

Inpatient Mouth Care **in Brent**



October 2019

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EXECUTIVE SUMMARY

Oral health has been found to deteriorate in hospitalised patients¹. Poor mouth care of inpatients can have a significant impact on both their physical and mental wellbeing. It has been associated with malnutrition, an increase in hospital-acquired infections and patient comfort and dignity². Therefore, it is crucial that mouth care is integrated into daily patient care.

Healthwatch Brent conducted a review into hospitalised patients' mouth care across wards in London North West University Trust. We spoke to 66 patients across 8 wards in three hospital sites between July and August 2019. To find out more about their mouth care routine since being in hospital, we asked patients to complete a survey.

The findings of the survey were generally positive, and staff were highly praised across the wards. However, there are some areas for improvement. While most patients' mouth care was not disrupted by their hospital stay and maintained cleaning their teeth and dentures twice a day, there were some patients who did not and found providing mouth care in hospital challenging.

- 40% of patients were not brushing their teeth twice a day
- 14% did not have a toothbrush with them during their stay
- patients with dentures were not regularly cleaning and storing them safely

There is evidence of staff supporting some patients with their mouth care, which is encouraging. However, not all patients who may benefit from support are receiving it. Our main recommendation is for the Trust to follow good practice guidance as outlined by NHS Health Education England's Mouth Care Matters guide. Consistent support, in various degrees, for all wards is encouraged. This may range from reminding patients about mouth care to assisting with cleaning where necessary.

Key Recommendations

The recommendations are outlined in detail on page 13 of this report.

- Incorporate good practice mouth care into patients' personal care routine and offer support to those who experience challenges.
- Ensure that the support for patients is consistent within and across wards
- Ensure that toothbrushes and toothpaste are offered to patients.

¹ NHS Health Education England (2016) Mouth Care Matters: A Guide for Hospital Healthcare Professionals.

² Binks, C. Doshi, M. Mann, J. (2017) Standardising the delivery of oral health care practice in hospitals. Nursing Times [Online], 113, 11: 18-21.

- Provide denture pots where patients do not have their own.
- Praise staff for positive feedback received.

ACKNOWLEDGEMENTS

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We thank the patients who provided their valuable feedback, the staff members who welcomed the team to the wards and for the Patient Experience Manager at London North West University Healthcare NHS Trust.

INTRODUCTION

Healthwatch Brent is part of a national network led by Healthwatch England, which was established through the Health and Social Care Act in 2012, to give service users of health and social care services a powerful voice both locally and nationally. We are the independent voice for people's views on Brent services, both good and bad. We listen to local people and feedback patient experience and liaise with local commissioners and decision makers, in order to improve services.

Taking care of our oral health is a vital part of keeping well and something that we all incorporate into our daily routine³. However, during stays in hospital, mouth care has a tendency to fall under the radar of both patients and staff.

Healthwatch Brent conducted a review into patient experience of mouth care during their stay as an inpatient across London North West University Hospital Trust. Over the previous year, patients and carers had reported some concerning feedback, as part of Healthwatch Brent's regular ward visits to the Trust, about the quality of the mouth care as an inpatient. To explore this further, the Brent team visited the Trust sites between July and August 2019 to ask patients about their experience.

The review revealed that, while patients report largely positive feedback, there are some areas requiring improvement. There are concerns about patients who need additional support who are not receiving assistance to maintain good oral health as an inpatient.

³ YouGov (2017) Internal brushing teeth. GB Sample: 9th - 10th October 2017.

BACKGROUND

Oral health is not only important to general health and wellbeing, it is an important part of holistic patient care⁴. Mouth care can impact people's physical health, with poor mouth care being associated with an increased risk of hospital acquired pneumonia in both ventilated and non-ventilated patients, Xerostomia, or dry mouth which can impact patient nutrition and comfort, cardiovascular disease and diabetes⁵.

Poor mouth care can have a profound impact on comfort, dignity and overall experience in care settings⁶. A recent CQC report illustrates the effect on residents in care homes. As one relative stated:

“It seemed to us that oral hygiene was completely neglected and just not a priority. It is hard to say exactly how this impacted upon Mum’s emotional state as she found it difficult to communicate by this stage, but it made the family feel very sad to see her looking so unhappy, unhealthy and uncomfortable. We felt she was no longer being treated with dignity, kindness and respect.”

(Care Quality Commission, 2019:18).

