

Check list for Compliance in Oral Healthcare

| Requirement | Tick | | Tick | Tick |
|--|------|----|------------------------------|--|
| TRAINING KLOE [E5] Do all staff have training in oral health care? | YES | NO | Will organise this ourselves | Please help us |
| Can you demonstrate that at least 30% of staff have received training in oral health care? | | | | |
| Can you demonstrate that new staff are receiving training in oral health care? | | | | |
| POLICY | YES | NO | | Please help us |
| Do you have an Oral Care Policy? | | | Will source this ourselves | Provide me with a policy to edit. |
| The policy should include: Details of local dental services and emergency or out-of-hours dental treatment. Local community dental services. | | | | |
| Whether you supply mouth care aids such as toothbrush and toothpaste are supplied by the care provider. | | | | |
| Your policy for residents that refuse mouth care? | | | | |
| ORAL CARE CHAMPION | YES | NO | | |
| Nominate a staff member that has an interest in oral health. | | | | |
| Has a webinar date been made with KOHC staff? To go through their role and what paperwork we require from the care home. | | | | |
| ORAL HEALTH ASSESSMENTS Mouth care needs assessed on admission. | YES | NO | | Please help us |
| Oral Health Care Forms <input type="checkbox"/> paper forms <input type="checkbox"/> electronic forms | | | Will source this ourselves | Provide me with oral health assessment forms |
| RECORD MOUTH CARE NEEDS IN CARE PLANS | YES | NO | | |
| Recording mouth care preference to products and tools. | | | | |
| SUPPORTING DAILY MOUTH CARE | YES | NO | | |
| Documenting that mouth care has been carried out. Remind, prompt, assist. Return if someone refuses. Refer If necessary | | | | We'd like help with this please |
| Do residents that wear dentures have a named denture pot? | | | | |