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Supporting residents with swallowing difficulties: what does good practice look like?

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About us

- We are an adult community speech and language therapy service covering east and west Kent
- We work in care homes and people's own homes as well as outpatient clinics
- We don't see adults with a learning disability

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In this session we will cover:

- A brief overview of dysphagia
- CQC regulations relating to dysphagia
- Identifying swallowing needs & risks
- Basic safer swallowing measures
- When to refer to SLT
- Food & drink textures - IDDSI
- Thickeners – benefits & risks
- Swallowing care plans – what else is important?
- Training for care staff in dysphagia

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Understanding dysphagia – an overview

Dysphagia = a disorder with swallowing

We are talking about ‘oropharyngeal dysphagia’ – this is the part of the swallowing process that SLTs are expert in and can assess and advise on.

Dysphagia can present in many ways. It can be:

- Transient (short term)
- Fluctuating (better and worse at different times)
- Persistent/chronic (long term)
- Deteriorating (gradually getting worse)

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Dysphagia – what are the risks?

Aspiration

- Food/drink/meds go into airway and lungs instead of oesophagus (food pipe) + stomach
- Can be noisy with coughing, or **silent (no coughing)**
- **Can lead to chest infections and pneumonia**

Choking

- Airway becomes blocked with solid food, risk of death

Inadequate nutrition and/or hydration

- It can be harder to eat and drink enough

Social and emotional impact

- embarrassment, less involved in social meals, drinks etc, less enjoyment of food & drink

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CQC requirements & dysphagia

Some of the CQC regulations & guidance that are relevant for dysphagia:

- The nutritional and hydration needs of service users must be met
- Needs and risks around swallowing should be identified through assessment and ongoing review
- Suitable and nutritious food and hydration which is adequate to sustain life and good health should be provided
- Support for a service user to eat & drink *(more to come on this)*
- Supporting people in a sensitive manner to meet their nutritional requirements, taking the resident's own views and wishes into account
- Effective care based on best practice from staff who have the knowledge and skills to carry out their roles and responsibilities
- Coordination of care with other professionals such as SLT and Dietetics

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CQC: Support for a service user to eat & drink

What does this look like? CQC says:

- People's food must be placed within their reach and presented in a way that is easy to eat, such as liquidised or finger foods where appropriate.
- Food must be served and maintained at the right temperature for the whole mealtime.
- People should be encouraged to eat and drink independently. They should receive appropriate support, which may include encouragement as well as physical support, when they need it.
- People must have appropriate equipment or tools to help them eat and drink independently.
- Each person who requires support should have enough time to enable them to take adequate nutrition and hydration to sustain life and good health.

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How to identify swallowing needs & risks if you think there is a problem

Firstly, is there any history of dysphagia? If yes:

- Has the service user had an SLT swallowing assessment ?
- What are the most recent SLT recommendations?
- Check that they are on the correct diet and fluids as recommended by SLT & that any other specific recommendations are being followed
- Monitor and document your observations – are they managing well? Has there been a new event or additional diagnosis that may have impacted on the person's swallowing?
- If there has been a change, complete a swallow diary or mealtime observation

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Identifying swallowing needs & risks cont'd

If no history of dysphagia:

- observe and document any difficulties – is there a pattern? (completing a swallow diary or mealtime observation form is very helpful)
- Check that basic safer swallowing measures are in place to make swallowing as safe as possible
- Monitor closely and document your observations and any sensible changes that are made to help with swallowing – eg. softer textures, more sauce/gravy, avoiding certain tricky foods
- It may be possible to manage any difficulties effectively in this way
- Think about whether you need to make a referral to SLT for a full specialist assessment of swallowing

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Swallow diary

Use this table to record episodes of coughing/choking or any other difficulty whilst eating or drinking. Please provide as much information as possible - thank you.

DATE	TIME OF DAY	WHAT WERE YOU EATING/DRINKING?	DESCRIBE WHAT HAPPENED AND THE ENVIRONMENT/SITUATION AT THE TIME e.g. coughing, talking with mouth full of food, feeling tired etc

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Basic safer swallowing measures (1)

Make sure that:

- The person is **fully alert and awake** for anything that they need to swallow (food, drinks or medication)
- The person is **sitting as upright as possible** with their chin slightly down
- You have checked that **the most recent SLT swallowing advice for this person is being followed**
- **Help is available for the person to feed themselves**
- Encourage the person to **concentrate** and not to talk while they are eating

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Basic safer swallowing measures (2)

Make sure that:

- **Mouthfuls or sips are not too big.**
- Eating and drinking is at a **steady rate and not too fast.** Watch for a swallow and a clear mouth before the next spoonful or sip is taken/given
- **Check that any utensils are really needed – eg. straw, spouted cup –** sometimes they cause problems rather than help
- Check that their **mouth is clear** after each meal
- **Good oral hygiene** is maintained by regular mouth care.

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When to refer to SLT

- If there are signs of a **new swallowing difficulty or if swallowing problems have got worse**
- *and* the problem seems to be at the mouth and throat level (**oropharyngeal**) and not lower down (oesophageal)
- *and* if you have not been able to manage the swallowing difficulty by putting in place basic safer swallow measures, eg. making sure that they are alert and upright.

NB If the person has been seen by SLT in the past and has a plan in place for **eating and drinking at risk**, then discuss with SLT before re-referring.