The North West London University Hospital Trust advises patients to bring their own belongings for personal care, including a toothbrush and toothpaste⁷. While individual wards tend to enforce their own practices for personal care, there is no known guidance for good practice in hospitals both locally and nationally⁸.

This raises particular concerns for patients who require additional support with personal care tasks and those who have been admitted to hospital unexpectedly.

The existing literature points to a number of barriers preventing good mouth care in hospital arising from the lack of guidance⁹. For example, non-expected admissions resulting in patients not having a toothbrush and paste and an absence of supplies at the hospital, patients who require additional support for both physical and mental health needs, staff lacking training to support patients with their mouth care and mouth care slipping down the list of staff's competing priorities¹⁰. Salamone et al (2013) argues a further barrier to preventing good mouth care for hospitalised patients is that oral health is often kept separate from other caring duties.

⁴ Public Health England (2017) Delivering Better Oral Health: an evidence-based toolkit for prevention.

⁵ Binks, C. Doshi, M. Mann, J. (2017) Standardising the delivery of oral health care practice in hospitals. Nursing Times [Online], 113, 11: 18-21.

⁶ Care Quality Commission (2019) Smiling matters, Oral health care in care homes.

⁷ London North West University Healthcare NHS Trust (2019) 'Your stay in hospital'.

⁸ Discussions between Healthwatch Brent and representatives for NICE found that they don't currently have guidance or quality standards for oral health care in hospitals.

⁹ NHS Health Education England (2016) Mouth Care Matters: A Guide for Hospital Healthcare Professionals.

¹⁰ Davis, I. Laybourne, T. Cronin, C. (2019) Improving the provision of mouth care in an acute hospital trust. Nursing Times [online], 115, 5: 33-36.

National Guidance

NHS guidance suggests brushing your teeth twice a day with fluoride toothpaste is good practice for taking care of your mouth¹¹. Currently, policy around mouth care for inpatients is lacking. The Care Quality Commission (2019) ‘Smiling Matters’ report calls for improvements to care home residents’ oral health. They found that most homes did not have a policy for their resident’s oral health and made several recommendations around staff training and regularly assessing resident’s oral health. Health Education England (2016) has outlined recommended practice for NHS staff in their ‘Mouth Care Matters’ guidance. It is currently implemented in Kent, Surrey and Sussex and is improving the oral health of hospitalised adult patients through providing knowledge, skills, tools and support. The guidance aims to improve oral health by creating healthcare teams that are more responsive and personalised for patients. It seeks to address concerns that oral care is lacking in hospital and community care settings, especially for those who rely on others to support them with their personal care.

Such reports are welcomed, and this previously bypassed area is gaining attention in some community care settings. However, provision around hospital inpatient wards in North West London University Healthcare NHS Trust remains overlooked.

Healthwatch Brent routinely visit inpatient wards throughout the Trust to gather patient experience. Some concerning feedback from patients and relatives was captured about inpatient experience of mouth care. For instance, relatives were concerned that a ventilated patient’s mouth was not being cared for and ‘white marks’ had not been removed. Another relative reported,

“staff need training when it comes to mouth care”

(Relative, March 2019)

In addition, a CQC report for Northwick Park Hospital in 2017¹² noted that their reviewers did not observe nursing staff actively assessing or promoting oral hygiene and mouth health to their patients nor did they see any trust guidelines or policies on patients’ oral hygiene.

This feedback prompted Healthwatch Brent to conduct a detailed review into the patient experience of mouth care during hospital stays.

¹¹ NHS England (2018) Taking care of your teeth and gums.

¹² Care Quality Commission (2017) London North West Healthcare NHS Trust Northwick Park Hospital Quality Report.

METHODOLOGY

To review patient experience of mouth care, an ‘Enter and View’ style approach was taken. Eight wards, selected by the Trust, across Northwick Park Hospital, Central Middlesex Hospital and Willesden Community Hospital were visited during July and August 2019. A team of Healthwatch Staff took a three-fold approach and spoke to patients about their experience, staff about their practice and observed practice on the wards they visited.

Patient experience

The team captured experience through a patient survey. The questions on mouth care were set within a broader survey of personal care¹³ that was being conducted by Healthwatch Brent within the Trust. The mouth care questions were informed by existing research outlining good practice; the Care Quality Commission, Mouth Care Matters Guidance and The Nursing Times. During the visits, Healthwatch Brent staff approached patients to complete the survey. The team used their discretion when to approach patients and, therefore, not all patients who were on the ward at the time of visits gave feedback. Some patients did not want to be approached, some were not able to complete the survey due to their condition and others were sleeping or receiving treatment during the time of the visit.

