



GUIDELINES AND AUDIT  
IMPLEMENTATION NETWORK

ORAL HEALTH AUDIT TOOL		Date	Auditor Name			
<b>INITIAL ORAL HEALTH ASSESSMENT ON ADMISSION</b>						
1	Documented evidence that each new resident has had an initial oral health assessment within first week of moving to residential/nursing home.		Yes	No	N/A	Comments
2	Documented evidence that each resident has a written oral health care plan devised from initial assessment.					
3	Evidence that staff have established who resident's dentist is and that the name and details of resident's dentist is clearly documented.					
4	Date of next dental review with dentist documented					
5	Date of next monthly oral health assessment documented					
<b>DAILY ORAL CARE – RESIDENTS WITH THEIR OWN TEETH</b>						
1	Evidence that each resident has toothbrush and toothpaste available		Yes	No	N/A	Comments
2	Evidence that equipment is stored correctly.					
3	Documented evidence that each resident has daily oral health care carried out.					
4	Evidence that staff are aware if resident needs help with daily oral care and assist the resident.					

<b>DAILY ORAL CARE – RESIDENTS WITH DENTURES</b>					
	Yes	No	N/A	Comments	
1	Evidence that each resident has denture brush, denture pot and denture cleaning agent available.				
2	Evidence that resident's denture(s) is marked with their name/initials.				
3	Documented evidence that each resident has daily oral health care carried out.				
4	Evidence that staff are aware if resident needs help with daily oral care and assist the resident.				
<b>DAILY ORAL CARE – RESIDENTS WITH NO TEETH OR DENTURES</b>					
	Yes	No	N/A	Comments	
1	Evidence that each resident has mouth cleaned daily with moistened gauze/ soft toothbrush.				
2	Evidence that staff are aware if resident needs help with daily oral care and assist the resident.				
<b>MONTHLY ASSESSMENTS</b>					
	Yes	No	N/A	Comments	
1	Documented evidence that monthly assessments are carried out and any issues actioned.				
2	Evidence that staff continually assess the resident's ability to carry out their own oral care effectively on a regular basis				
<b>TRAINING</b>					
	Yes	No	N/A	Comments	
1	Evidence that oral health care training is included in staff induction training				
2	Evidence that all staff have received training in delivery of oral care				Date of last training session;

## Summary/Feedback Sheet

<b>Residential/Nursing Home</b>		<b>Date</b>	
<b>Location</b>		<b>Auditor(s)/Designation</b>	
<b>Audit Tool</b>		<b>% score for compliance/compliance rating</b>	
<b>Evidence of quality care and best practice</b>			
<b>Summary of areas of non-compliance</b>			
<b>Action plan</b>	<b>Action taken by whom</b>	<b>Action taken by when</b>	<b>Target date for review</b>