



Optimum
Workforce Leadership

Dysphagia and Mealtimes in social care settings



supported by



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Introduction

Excellent mealtime experiences in social care

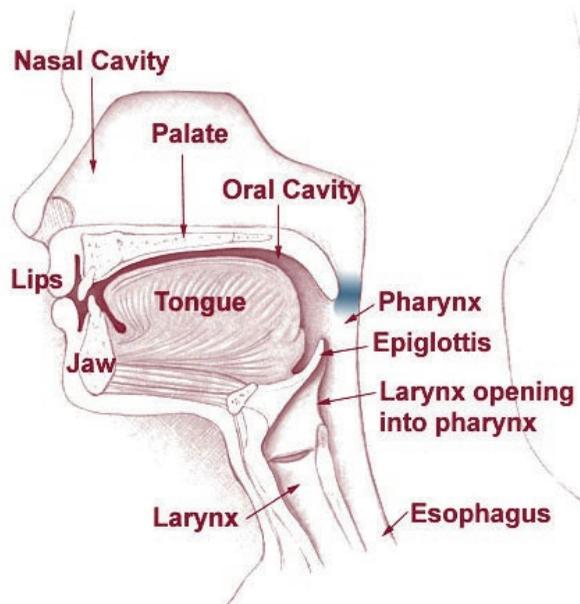
Eating and drinking are fundamental to life, both for everyday activities and for maintaining wellbeing, improving the quality of life, reducing risk of infection and aiding recovery.

This guide will consider how meal times can be improved for the benefit of everyone.



Normal swallow and dysphagia

The normal swallow is a complex process which involves precisely coordinated movements within the mouth (oral cavity), throat (pharynx), voice box (larynx) and food pipe (oesophagus).



Dysphagia is the medical term for swallowing difficulties. Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all (NHS UK). People who have had a stroke, dementia, or have a progressive neurological condition e.g. Parkinson's disease, MS, MND or a respiratory condition could be at risk of developing dysphagia. This condition can cause:

- distress/anxiety for resident/carers
- loss of independence
- loss of dignity
- person may avoid eating drinking in the presence of others
- social exclusion



- eating and drinking becomes a negative experience
- reduced motivation to eat.

Swallowing difficulties can lead to foods or fluids being aspirated into the lungs. This may result in aspiration pneumonia and potential hospital admission or death of the individual. It is important to seek help if you have concerns that the individual being cared for may have swallowing difficulties.

It is important that:

- all staff have an understanding of the normal swallow and dysphagia and know where to get more information/knowledge
- staff are aware of the signs of swallowing problems especially for people in the risk categories listed above
- staff work quickly ensure that people with dysphagia can continue to eat a healthy, balanced diet
- staff ensure that the mealtime experience for all service users is excellent, which will result in an improved experience for their friends/families as well.

There are a number of areas that you can review in order to ensure that you create an ideal dining experience.



The mealtime experience

Documentation

- All staff should be aware of the contents of the individual's nutrition/hydration care plan and any Speech and Language Therapy (SLT) recommendations.
- All staff should be made aware of any changes to the above.
- All staff should document accurately in food/fluid charts (if applicable).
- All staff should know how to raise concerns about the individual's eating and drinking.

Environment

- Reduce distractions and background noise.
- Ensure that the lighting is correct, so food is visible and looks appealing.
- Encourage socialisation, unless the individual dislikes it or it puts them at risk.
- Ensure that the dining rooms are well presented with appropriate furniture and table settings.
- Ensure that the individual can sit at their preferred location/table.

Utensils

- Should be adult appropriate.
- Consider size and shape.
- Consider specialist equipment if required.
- Avoid 'bibs'.
- Avoid beakers - especially spouted ones!



Items that may be useful for some individuals



Drink-rite cup
Limits bolus size to 5ml or 10ml



Nosey cup
Prevents head tilting back



Novo cup



Spill proof cup



Pat Saunders straw
Prevents liquid dropping back down straw



Keep warm bowl
Keeps food warm

Do NOT use: Spouted beakers, toddler cups, syringes, utensils designed for children (unless specifically directed by a Speech and Language Therapist).



Timing

- Flexibility of timing.
- Foods available between meals.
- Fluids served with meals.
- Everyone seated at the table should eat at the same time and all finish before the next course is served.
- People requiring assistance or modified diets are not waiting.

