**Oral Care Mini-Audit Tool**

Complete the below audit for your service once a month in relation to oral care, documenting your findings and actions that have been taken as a result.

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| **Record Audit** | **Yes** | **No** | **Comments** |
| Looking at a sample of five customer files is there an oral care plan in situ? |  |  |  |
| Is there evidence of oral health assessments being completed for these customers? |  |  |  |
| Does the oral care plan reflect the customer’s current needs? |  |  |  |
| Has oral care training been completed for staff? |  |  |  |
| Is there evidence of partnership working having taken place with other healthcare professionals i.e. dentist etc? |  |  |  |
| **Observation Audit** | **Yes** | **No** | **Comments** |
| Observe five carers undertaking oral care for a customer – is this being conducted in line with their specific oral care plan? |  |  |  |
| Are the toothbrushes/ oral aids for the customer adequate and being changed regularly? |  |  |  |
| Are there adequate supplies of products to support the oral process i.e. toothpaste, denture solution etc? |  |  |  |
| Do the customers have regular check-ups in relation to their oral care?  |  |  |  |
| Assess the carers knowledge in relation to oral care whilst in the field, is their knowledge sufficient? |  |  |  |

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| **Actions to complete:** |
| **Actions:** | **Completion date:** | **Completed:** |
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| **Audit completed by:** |  |
| **Signature:** |  |
| **Date of completion:** |  |
| **Next Oral Care audit due:** |  |