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## Updates from the GSF Team

**43 Care Homes, Domiciliary Care Agencies, Hospital Wards and Primary Care Practices have achieved GSF Accreditation & Re-Accreditation!**



We would like to share our congratulations to all of the wonderful organisations who have achieved GSF Accreditation and Re-Accreditation. We are so very proud of you all and look forward to sharing your success at our Virtual Awards Ceremony on 5<sup>th</sup> May!

## Memory Bears at Oak Tree Lodge Care Home in Southampton



### **What are Memory Bears?**

One of our carers, Ria, makes the memory bears from the clothes of people of who passed away in the care home. They are then given to children and grandchildren as a memory of their loved one. Each bear is hand stitched by Ria in her own time. She taught herself how to do them and puts so much love and care into each one.

### **What other improvements have you made in the care home to support a better end of life for your residents?**

We are very proud of the care that we offer to residents and their loved ones at end of life. We have families camping in bedrooms, getting into bed with the loved ones for those last cuddles and we provide food, drinks, and provision for them to use the showers etc. In the past we have provided takeaways, bottles of prosecco and run to local shops for favourite foods.

We give mouth care with sherry, rum, tea or any drink of choice. Who wants their last tastes to be of water? We have aromatherapy oils, compile song lists of favourite and treasured songs, offer massages, time, hand holding and love.

After death we follow up with cards, we always attend funerals and then we mark birthdays and anniversaries the following year by sending letters and cards to families. Most of our families continue on with us on Facebook, liking pictures and commenting on activities within the home. This usually continues for a year or two before they feel safe and happy enough to leave the group.

### **How has embedding GSF in the care home helped with this?**

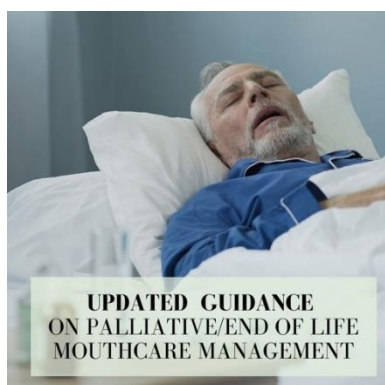
What GSF has done for us is given us the tools to use to ensure that we are prepared for our residents to pass away. Advance Care Plans were often discussed prior to GSF, but now they have more meaning. Staff are now more confident to talk to the families of the residents about expectations, particularly around admission to hospital, and the negative impact that could have.

The coding and the trackers are showing patterns that we can start breaking down. We want better outcomes for our residents and this will help. Death is coming for us all, but anything we can do to minimise suffering will be embraced and adopted into our care. Maybe it is a confidence thing that GSF has shown our staff – learning to be advocates for our residents and their families by the richness and depth of knowledge we have gained, and continue to learn, is a great thing.

We continue to learn as we start to gather information for the accreditation. We have designed leaflets for residents and their families about ACPs and a leaflet for families immediately after death, with important numbers and information on. We are currently having a leaflet printed about the processes of death and dying. This one will be kept in our leaflet stand for families to pick up as and when they want to. We find very often that families become concerned about fluid intake, sleepiness, hallucinations etc and the aim of this leaflet is to get families and friends aware of symptoms that may occur, so they are not scared if things happen.

We have created our own versions of the trackers and coding etc so that they fit in more with our home and our needs. Getting staff on board has been easy as they all passionately believe in good quality end of life care.

## **Palliative Mouthcare Guidance from Knowledge Oral Healthcare Ltd**



### **A summary of the Guidance on Oral Care Palliative Care**

Everyone should be able to live well until they die. Unfortunately oral problems are common for people in palliative care, especially for people that are receiving treatment for cancer. For caregivers attending to dependent individuals, it is important they recognise that mouth care is a crucial part of providing dignified and compassionate care for individuals at this stage of their life.

During the pandemic there has been an increase of more people in palliative care with complex needs dying in institutions due to COVID-19 complications. Critically ill people are usually totally dependent on care staff for their oral care, it is therefore important that effective and evidence-informed guidance for health and care professionals exists, in order that oral care is managed appropriately as part of palliative care. The aim is to promote comfort, oral hygiene, hydration, nutrition, and overall quality of life.