Staff Practice

Brief discussions were held with staff on duty about their mouth care practice on the ward.

General Observations

During the visits, the team observed general care of patients, such as time of response to calls for assistance and comfort of patients. There was a limitation with the observations as the team did not observe private, personal care or patient’s mouth care.

FINDINGS

This report is a snapshot of patient experience on the days that Healthwatch Brent visited the wards. It does not aim to present a representative account of patient experience of mouth care. This report aims to add value to the routine ward visits Healthwatch Brent conducts and the CQC Patient Experience Survey in which the findings are used to improve patient experience across the Trust.

Moreover, the need for staff support varied within and across the wards. Of the eight wards visited, five wards had patients who all required support. Three wards had

¹³ The findings of patient experience of personal care are available in a separate report; Healthwatch Brent (2019) ‘Inpatient Personal Care in Brent LNWH Trust’.

patients whose level of support varied within the ward; some patients requiring more support with than others. In addition, the majority of patients had been inpatients for less than 1 week (Table 1), therefore, it should be noted that the experience of the patients in this report may not reflect all inpatients' experience.

Overview of Findings

Between the eight wards, 66 patients gave feedback about their experience of mouth care during their stay. Table 1 outlines the number of patients who completed the survey on each ward. Overall, patients reported that their mouth care was maintained during their hospital stay. There are some areas of practice, however, that require some improvement to ensure that all patients' mouth care is upheld and effective on all wards. Analysis has revealed that there is a correlation between poor oral health practice (not brushing twice daily) and lack of support from staff members.

Length of Stay	Count	Percentage
> 1 week	38	58%
1-2 weeks	13	20%
2-3 weeks	3	5%
3-4 weeks	4	6%
< 1 month	8	12%

Table 1. Length of stay across the Trust of care by number of patients

Ward	Site	Count
Abbey Suite	CMS	6
Darwin	NWP	9
Dickens	NWP	11
Drake	NWP	9
Gaskell	NWP	8
Gladstone suite 1	CMS	8
Gray	NWP	7
Robertson	WSD	8

Table 2. Number of patients engaged with per ward.

Following Good Mouth Care Practice

The majority of patients (60%) were following good practice of caring for their oral health. NHS guidelines recommend brushing your teeth twice daily with a fluoride toothpaste¹⁴.

Charts 1 and 2 present how many patients' mouth care routine followed good practice.

¹⁴ NHS England (2018) Taking care of your teeth and gums.

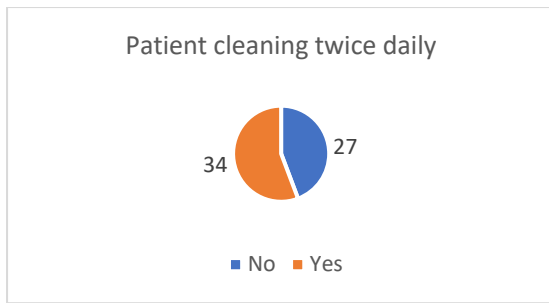


Chart 1. Patient mouth care (by number of patients)

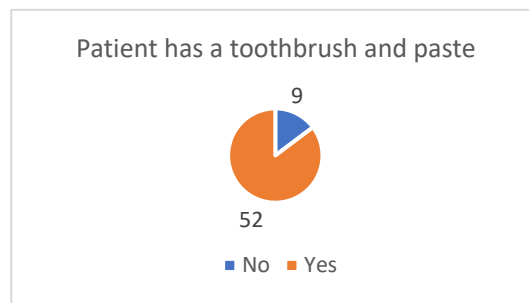


Chart 2. Patient access to toothbrush (by number of patients)

- 40% (27 patients) were not brushing twice daily
- Every ward visited had patients who did not brush their teeth daily. Table 3 outlines the ward where at least half of the patients in the ward were not brushing their teeth every day.

“not been able to brush them last night or this morning, I didn’t know I was coming here so I didn’t bring one”

(Patient, Drake Ward)

- 14% (9 patients) did not have a toothbrush or paste during their stay. Some of whom said they were waiting for a relative or friend to bring one in for them.

“no, my sister keeps forgetting to bring [a toothbrush]”

(Patient, Darwin Ward)

- In two wards, over a quarter of patients did not have a toothbrush during their stay (25% in Gladstone Suite 1, 33% in Darwin)
- There was evidence of wards offering patients a toothbrush and paste. This was supported by the discussions held with staff who reported that if patients did not have a toothbrush, they would be provided with one. It was suggested by staff members that this was usual practice by 4 wards. Staff on one ward suggested that they would provide a mouthwash for patients who did not bring their own toothbrush.