Positioning

- Optimum positioning is:
 - supportive chair at a table
 - upright at 90 degrees
 - midline
 - both feet flat on floor
 - chin tilted slightly down.
- Use supports, cushions and rolled towels to help achieve this.

Assistance at mealtimes

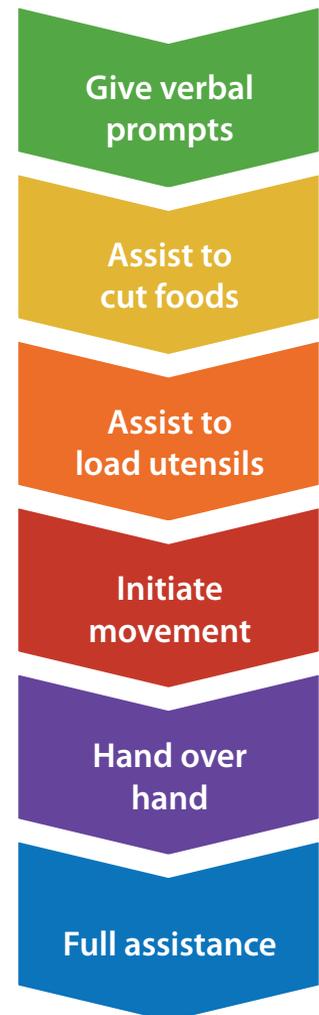
- Wash hands (staff and the individual).
- Protect clothing (staff and service user if appropriate).
- Sit upright at same level as the service user.
- Ensure service user has correct dentures, glasses, hearing aids.
- Ensure correct utensils and food/fluid consistencies.
- Ensure correct food temperature.



- Maintain conversation (about the food/other topics).
- Explain about the food/ask preferences.
- Pace.
- Observe for difficulties.
- Allow as much independence as possible.

Assistance flow chart

This diagram explains the different stages that people may need help at. Some people need a few words of encouragement whereas others need full assistance. It is important to encourage the person to maintain their independence by encouraging them to eat without assistance where possible.



After the meal

- Allow as much time as needed.
- Ensure mouth is clear of food.
- Complete mouth care as needed with dignity.
- Ensure face, hands and clothing are clean.
- Ensure the individual remains upright for at least 30 minutes.

Food and Fluids

- Wide choice and varied.
- Nice presentation.
- Appropriate portion size.
- Correct consistencies.
- Great taste.
- Observe social and cultural norms e.g. popcorn with movie, alcohol.



Why do thickened fluids help?

Thickened fluids should only be given to a person following the advice of a speech and language therapist. Thickened fluids move slower through the oral cavity and pharynx which means that they are less likely to enter the pharynx (and airway) before the service user is ready to swallow. If the swallow is delayed, they are less likely to reach the airway before the swallow is triggered.

Ensure all thickener is kept out of the individual's reach, due to the risk of choking on dry powder.

Further information about thickening agents is available online at:
<https://www.england.nhs.uk/wp-content/uploads/2015/02/psa-thickening-agents.pdf>

Tips for thickening fluids

- Mix well - best results are usually obtained with a shaker, but this depends on the brand of thickener.
- Leave to stand - drinks continue to thicken for at least two minutes. Don't rush to add more thickener as this may cause lumps. Put out of reach whilst thickening and return it to the patient afterwards.
- Don't add more powder - once a drink has thickened, it is difficult to add more thickener without getting lumps in it. Make a fresh drink instead.
- Add more liquid - if a drink has thickened too much, you can add liquid, so hold a little back in case you need to do this.
- Chilled drinks may taste more refreshing. Try stronger tasting drinks or add more cordial for extra flavour.
- Best results are usually obtained using a fork to whisk the liquid and thickening powder.



What drinks can you have?

Any drink can be thickened with the powder.

Cold drinks are reported as being more appealing.

For hot drinks, creamy drinks such as hot chocolate or Horlicks/Ovaltine may taste better than tea or coffee.

What about water?

Thickened water is very unappealing - offer a flavoured drink instead. Never give unthickened water unless specified by the speech and language therapist.

Remember: milk on cereals and sauces on food are also liquids and should be thickened to the correct consistency if the individual requires thickened fluids.



Why do modified diets help?

Modified diets require much less chewing/manipulation in the oral cavity. They are less likely to cause choking if they enter the airway. The individual is more likely to be able to cough them back up safely.