Staff require effective and appropriate mouth care products but are sometimes misinformed about using products that are discouraged such as foam swabs rather than toothbrushes.

This revised guidelines summary is aimed at giving caregivers and nurses a quick reference guidance in best practice Palliative/End of life mouth care regime.

This guidance reviews the management of mouth care in palliative care, with focus on the following guidelines:

- NICE Clinical Knowledge Summary: Palliative care – oral (National Institute for Health and Care Excellence)<sup>1</sup>

- Scottish Palliative Care Guidelines – Mouth Care (Healthcare Improvement Scotland and NHS Scotland)<sup>2</sup>
- Palliative Care Wales: Palliative Care (Adult) Network Guidelines

### Oral Care Policy

Care homes and community care centres should establish links with local dental teams and a reliable dental referral system or protocol. This should improve dental access for patients and ensure that referrals are feasible and more efficient. Links should be established with local general dental practices, the local Community Dental Service and any local Special Care Dentistry departments and specialists.

### Prevention summary of useful recommendations:

Reference: *NICE Guidance Palliative care – oral, Palliative Care oral, Scottish Palliative Care Guidelines – mouth care, Caring for smiles NHS Scotland Palliative Care Guidelines, Public Health England, Oral health toolkit for adults in care homes*

[1] NICE (March 2021) NICE Clinical Knowledge Summary: Palliative care – oral [Online] Available at:

<https://cks.nice.org.uk/palliative-care-oral>

[2] NHS Scotland (revised Dec 2020). Scottish Palliative Care Guidelines – Mouth Care. [Online] here NHS Scotland Caring for Smiles 'Oral Care at the End of Life' PDF here

[3] Public Health England, Oral health toolkit for adults in care homes [Nov 2020] Section 5 - How to support residents with mouth care part 2 [27/11/20] Palliative and end of life care presentation here

#### 1. Consider oral care in line with ‘Delivering Better Oral Health’:

Clean teeth using a soft, small-headed toothbrush and fluoride toothpaste after each meal and at bedtime. Keep any dentures scrupulously clean. State importance of mechanical plaque removal in addition to toothpaste. Brush tongue when furred. Take adequate fluids. Patients should be encouraged to spit out excess toothpaste but avoid rinsing after toothbrushing if possible.

2. **Ensure the patient and their carers are educated about how and when to carry out the patient’s preventive care regime.** Establish which health and care professionals have responsibility to ensure this. Record preventive care regimes in the patient’s notes.

3. The practice of **chewing pineapple and sucking on frozen tonic water should be discouraged** in dentate patients.

4. **Foam swabs should not be used as a method of plaque removal.** . There is a risk that **sponges may detach from sponge sticks** if the adhesive fails. This poses a choking risk to patients. **Consider safe alternatives to moisten or clean patients’ mouths.** **MouthEze sticks** can be used to remove secretions and apply dry mouth gel and product, **360 toothbrush** can be used to remove secretions, apply product, aid in hydrating the mouth and used to brush teeth. It should be stressed that a bristled toothbrush should be used to clean the teeth as toothbrushing remains the most effective method of plaque control.

5. **Damp gauze** (non-fraying type, which has been thoroughly wetted in clean running water) wrapped around a gloved finger may be used if the resident is unconscious or unable to tolerate a toothbrush.

6. **Lubricate lips** Apply water-based saliva replacement gels or aqueous cream to lips.

7. **Hydration and nutrition status should be assessed** as part of mouth care.



8. **Dentures** As part of denture care guidance, it should be made clear that cleaning dentures with denture cleaning solution is an adjunct to mechanical cleaning with a soft brush (Denture Care Guidelines Aug 2018 PDF here <https://www.dentalhealth.org/denturecareguidelines>).

9. Consider highlighting the importance of **removing and cleaning away debris, secretions and plaque regularly** as part of mouth care, to maintain good oral hygiene and prevent pain and infection.

10. Dentate patients with dry mouth are at high risk of tooth decay. A **high concentration fluoride toothpaste** should be prescribed and a fluoride mouthwash may be recommended.<sup>3</sup> **Regular dental review** is advised so that a dentist can advise further on a patient specific preventive regime and any necessary interventions.

