will have their gums cleaned and food debris removed with a soft toothbrush whilst the denture is out of their mouth.
- Overnight and whenever it is not in the mouth, the denture will be stored in a dry named denture pot
- Consent will be sought from residents whose dentures are not labelled, to have them labelled to aid identification if lost.

Available resources and references

The following documents are available as resources for staff:

- Delivering better oral health: an evidence-based toolkit for prevention.
<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

- Care Quality Commission: Smiling Matters Report
https://www.cqc.org.uk/sites/default/files/20190624_smiling_matters_full_report.pdf
- A quick guide for care home managers. Improving oral health for adults in care homes
https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/improving-oral-health-for-adults-in-care-homes?utm_medium=webpage&utm_source=toolsr&utm_campaign=quickguides&utm_content=qg1
- NICE Oral health in care homes guidance (NG48) available here:
<https://www.nice.org.uk/guidance/ng48>
- NICE Oral health in care homes Quality Standard (QS 151) available here:
<https://www.nice.org.uk/guidance/qs151>

Date	Review Date

Acknowledgement

This document is based on the Shropshire Care to Smile program, oral health care home policy and has been adapted by members of the Oral Health in Care Home Working Group.