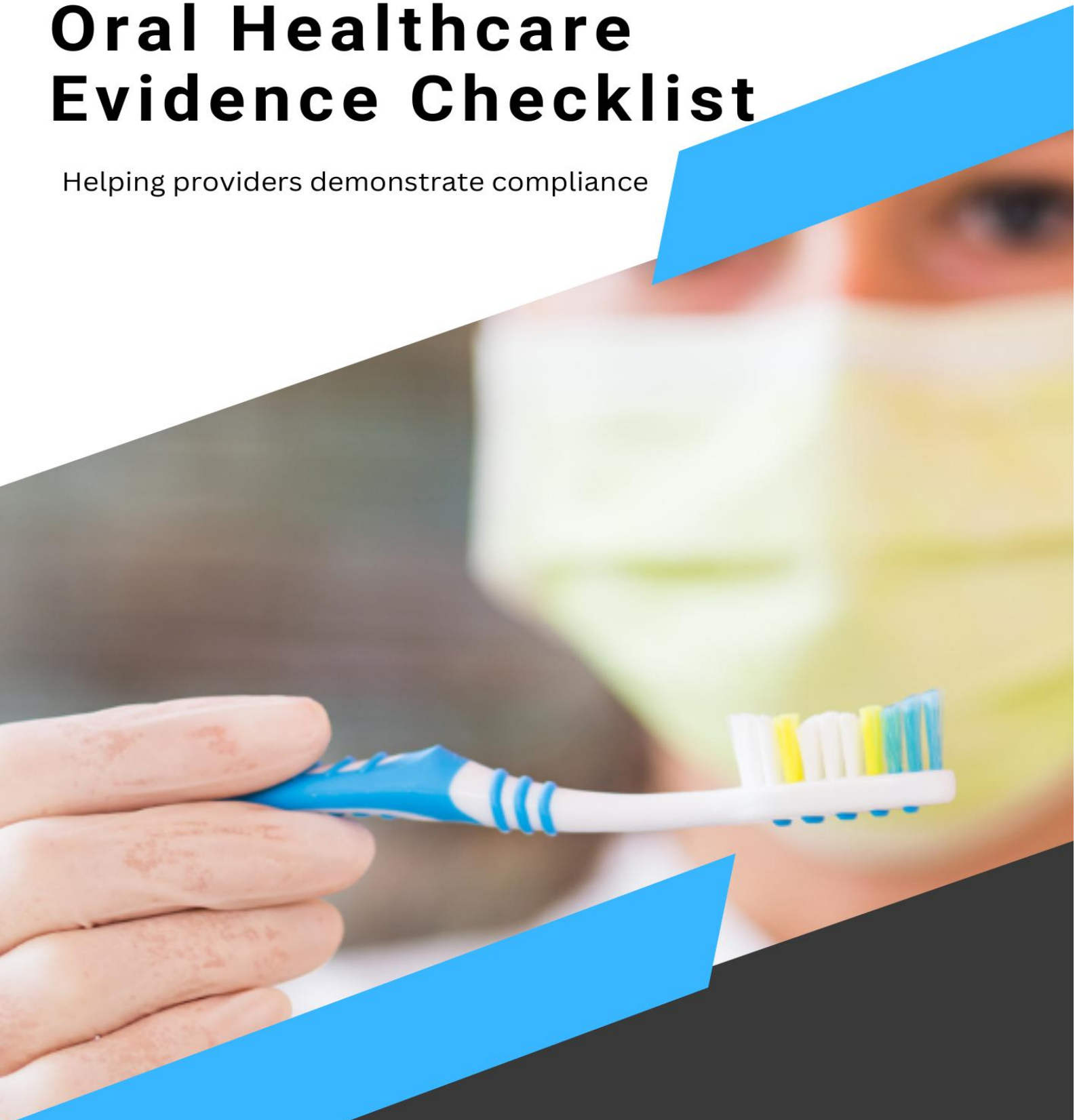
Oral Healthcare Evidence Checklist

Helping providers demonstrate compliance



PREPARED BY

Knowledge
ral HealthCare

Why a checklist is valuable

This checklist is designed to help gather, organise, and review evidence that demonstrates compliance with the Care Quality Commission (CQC) regulations and quality statements. It can be used to monitor readiness for inspection, identify gaps, and ensure that supporting evidence is current, accessible, and appropriately 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.