“I was provided with one when I came here”

(Patient, Gladstone Suite 1)

“when asked for a toothbrush, the consultant said ‘you know where the WHSmiths is’. A healthcare assistant later provided one”

(Relative, Dickens Ward)

- 86% (52 patients) had their own toothbrush, however, 35% of whom (18 patients) were not brushing twice daily.

These 18 patients reported that this was not usual routine and would normally be brushing at home, only 1 patient reported that not brushing daily was something they would do at home.

The reasons provided varied. Seven patients said they could only do it once a day, others reported that staff supported them in the morning to brush their teeth, but none mentioned support in the evening. Some patients said they had not brushed them yet.

“they didn’t yesterday and not this morning. A relative did them yesterday”
 (Patient, Dickens Ward)

“it’s too much trouble to do it, to get up and go to the bathroom”
 (Patient, Dickens Ward)

Ward	Patients not following good mouth care practice
Abbey Ward	50%
Gladstone Ward	50%
Dickens Ward	64%

Table 3. Wards where patients did not follow good practice for mouth care

Denture Care

A quarter of patients reported that they had dentures (17 patients). Just over half of these patients were following good practice for caring for their dentures. Recommended practice is to clean dentures once a day, remove at night and store in water in a labelled denture pot and to be put back in the morning¹⁵. It is particularly important that dentures are stored safely to prevent denture loss or being mistaken for rubbish, which can greatly impact patients’ dignity and wellbeing¹⁶.

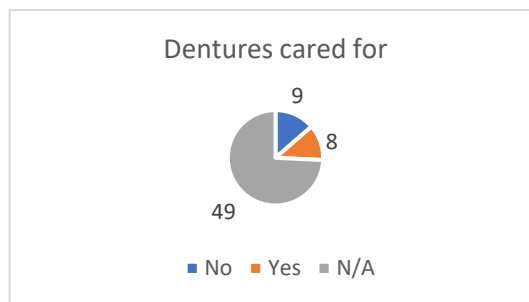


Chart 3. Patients following recommended practice for denture care (by number of patients)

¹⁵ NHS Health Education England (2016) Mouth Care Matters: A Guide for Hospital Healthcare Professionals.

¹⁶ Otukoya R, Shepherd E (2018) Principles of effective oral and denture care in adults. Nursing Times[online]: 114: 11, 22-24.

- 9 patients were not following recommended practice for good denture care.

“I have dentures but not yet taken them out, I haven’t been given anything to put them in”

(Patient, Darwin Ward)

- 2 of these patients said that this was not how they do it at home. One reported,

“my wife helps with cleaning but kept them in last night”

(Patient, Gray Ward)

- 4 patients who did not follow recommended practice said they didn’t at home either. One reported that they have a pot, but they put them in a bag out of preference (Robertson Ward).

- 8 patients were taking their dentures out at night and following good practice of denture care. 1 patient said that this was different to what they do at home suggesting they would “if I want to” (Dickens Ward).

“I keep them in my pocket, not yet settled down so don’t want to give negative feedback”

(Patient, Dickens Ward)

“I take them out every night and wrap them in tissue or leave them on the side”

(Patient, Drake Ward)

- 2 patients said they had help from staff for mouth care, to clean them but also said that chose to keep their dentures in all the time.

Change from Home Routine

Oral health has been found to deteriorate while in hospital¹⁷. Contrary to existing literature, nearly half of patients (45%) said that their oral health routine had not changed since being in hospital.

¹⁷ NHS Health Education England (2016) Mouth Care Matters: A Guide for Hospital Healthcare Professionals.

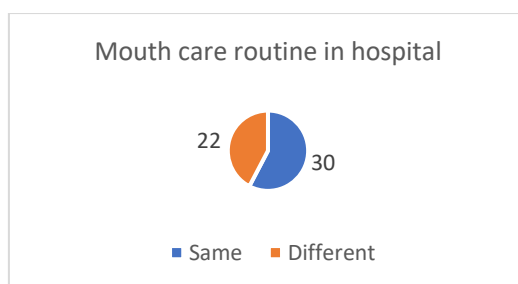


Chart 4. Change in mouth care routine of hospitalised patients (by number of patients)

- 45% (30 patients) said their routine from home at not changed since being hospitalised.
- 1 in 3 (22 patients) said their oral health routine differed while in hospital compared to at home.
This included not brushing them daily, not having a toothbrush and paste; 7 of these patients did not have a toothbrush or paste with them.