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When not to refer to SLT

- If sensible safer swallowing measures and adjustments are working well – please don't refer to us 'just to check'
- Refusing to eat/drink – this usually relates to appetite or cognition and not swallowing
- If the issues are behavioural/cognitive in relation to advanced dementia – eg. holding food in mouth for long periods, spitting out lumps
- Too drowsy/unwell to eat/drink
- Pain on swallowing – needs examination by GP
- Vomiting/regurgitating/food sticking at oesophageal level

If you aren't sure, call your SLT service to discuss whether a referral is needed.

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Modified texture food and drinks - IDDSI

- All NHS Trusts and care providers in the UK must use the international IDDSI framework for classifying food and drink textures
- It was developed to reduce confusion about textures & terminology - which has been a factor in many choking deaths across the world
- All SLT recommendations will use IDDSI terms
- All food and drink served should comply with IDDSI texture levels

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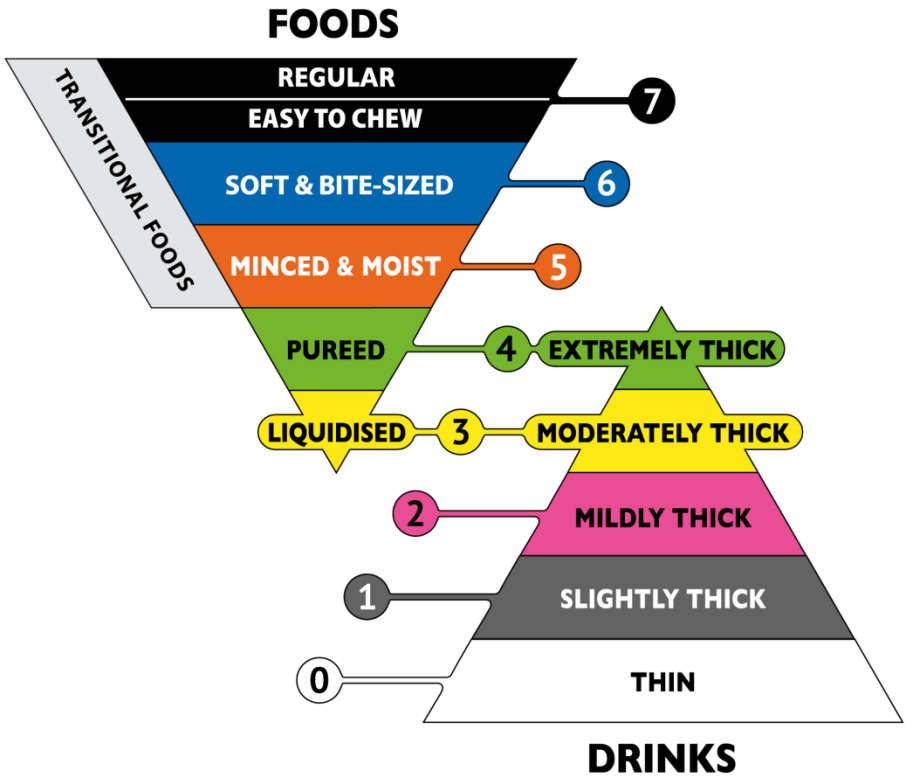
IDDSI
International Dysphagia Diet Standardisation Initiative
www.iddsi.org



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IDDSI

Old terminology that caused confusion should not be used, eg.‘soft diet’

Are you and your colleagues aware of IDDSI?

Do you use IDDSI terminology when handing over or communicating about a service user’s swallowing needs?

Are the meals and snacks in your care home IDDSI compliant?

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Thickeners

- Thickeners are commonly used in drinks to support safer swallowing
- They help to slow the flow of the drink and can help to make swallowing more comfortable and reduce coughing on drinks

<u>Important to bear in mind:</u>

- **Thicker isn't always safer** for everybody – can be harder to clear drink residue from throat – may be less safe
- Should be used after specialist assessment with clear guidance about **how thick**
- Less palatable and appealing so may reduce fluid intake – risk of **dehydration**
- Must not be left in reach of the service user if cognitive or visual impairment **– choking risk if ingested**

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Swallowing care plans – what else is important?

Focus is often on the texture of food and drink but there are other important ways to improve the safety and comfort of swallowing. These are tailored to the individual and their needs after an assessment by SLT.

These include:

- Good mouth care and oral hygiene – reduces risk of chest infection
- The right cup – open cups are often safer than spouted beakers
- The right pace – not too fast, allowing time to swallow
- Positioning – upright for meal/drink and a short while after
- Supporting independence and involvement in feeding self – eg. hand over hand
- Maximising awareness of the food/drink and preparing to swallow

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Dysphagia training for care staff

- There are good free packages on e-Learning for Health for care staff, catering staff and managers here: e-LfH Hub
- We are not commissioned to provide training in care homes but hope to submit a business case to do this in the near future
- We are also setting up a web page where you can find guidance and resources for the homes that we cover

We are setting up a care home focus group to help us develop resources and training – please sign up if you are interested to be involved!

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How can you improve support for people with dysphagia?

Write down two practical actions that you will take away today to improve dysphagia care in your place of work.

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Any questions?

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Compassionate

Aspirational

Responsive

Excellent

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