



CQC SINGLE ASSESSMENT FRAMEWORK

Oral healthcare evidence checklist

Helping care homes demonstrate safe, effective and
person-centred oral healthcare

Regulations 9 • 12 • 17 • 18

NICE NG48

NICE QS151

CHECKLIST DETAILS

NAME OF CARE HOME

COMPLETED BY

DATE COMPLETED

DATE OF NEXT REVIEW

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INTRODUCTION

Why a checklist is valuable

This checklist helps you gather, organise and review the evidence that shows compliance with Care Quality Commission (CQC) regulations and quality statements. Use it to monitor readiness for inspection, identify gaps, and make sure supporting evidence is current, accessible and properly documented.

One of the biggest changes under the Single Assessment Framework is that inspectors place greater emphasis on evidence than on answering prescribed questions. They gather information from multiple sources and look for consistency across records, observations and conversations. A checklist helps you show that good oral care is delivered consistently: not just during an inspection, but every day.

WHAT AN INSPECTOR WILL USUALLY DO

- Talk to residents
- Speak with care staff
- Ask managers about systems and oversight
- Review care records
- Observe care where appropriate
- Look at training records
- Check audit results
- Review policies and procedures
- Examine accident, incident or safeguarding records that relate to oral health
- Ask how dental appointments are arranged and documented

WHAT INSPECTORS ASK THEMSELVES

- 1 Do people receive the mouth care they need?
- 2 Is it person-centred?
- 3 Is it safe?
- 4 Can staff demonstrate competence?
- 5 Can the provider prove this through evidence?

WHAT EVIDENCE IMPRESSES INSPECTORS

- | | |
|--|--|
| ☒ Oral health assessments completed for every resident | ☒ Individualised oral care plans |
| ☒ Daily oral care records | ☒ Documentation when mouth care is refused, and the action taken |
| ☒ Records of referrals to dental professionals | ☒ Staff training and competency records |
| ☒ Oral Champion responsibilities and meeting notes | ☒ Oral health audits with action plans |
| ☒ Evidence of improvements made following audits | ☒ Policies and procedures that reflect current guidance |



THE FRAMEWORK

Oral healthcare and the framework

Inspectors gather evidence about oral healthcare across several quality statements. They are looking for evidence that you comply with the relevant regulations, particularly Regulations 9, 12, 17 and 18.

QUALITY STATEMENT	WHAT INSPECTORS LOOK FOR	EXAMPLES OF EVIDENCE
Assessing needs	Has the person's oral health been assessed?	Oral health assessment completed on admission, dental history, level of support required, dentures documented, consent recorded.
Care provision, integration and continuity	Is oral care delivered consistently and reviewed when needs change?	Person-centred oral care plans, daily mouth care records, reviews following illness or changes in condition, referrals to dental services.
Safe and effective staffing	Do staff have the knowledge and skills to provide safe mouth care?	Training records, competency assessments, Oral Champion programme, induction records.
Medicines optimisation (where relevant)	Are medicines affecting oral health recognised?	Dry mouth management, monitoring medication side effects, saliva substitutes prescribed and used appropriately.
Involving people to manage their own health and wellbeing	Are residents encouraged to maintain independence?	Residents supported to brush independently where possible, adapted toothbrushes, choice respected, dignity maintained.
Monitoring and improving outcomes	How does the provider know oral healthcare is effective?	Audits, spot checks, supervision, action plans, quality improvement projects, complaints and compliments reviewed.
Governance, management and sustainability	Is oral healthcare monitored by management?	Oral health policy, governance meetings, audit results, training compliance, evidence of continuous improvement.

THE REGULATIONS INSPECTORS LOOK FOR

REGULATION

9

Person-centred care

Care is tailored to each resident's oral health needs and preferences.

REGULATION

12

Safe care and treatment

Oral health risks are assessed and managed safely.

REGULATION

17

Good governance

Systems, audits and records show oral care is monitored and improved.

REGULATION

18

Staffing

Staff are trained and competent to deliver mouth care.