11. **Dry mouth.** Carers should be mindful that dry mouth may make it more difficult for certain oral medications to dissolve intra-orally or be swallowed by patients. This may require address, for example if medication gets stuck to the mucosal lining of the patient's mouth.

12. Assess daily for changes.

### **Dry Mouth**

The Scottish guidance relating to dry mouth point out that all secretions, debris and plaque should be regularly removed as part of mouth care. Additionally it recommends a high fluoride toothpaste and mouthwash regime, as patients experiencing dry mouth will be at higher risk of decay.

### **End of Life Care**

The focus is on oral hygiene, alleviation of symptoms and ensuring the patient is appropriately hydrated. It is recommended that management of dry mouth is included in the patient's care plan. All aspects of **mouth care that will provide comfort and improve quality of life** should be included in the patient's **care plan** (for example, pain relief, management of dry mouth, removing dry secretions, frequency of mouth rinsing). This should ensure continuity of care between care settings and amongst different carers. Families and friends should also be made aware of the mouth care regime at the end of life to ensure they can support the patient and have greater involvement in their last days of life.

### **Other aspects of mouth care: training, dental access, and products, tools and support for patients**

Health and care professionals involved in the day-to-day care of patients should be **trained and have access to training to deliver appropriate mouth care** for palliative patients. Training should contribute to improved mouth care and consistent advice.

If you have any questions, you can contact Knowledge Oral Healthcare Ltd by emailing [info@kohc.co.uk](mailto:info@kohc.co.uk) or visiting [www.kohc.co.uk](http://www.kohc.co.uk).

## **GSF Training & Accreditation Dates**

### **Upcoming Training**

Hospitals Training & Accreditation Programme: Wednesday 1<sup>st</sup> June 2022

Care Homes Training & Accreditation Programme: Thursday 23<sup>rd</sup> June 2022

Domiciliary Care Training & Accreditation Programme: Tuesday 28<sup>th</sup> June 2022

### **Upcoming FREE Accreditation/Re-Accreditation Refresher Sessions:**

Domiciliary Care: Tuesday 12<sup>th</sup> July 2022  
Care Homes: Wednesday 13<sup>th</sup> July 2022  
Retirement Villages: Wednesday 14<sup>th</sup> July 2022  
Hospitals: Tuesday 19<sup>th</sup> July 2022

As you will have been informed by Sue when we invited you for re-accreditation, our Accreditation cycle is now going to be held on an annual basis. The next invitations for Accreditation & Re-Accreditation will be sent out in January 2023. For more information, please contact the team by emailing [info@gsfcentre.co.uk](mailto:info@gsfcentre.co.uk).

## Dying Matters Awareness Week

Next week is Dying Matters Awareness Week, where communities across the country will come together to talk about death, dying and bereavement. You can read more about it here: [Dying Matters Awareness Week](#)



## Action for Happiness Calendar Link

The Action for Happiness monthly calendars are one of the tools we have introduced as a team and more widely used in our training. Reflecting on the note of the day offers reflective practice, stimulates new thoughts or new ways of working and ultimately makes us smile. You can view the latest calendar here: [actionforhappiness.org/meaningful-may](https://actionforhappiness.org/meaningful-may)

## Your Success Stories

As always, we are keen to hear about how you have implemented and embedded GSF in your organisation, and would like to share your stories! If you're happy to be interviewed, please email [Ann-Marie@gsfcentre.co.uk](mailto:Ann-Marie@gsfcentre.co.uk).

## We are Recruiting

If you are a registered nurse and passionate about End of Life Care then come and join our team of experienced Clinical Associates. For all enquiries, please email [info@gsfcentre.co.uk](mailto:info@gsfcentre.co.uk) or download an Application Form here: <https://www.goldstandardsframework.org.uk/we-are-recruiting>

Best Regards,



[www.goldstandardsframework.org.uk](http://www.goldstandardsframework.org.uk)

+44 (0) 1743 291 891

[info@gsfcentre.co.uk](mailto:info@gsfcentre.co.uk)