“I just rinse my mouth out with water”

(Patient, Gaskell Ward)

Patients in some wards were more likely to report that their mouth care routine had changed. Over 60% of patients in Abbey Suite (67% of the ward) and Gladstone 1 (60% of the ward) reported a change in their normal mouth care routine.

- All 22 patients ,who said their routine differed, had not been brushing their teeth twice a day.
21 of these patients had been on the ward for less than one week. 1 patient had been on the ward for over a month and was using a sponge mouth swab.

“not brushed my teeth since I’ve been here”

(Patient, Darwin Ward)

Support from Staff

In general, patients reported that they did not require assistance from staff to support good mouth care. The survey identified support on different levels such as prompting patients to brush their teeth or dentures, assisting them to the bathroom or helping the patient brush their teeth or dentures. This includes assistance from staff to brush patients’ teeth or staff supporting patients to the bathroom to clean their teeth.

In all wards, the staff members we engaged with emphasised that they aim to keep patients as independent as possible. However, patients’ level of independence to provide personal care, such as washing, is assessed, and higher dependent patients

are offered assistance with these tasks. This is not reflected in the assistance with other aspects of personal care; mouth care.

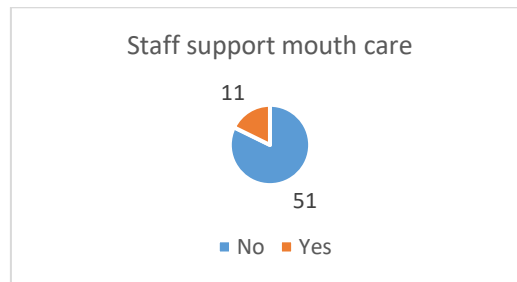


Chart 5. Number of patients who received support with mouthcare from staff

77% (51 patients) reported that they don't need support from staff and that they provided mouth care themselves. It is important to assess patients and assist them in a way that maintains their independence. However, some of the patients who reported that they did not have support from staff were also found to not follow recommended practice in mouth care.

- 33% of those who don't need support say routine is different compared to at home (17 patients).

"No, I can't clean my teeth. My toothbrush is in my bag and I can't get to it because of my mobility (it was in the cupboard by bedside)"

(Patient, Dickens Ward)

- Of the 17 patients who did not receive staff support, 16 received support for other aspects of their personal care; with washing and assistance with going to the toilet, yet, they were not receiving support for their mouth care.
- Some patients felt that providing mouth care was their responsibility and, therefore, did not ask for support.

"I haven't asked for help, I brush them myself but it's hard because I am right handed and I have to use my left"

(Patient, Abbey Suite)

- Some patients remarked that they require, and on occasion had asked staff for, support in various levels and not received it.

"I have asked a staff member to get my bag so I can get my toothbrush but they didn't come back"

(Patient, Dickens Ward)

- 45% who reported they don't receive support also did not brush their teeth daily (23 patients)

“I could if they bring me some water”

(Patient, Darwin Ward)

11 patients reported to receive support from staff, in various levels, to care for their mouths. Patients reported that staff helped them by reminding them to brush their teeth, bringing water to them or taking them to the bathroom.

“I brush them in the morning, the nurses help with bring my toothbrush and my husband helps in the evening”

(Patient, Robertson Ward)

“I do it myself, when I finish, I call them and they take it away but I clean them myself”

(Patient, Drake Ward)

Some wards had more patients who required and received support for their mouth care than others. 50% of the patients in Abbey Suite were receiving support from staff for their mouth care, whilst in Darwin and Gray Wards, no patients were receiving support.

“I'm brought a basin with water to brush them but that's only once a day”

(Patient, Abbey Suite)

“they take me to the bathroom to brush my teeth”... “once a day in the morning they wait for me outside [the bathroom] if I need help they bring me my toothbrush and toothpaste”

(Patient, Dickens Ward)

While it is encouraging that staff are supporting patients who require additional assistance with the mouth care aspect of their personal care, 27% who receive support are not brushing twice daily (3 patients)

“I didn't brush them last night. I got given a toothbrush this morning by the staff. I brushed my teeth with a cup of water”

(Patient, Gray Ward)

CONCLUSIONS

Taking care of your oral health as an inpatient is an important, but often neglected aspect of personal care. The impacts of poor mouth care stretch beyond physical health and can have adverse effects on patient's dignity and wellbeing¹⁸. Policy for good mouth care practice in community settings is emerging, however, for hospitalised patients, there is limited guidance to support their oral health¹⁹.