EVIDENCE CHECKLIST

Can you evidence it?

Tick Yes or No for each item. For every No, note the action required so it can be carried into the action plan on page 8.

1 Leadership & governance

Governance, management and sustainability

EVIDENCE	YES	NO	ACTION REQUIRED
Oral healthcare policy in place	☐	☐	
Oral healthcare policy reviewed within the last 12 months	☐	☐	
Oral Health Champion identified	☐	☐	
Oral healthcare included in governance meetings	☐	☐	
Oral healthcare audits completed	☐	☐	
Audit action plans completed	☐	☐	
Re-audits undertaken	☐	☐	
Complaints and compliments relating to oral care reviewed	☐	☐	

Section score: _____ Yes of 8 = _____ %

2 Oral health assessments

Assessing needs

EVIDENCE	YES	NO	ACTION REQUIRED
Assessment completed on admission	☐	☐	
Oral health reviewed regularly	☐	☐	
Dentures recorded	☐	☐	
Dentures marked	☐	☐	
Resident's dentist recorded	☐	☐	
Last dental visit documented	☐	☐	
Oral health risks identified	☐	☐	
Resident preferences recorded	☐	☐	
Consent and mental capacity considered and recorded	☐	☐	

Section score: _____ Yes of 9 = _____ %



3 Care planning

Care provision, integration and continuity

EVIDENCE	YES	NO	ACTION REQUIRED
Personalised oral care plan in place	☐	☐	
Level of support documented	☐	☐	
Brushing frequency recorded	☐	☐	
Denture care included	☐	☐	
Oral care products specified	☐	☐	
Refusal strategies documented	☐	☐	
Medicines affecting oral health (e.g. dry mouth) considered	☐	☐	
Care plans reviewed regularly and after changes in condition	☐	☐	

Section score: _____ Yes of 8 = _____ %

4 Daily mouth care

Care provision, integration and continuity

EVIDENCE	YES	NO	ACTION REQUIRED
Mouth care recorded daily	☐	☐	
Morning care documented	☐	☐	
Evening care documented	☐	☐	
Refusals documented	☐	☐	
Escalation recorded following repeated refusals	☐	☐	
Oral concerns documented	☐	☐	

Section score: _____ Yes of 6 = _____ %

5 Staff training & competence

Safe and effective staffing

EVIDENCE	YES	NO	ACTION REQUIRED
All staff have received oral healthcare training	☐	☐	
New staff receive induction training	☐	☐	
Competency assessments completed	☐	☐	
Annual refresher training completed	☐	☐	
Staff know how to access support	☐	☐	

Section score: _____ Yes of 5 = _____ %



6 Dental access

Care provision, integration and continuity

EVIDENCE	YES	NO	ACTION REQUIRED
Residents have access to routine dental care	☐	☐	
Emergency dental arrangements in place	☐	☐	
Referrals documented	☐	☐	
Follow-up actions recorded	☐	☐	

Section score: _____ Yes of 4 = _____ %

7 Oral care equipment

Safe and effective staffing

EVIDENCE	YES	NO	ACTION REQUIRED
Toothbrushes clean and replaced regularly	☐	☐	
Toothbrushes stored correctly	☐	☐	
Denture pots labelled	☐	☐	
Denture cleaning products available	☐	☐	
Fluoride toothpaste available	☐	☐	
Oral care products appropriate to residents' needs	☐	☐	
Adapted toothbrushes or aids available where needed	☐	☐	

Section score: _____ Yes of 7 = _____ %

8 Observation of practice

Observe staff delivering mouth care

OBSERVATION	YES	NO
Hand hygiene performed	☐	☐
PPE used appropriately	☐	☐
Resident treated with dignity	☐	☐
Correct brushing technique	☐	☐
Dentures handled correctly	☐	☐
Resident involved where able	☐	☐
Appropriate communication used	☐	☐

Section score: _____ Yes of 7 = _____ %



9 Resident outcomes

Monitoring and improving outcomes

EVIDENCE	YES	NO
No avoidable oral pain	☐	☐
Oral infections identified promptly	☐	☐
Weight loss linked to oral health investigated	☐	☐
Oral concerns referred appropriately	☐	☐
Residents able to eat comfortably	☐	☐

Section score: _____ Yes of 5 = _____ %

10 Good governance

Can you answer YES to these questions?