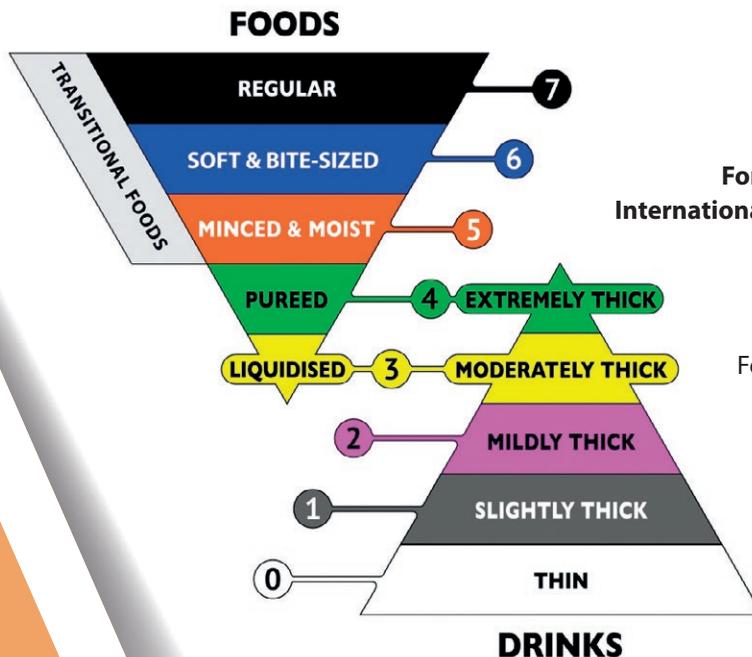
Tips for modified diets

Food should look appealing to help increase appetite. Neurones of the amygdala will respond to the sights, smells and flavours of foods, encouraging pleasure in eating.

Modified diets should have:

- height
- shape
- colour contrast
- great taste.

Descriptors for both modified liquids and diets have been produced (see diagram) below. More details about these descriptors is available online at www.iddsi.org



For more information about the International Dysphagia Descriptors see:

<http://iddsi.org/>

http://iddsi.org/wp-content/uploads/2016/03/160103_Foods-Detailed-Descriptions.pdf



Not all Speech and Language Therapy Services will be using the IDDSI terminology. Please ensure you are aware of your local terminology and conform to this.



Mouth care

Poor oral hygiene increases the risk of aspiration pneumonia from bacteria in food residue, dentures, cavities and saliva.

What do you need to do?

- Use a small-headed toothbrush. If possible use a sodium lauryl sulphate (SLS) free toothpaste.
- Brush the tongue to remove bacteria and freshen breath.
- Some people with restricted movements or confusion/memory problems may need help to brush their teeth.
- No need to rinse – leave the toothpaste to penetrate the teeth.
- Rinse the toothbrush in water and always leave it to air dry.
- It is also important to clean dentures – do NOT use Steradent, only use toothpaste, and brush and rinse after with water.

Further information is available online at ICE pathway <http://pathways.nice.org.uk/pathways/oral-health-for-adults-in-care-homes>



Checklist

Dysphagia and mealtimes checklist

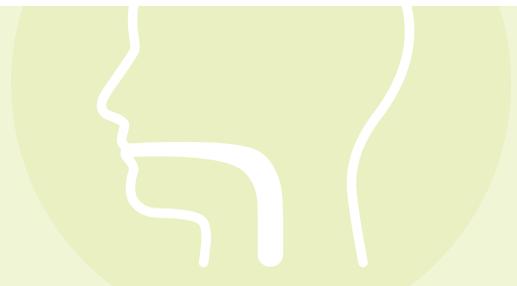
Acknowledgements and thanks to The Lifeways Group for allowing us to modify and use their competency assessments.

Have you understood the information in this guide?

Please check your knowledge by answering the questions below.

What are the signs and symptoms of dysphagia?

What are the risks to the person from having the wrong type of food or drink?



Which professionals have been or would be involved in advising about safe eating and drinking?

How would you ensure the eating and drinking plan is followed in different situations e.g. if the person may be eating/drinking in bed, when out and about, at parties, when visiting friends/family?



Notes



This learning toolkit has been produced by Optimum Workforce Leadership, with information provided by Claire Sayers, Highly Specialist Speech and Language Therapist, Nottinghamshire Healthcare NHS Foundation Trust.