Healthwatch Brent's review of mouth care in NWLUHT inpatient wards revealed that there is some room for improvement. While the patients we spoke to gave largely positive feedback about their experience and mouthcare, with most brushing twice daily and their routine not being disrupted by their hospital stay, there are some patients who are not following recommended mouth care practice.

This is a cause of concern for patients who require support with their personal care and those who have been admitted unexpectedly. It is important for patients to maintain their independence while in hospital, however, it is evident that there are some patients who may need various levels of support with their mouth care. This may range from providing patients with a toothbrush and/or denture pot, reminding them to clean their teeth and dentures to assisting patients to the bathroom or helping them to clean their teeth and dentures.

RECOMMENDATIONS

Healthwatch Brent recommends that hospital wards across London North West University Healthcare Trust ensure good practice for all patients' mouth care. Following Health Education England's 'Mouth Care Matters' (2016) guidance is highly recommended.

- **Incorporate good practice mouth care into patients' personal care routine and offer support to those who experience challenges.**

Even when patients bring their own toothbrush in, a third were not brushing their teeth twice a day.

Staff should encourage good mouth care and consider displaying a poster in the wards to remind patients who don't require support.

¹⁸ Binks, C. Doshi, M. Mann, J. (2017) Standardising the delivery of oral health care practice in hospitals. Nursing Times [Online], 113, 11: 18-21.

¹⁹ NHS Health Education England (2016) Mouth Care Matters: A Guide for Hospital Healthcare Professionals.

The use of sponge mouth swabs to clean patients' mouths should be discouraged²⁰. The Medicines and Healthcare products Regulatory Agency issued an alert advising that foam swabs should not be used with patients.

- **Ensure that the support for patients is consistent within and across wards**
It appeared to be common practice that, when staff supported patients with their mouth care, this was only once a day. While this is encouraging that mouth care is a priority in some of the wards, cleaning twice a day is paramount.

In some wards, patients were receiving support and other patients, who found it difficult to care for their teeth and dentures, were not.

- **Ensure that toothbrushes and toothpaste are offered to patients** who are admitted unexpectedly or have not brought their own in.

A trend in the data was that patients were relying on a relative or friend to bring them a toothbrush. Provisions should be made, such as offering patients a temporary toothbrush in the interim, so patients are not left waiting to brush their teeth.

- **Provide denture pots where patients do not have their own.**
It is important that dentures are stored safely while not in use to prevent denture loss on the ward.

Some patients reported wrapping their dentures in tissues. Patients should be encouraged to remove and store their dentures following recommended practice with staff support.

- **Praise staff for positive feedback received.**
Staff across all wards visited were highly praised by patients and gave positive feedback about their experiences of care.

We presented this this report to LNWH Trust for their formal response.

However, due to their priorities in relation to the Covid-19 pandemic they were unable to provide a response at this time.

²⁰ Pearson, L. Hutton, J. (2002) A controlled trial to compare the ability of foam swabs and toothbrushes to remove dental plaque. *Journal of Advanced Nursing*; 39: 5, 480-489.

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APPENDICES

Appendix I. Patient Survey

Are services responsive to people's needs?

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

No.	Assessment	Score	Areas of good practice	Areas of improvement
Questions to ask patients				
	Approximately how long have you been in hospital? <i>If not known, a few days or weeks?</i>			
1	Are you happy with the care you've received on this ward?			
2	Do you feel you have been treated with dignity and respect?			
3	Do staff make sure you are as comfortable as can be?			
4	Do staff help you to wash or keep yourself clean?			
5	Have you received help from staff to go to the toilet?			
6	How long do you have to wait when you call for assistance? <i>(when you need a wash or the toilet)</i>			

No.	Assessment	Yes/No	Areas of good practice	Areas of improvement
7	How does your teeth cleaning routine in hospital compare to at home?			
7.a	Do you have a toothbrush and toothpaste you use during your stay? <i>Yes – move Q8 No – have staff reminded you about mouth care?</i>			
7.b	Do you clean your teeth/mouth twice a day? <i>If no, reasons why?</i>			
7.c	Do you get help from staff to keep your teeth and mouth clean? <i>If yes, what do they do?</i>			
8	Are your Dentures taken out and out every night and put in their pot and put back in in the morning?			
	Any other comments?			