QUESTION	YES	NO
Do you know how compliant your home is with oral healthcare?	☐	☐
Can you demonstrate continuous improvement?	☐	☐
Are audit findings discussed by management?	☐	☐
Have actions been completed?	☐	☐
Can staff explain how they deliver oral care?	☐	☐

Section score: _____ Yes of 5 = _____ %



RESULTS

Compliance score and action plan

For each section, divide the number of Yes answers by the number of items and multiply by 100. Add up all the Yes answers across the checklist to work out your overall score.

AREA	YES	ITEMS	SCORE
1 Leadership & governance		8	_____ %
2 Oral health assessments		9	_____ %
3 Care planning		8	_____ %
4 Daily mouth care		6	_____ %
5 Staff training & competence		5	_____ %
6 Dental access		4	_____ %
7 Oral care equipment		7	_____ %
8 Observation of practice		7	_____ %
9 Resident outcomes		5	_____ %
10 Good governance		5	_____ %
Overall compliance		64	_____ %

95–100%

Excellent

Evidence shows strong governance and consistent practice.

80–94%

Good

Minor improvements needed to strengthen compliance.

Below 80%

Improvement required

Action plan and re-audit recommended.

ACTION PLAN

#	ACTION REQUIRED	ACTION BY WHO?	BY WHEN?	DONE
1				☐
2				☐
3				☐
4				☐
5				☐
6				☐

REVIEWED BY (MANAGER)

SIGNATURE

DATE OF RE-AUDIT



ORAL HEALTH ASSURANCE AUDIT

Key questions to prepare for

Mapped to the CQC Single Assessment Framework. Make sure the right people can answer these confidently and point to the evidence.

1 Oral care policy

- ☐ Can you provide a copy of your current oral healthcare policy?
- ☐ When was it last reviewed or updated?
- ☐ How do you make sure the policy reflects current best practice and guidance?

2 Staff training and competency

- ☐ What oral healthcare training have staff completed? Is there ongoing refresher training?
- ☐ How do you make sure new staff receive oral care induction training?
- ☐ Are competency assessments completed for staff delivering oral care?
- ☐ How do staff get support with difficulties or complex oral care needs?

3 Dental access and referral

- ☐ Do residents have access to routine dental check-ups? How are these arranged?
- ☐ Is there an emergency dental care plan in place?
- ☐ How are dental referrals documented and followed up?
- ☐ Does a dentist or dental professional visit the home regularly?

4 Assessments and care planning

- ☐ How are oral health assessments carried out on admission and regularly after that?
- ☐ How do you record residents' preferences and oral health risks?
- ☐ Are oral care plans personalised, reviewed and updated regularly?
- ☐ How is mouth care documented daily, including refusals and escalation?

5 Handling refusals

- ☐ What is your procedure when a resident refuses mouth care?
- ☐ How are refusals recorded, and what strategies are used to manage them?
- ☐ Is there an escalation procedure for repeated refusals?

6 Equipment and supplies

- ☐ How do you manage toothbrush replacement and storage?
- ☐ Are denture care supplies and oral products (such as fluoride toothpaste) available and appropriate to residents' needs?
- ☐ How is equipment hygiene ensured?

7 Observation and quality assurance

- ☐ How do you monitor and audit oral care delivery?
- ☐ Who is responsible for oral health monitoring or acts as Oral Health Champion?
- ☐ How do you involve residents in their oral care where possible?
- ☐ Can you share recent audit results and the action plans put in place?

8 Resident outcomes and safety

- ☐ How do you check residents are free from avoidable oral pain or infection?
- ☐ Do you track oral health-related issues such as weight loss or eating difficulties?
- ☐ How quickly are oral concerns escalated and managed?