The key thing to understand is inspectors gather evidence about oral healthcare across several Quality Statements within the Single Assessment Framework (SAF). They are looking for evidence that the provider complies with the relevant regulations, particularly Regulations 9, 12, 17 and 18.

Here's how oral healthcare fits into the framework:

Quality Statement	What inspectors are looking for in relation to oral healthcare	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.

What does an inspector actually do?

Rather than working through a list of oral healthcare questions, inspectors build a picture by collecting evidence from different sources.

They will usually:

- 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 if they relate to oral health.
- Ask how dental appointments are arranged and documented.

They are asking themselves questions such as:

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

What evidence impresses inspectors?

A service that can readily produce the following is in a much stronger position:

✓ Oral health assessments completed for every resident.
✓ Individualised oral care plans.
✓ Daily oral care records.
✓ Documentation when mouth care is refused and actions 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 that improvements have been made following audits.
✓ Policies and procedures that reflect current guidance.

Why a checklist is valuable

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.

That's exactly why an oral healthcare evidence checklist is useful. It helps providers ensure they have the documentation and governance systems needed to demonstrate that good oral care is being delivered consistently—not just during an inspection, but every day.

CQC ORAL HEALTHCARE EVIDENCE CHECKLIST

Can you evidence safe, effective and person-centred oral healthcare?

Care Home: _____

Completed by: _____

Date: _____

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1. Leadership & Governance

Evidence	Yes	No	Action Required
Oral healthcare policy in place	☐	☐	
Oral healthcare policy reviewed within 12 months	☐	☐	
Oral Health Champion identified	☐	☐	
Oral healthcare included in governance meetings	☐	☐	
Oral healthcare audits completed	☐	☐	
Audit action plans completed	☐	☐	
Re-audits undertaken	☐	☐	

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2. Oral Health Assessments

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	☐	☐	

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3. Care Planning

Evidence	Yes	No	Action Required
Personalised oral care plan	☐	☐	
Support level documented	☐	☐	
Brushing frequency recorded	☐	☐	
Denture care included	☐	☐	
Oral care products specified	☐	☐	
Refusal strategies documented	☐	☐	
Care plans reviewed regularly	☐	☐	

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4. Daily Mouth Care

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	☐	☐	

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5. Staff Training & Competence

Evidence	Yes	No	Action Required
All staff received oral healthcare training	☐	☐	
New staff receive induction training	☐	☐	
Competency assessments completed	☐	☐	
Annual refresher training completed	☐	☐	
Staff know how to access support	☐	☐	

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6. Dental Access

Evidence	Yes	No	Action Required
Residents have access to routine dental care	☐	☐	
Emergency dental arrangements available	☐	☐	
Referrals documented	☐	☐	
Follow-up actions recorded	☐	☐	

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7. Oral Care Equipment

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	☐	☐	

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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	☐	☐

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9. Resident 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	☐	☐

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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?	☐	☐

Overall Compliance Score

Area	Score
Leadership & Governance	____ %
Assessments	____ %
Care Planning	____ %
Daily Care	____ %
Training	____ %
Dental Access	____ %
Equipment	____ %
Observation of Practice	____ %

Overall Compliance

🟢 **95–100%** – Excellent: Evidence demonstrates strong governance and consistent practice.
🟡 **80–94%** – Good: Minor improvements required to strengthen compliance.
🔴 **Below 80%** – Improvement required: Action plan and re-audit recommended.