

Title: **ASSISTED MOUTH CARE ASSESSMENT**

Ref No: 1789 Version 2
Classification: C.Framework

Directorate: Community

Due for Review: 10-03-2020

Responsible for review: Community Clinical Skills Facilitator

[Document Control](#)

Ratified by: Care and Clinical Policies Group

Applicability: All patients as indicated.

1. Purpose of this document

- 1.1. To assess competence of healthcare workers providing assisted mouthcare for clients in Torbay and South Devon NHS Foundation Trust (TSDFT) and in the community setting in private Agencies, Nursing and Care Homes following training by TSDFT Clinical Skills Facilitators

2. Assessment Guideline:

- 2.1. All frontline staff who are providing assisted mouthcare in TSDFT should familiarise themselves with this competency document and Policy 0297
- 2.2. Each ward should hold a reference copy of this Guideline in a designated easily accessible file.
- 2.3. This Guideline will be available on the TSDFT website.
- 2.4. The superseded version of this guideline should be removed from the web sites and replaced with the reviewed copy when ratified.
- 2.5. Any member of staff who becomes aware of new evidence which may cause review of the existing guidelines should contact either the author or the Clinical Governance team
- 2.6. It is the responsibility of all staff providing assisted mouthcare to ensure they attend training, and are signed off as competent using this guideline.

3. Training:

- 3.1 Oral Mouthcare and Assessment Training will be provided by the clinical skills facilitators in the Ecsel Team at either the Horizon Centre or in the community setting. This training will be provided alongside Oral Yankeur Suctioning Training, or can be used as a stand alone subject.

Skill: Assisted Mouth Care

SUMMATIVE ASSESSMENT BOOK

CANDIDATE: _____

PRACTICE AREA: _____

LINE MANAGER: _____

DATE COMMENCED: _____ DATE COMPLETED: _____

This assessment has been developed by: _____ Tina Mitchell _____

Team: _____ Ecsel Education Team (community) _____

CANDIDATE ADVICE:

It is your responsibility to ensure you are assessed in this area of practice. This assessment book should be kept within your personal profile as evidence of training. If you or the assessor, feel you need further practice, to improve skills or gain confidence, please document this in the “needs practice” boxes. You must attend a Trust recognised, and relevant study day prior to using this document.

This assessment document is for any staff new to the practice of Assisting patients with mouth care

ASSESSOR ADVICE:

This assessment book is aimed to break down the skills, and identify any areas of practice which may need development or improvement. You should complete the assessment by ticking the competency and signing in the relevant assessor box i.e. 1st or 2nd

If you feel further practice is required, please identify the aspects of the skill which the candidate needs to focus on. A minimum of 2 assessments in practice should be undertaken for all new skills.

LINE MANAGER ADVICE:

This document has been compiled in line with:

- *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* 9th Ed. (2015) Chapter 8, page.357
- *Skills for Health (2008)*
- *TSDFT SOP 0297 Adult assessment tool and intervention standards for mouthcare.*

Competency sheet for: Assisted Mouth Care

CANDIDATE: _____

DATE: _____

PROCEDURE	Date 1st practice	Date 2nd practice	1st Assessor Signature	2nd Assessor Signature
Explains procedure and gains consent where possible				
Washes hands and puts on disposable gloves				
Gathers all equipment, or a mouth care pack and prepares mouthwash solutions				
If the patient cannot remove own dentures, removes bottom set first, then top set				
Carries out oral assessment using TSDFT oral assessment tool, or the adapted Marsden one at Appendix A				
Inspects the patient's mouth, with a small torch, using a tongue depressor to see the mouth lining, teeth, lips and tongue.				

PROCEDURE	Date 1 st practice	Date 2 nd practice	1st Assessor Signature	2 nd Assessor Signature
If able to respond, asks the patient if they have any changes in taste, saliva production, oral discomfort, or difficulty swallowing				
Uses a small soft toothbrush & toothpaste, or foam stick and cleaning solution, to clean the patients mouth and tongue, supporting the jaw with their free hand				
If using a toothbrush, holds at a 45% angle against the teeth, and moves it back and forth, in a circular or horizontal motion. Cleans the biting surfaces of teeth, and the tongue				
If the patient is unable to rinse mouth and spit into a receiver, uses a foam stick or rinsed toothbrush to rinse the mouth				

PROCEDURE	Date 1 st practice	Date 2 nd practice	1st Assessor Signature	2 nd Assessor Signature
Applies spray of artificial saliva to the mouth, and suitable lubricant gel to the lips if required				
Cleans the patients dentures, rinses them, and replaces back into the patients mouth				
Dentures should be removed overnight and soaked in a suitable solution				
Flosses teeth if appropriate				
Discards remaining mouthwash solutions, and oral hygiene pack contents				
Cleans the toothbrush and leaves it to air dry				
Disposes of used equipment in clinical waste, removes gloves and washes hands				
Documents procedure in patients notes or care plan				

N.B: Patients' who require oral suctioning, may need their mouth cleaned more frequently to prevent build- up of secretions, due to the suctioning procedure drying the patient's mouth. It is advised that mouth cleaning packs with sponges and solution are used, to reduce the risk of trauma to the oral mucosa. Mouth swabs will become loose and may fall off into the patient's mouth if left soaking in water, they must be single use. (NPSA 2009)

PASS:

Signature: _____ Date: _____

**** If the assessor, or yourself, consider you need more practice, this should be documented in the comments box below:**

NEEDS PRACTICE: 1st practice – Comments:

Signature: _____ Date: _____

Competency Date _____

Signature of Assessor: _____

I confirm I have been competency assessed following training and feel confident to undertake this procedure

Client/ Representative/ Carers Signature:

Date:

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

Ref No:	1789		
Document title:	Assisted Mouth Care Assessment		
Purpose of document:			
Date of issue:	10 March 2017	Next review date:	10 March 2020
Version:	2	Last review date:	
Author:	Community Clinical Skills Facilitator		
Directorate:	Community		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policies Group		
Date approved:	21 December 2016		
Links or overlaps with other policies:	All TSDFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
Have you considered using Equality Impact Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
August 2013	1	New	
10 March 2017	2	Revised	Care and Clinical Policies Group
20 February 2018	2	Review date extended from 2 years to 3 years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>			
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centered care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy