

# Supporting people with eating, drinking and swallowing difficulties (Dysphagia)

Guidance



Dysphagia is a complex and multi-dimensional issue that requires specific skills and expertise to ensure the best possible outcomes for people experiencing care.

We have produced this guidance to:

- highlight good practice
- help inspectors identify signs where a care service's practice can be better and support them to improve
- support care providers to better understand and implement good quality care.

This document does not provide specific guidance for managing dysphagia in care homes. It does not evaluate competence or replace dysphagia training.

The Royal College of Speech and Language Therapists (RCSLT) has guidance available at <https://www.rcslt.org/-/media/Project/RCSLT/dysphagia-in-care-homes.pdf>

RCSLT, the Care Inspectorate and Scottish Care expect that those not directly involved in hands-on care, such as care inspectors, managers and chefs should achieve a **minimum** of Level 1 Dysphagia Competence (dysphagia awareness).

Care staff working directly with people with swallowing problems are expected to achieve a **minimum** of Level 2 Dysphagia Competence according to the RCSLT Inter-professional Dysphagia Framework (IDF): <https://www.rcslt.org/-/media/Project/RCSLT/idf-2019-consultation.pdf>.

Inspectors should refer to descriptions of IDF levels 1 and 2 to ensure they are familiar with their requirements.

Please consult your local speech and language therapy department for dysphagia training opportunities in your area. For more information and updated guidance and learning about dysphagia visit: <https://www.rcslt.org/speech-and-language-therapy/clinical-information/dysphagia>

### Key observation areas for inspectors

What is important to the person with difficulties eating, drinking or swallowing?	Examples of good practice	Examples of weak practice where improvement is required
General well-being	<ul style="list-style-type: none"> <li>• Meals/snacks are offered at all times of day to ensure the person is awake and alert.</li> <li>• Individual food and drink choices are known and respected.</li> <li>• Person is alert and enjoying mealtimes.</li> <li>• Staff aware of potential consequences of dysphagia.</li> </ul>	<ul style="list-style-type: none"> <li>• Person is not offered alternative options if unwell or unable to eat/drink their usual menu.</li> <li>• Person's likes/dislikes and dietary requirements not known or respected.</li> <li>• Staff do not know/understand underlying conditions that impact on eating and drinking, e.g. UTIs, fatigue, pain, mental illness.</li> </ul>

	<ul style="list-style-type: none"> <li>• Service is aware of current weight and/or signs of weight loss.</li> </ul>	
Oral infection control	<ul style="list-style-type: none"> <li>• Clean, moist and healthy mouth.</li> <li>• Person is supported with oral hygiene thoroughly a minimum of twice daily, at morning and night-time.</li> <li>• Oral risk assessment updated every six months.</li> <li>• Loose fitting dentures remain for cosmetic purposes but removed for eating and drinking if person wishes.</li> <li>• Dentures removed and cleaned overnight.</li> <li>• Regular oral health checks for all patients including those without teeth.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff wrongly believe that people without teeth do not require mouth cleaning.</li> <li>• Dentures poorly fitting.</li> <li>• Absent, poor or infrequent oral hygiene.</li> <li>• Person has untreated oral thrush.</li> <li>• Person has a dry, crusty and/or dirty mouth, bad breath.</li> <li>• No staff support for person who is unable to thoroughly mouth clean.</li> <li>• No evidence of oral health check-up.</li> </ul>
Environment	<ul style="list-style-type: none"> <li>• Person supported in quiet room free of distractions and noise according to individual needs.</li> <li>• No music, or gentle background music suitable to preferences of the person experiencing care.</li> <li>• Person shares a table with friends, people they like.</li> <li>• Person appears settled in their environment of choice.</li> </ul>	<ul style="list-style-type: none"> <li>• Radio/TV playing loudly.</li> <li>• Too many visual distractions, e.g. people moving around.</li> <li>• Overpowering smells, e.g. bleach, urine, smells of cigarettes/perfume, affect appetite.</li> <li>• Staff member turns away to talk to others or gets up and does other tasks in the middle of supporting eating/drinking.</li> </ul>
Time	<ul style="list-style-type: none"> <li>• Person eats independently but staff member knows when and how to give extra support if the person tires as the meal progresses.</li> <li>• Person offered small meals and snacks often throughout the day if they cannot manage large meals.</li> </ul>	<ul style="list-style-type: none"> <li>• Food gets cold because person is not supported/encouraged to eat.</li> <li>• Person takes over an hour to eat.</li> <li>• Person not given alternative options at different times if they are unable to eat at set mealtimes.</li> </ul>

Positioning	<ul style="list-style-type: none"><li>• Staff positioned at person's eye level.</li><li>• Person comfortable and supported upright in their chair with feet in contact with footplates/floor.</li></ul>	<ul style="list-style-type: none"><li>• Staff member stands/hovers over person or feeds from behind.</li><li>• Staff don't know best position or side to support.</li><li>• Staff position uncomfortable.</li><li>• Supporting staff member</li></ul>
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	<ul style="list-style-type: none"> <li>• Person's changing posture or position assessed by physiotherapy.</li> </ul>	<ul style="list-style-type: none"> <li>• turns away and moves around during meal.</li> <li>• Person slouching or leaning to one side in their chair.</li> </ul>
Equipment	<ul style="list-style-type: none"> <li>• Suitable adapted forks, spoons, cups, placemats in place and used appropriately, e.g., person with dementia given colour contrasting equipment.</li> </ul>	<ul style="list-style-type: none"> <li>• Person struggling with independence has not been assessed for alternative equipment by a suitable health professional.</li> <li>• Person uses another person's bespoke cup/spoon without health professional assessment.</li> </ul>
Sensory needs	<ul style="list-style-type: none"> <li>• Glasses on, hearing aids checked and working properly.</li> <li>• Staff describe food/drink and offer person a taste and smell prior to starting meal.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff unaware that person wears glasses.</li> <li>• Hearing aids do not work or are not in.</li> <li>• Supporting staff member doesn't tell person that spoon is approaching mouth.</li> <li>• Staff member approaches person too quickly.</li> </ul>
Medication and prescribed products	<ul style="list-style-type: none"> <li>• If a person has problems swallowing a particular shape of tablet, different ways of taking it have been discussed with speech and language therapy and/or pharmacist.</li> <li>• Medication and prescribable products regularly reviewed.</li> </ul>	<ul style="list-style-type: none"> <li>• All medications given in liquid form although problem with swallowing only one tablet.</li> <li>• Side effects of prescribed products ignored, e.g. pneumonia, dehydration, UTIs.</li> <li>• Person on multiple medications without review.</li> </ul>
What is the person eating?	<ul style="list-style-type: none"> <li>• Person offered softer options only for food that causes difficulty.</li> <li>• Staff know and respect cultural and dietary requirements.</li> <li>• Person enjoys and engages in process of eating and drinking.</li> <li>• Meal has recognisable different components even if texture modified rather than all mashed together.</li> <li>• Person who receives tube feeding is still supported with food and fluid orally according to their individual care plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Person not told what unidentifiable texture-modified food they are eating.</li> <li>• Poor presentation of food.</li> <li>• All food has been mashed or pureed although person only struggles with one type of food or texture/person has not had a robust dysphagia assessment.</li> <li>• No middle ground explored by staff or SLT, e.g. goes from normal diet to mashed diet or puree.</li> </ul>

What is the person drinking?	<ul style="list-style-type: none"> <li>• Person tries different cups, tastes and temperatures of drinking if problems with drinking.</li> <li>• Hydration recommendations are met and monitored.</li> </ul>	<ul style="list-style-type: none"> <li>• Person given thickeners without assessment.</li> <li>• Fluid intake is not monitored daily.</li> <li>• Person shows signs of dehydration, e.g. low energy, dry mouth, UTIs.</li> </ul>
Support and independence	<ul style="list-style-type: none"> <li>• Evidence that support varies according to person's varying needs, e.g. If person confused about using cutlery, staff member prompts with hand-under-hand to start the process and allows person to continue independently, returning to support if needed.</li> <li>• Evidence that care home staff supporting people with eating and drinking have achieved a minimum Level 2 dysphagia competence (see IDF) via a range of sources, e.g. face-to-face training, e-learning, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Food taken away from person before they have finished.</li> <li>• Supporting staff member puts too much food/drink in mouth too quickly without waiting.</li> <li>• Person sits with food uneaten in front of them.</li> <li>• Person supported by too many different staff at once.</li> <li>• Staff are not familiar with person they are supporting.</li> <li>• Inadequate staffing levels.</li> <li>• Staff unable to demonstrate adequate levels of competence.</li> </ul>
Other professionals involved	<ul style="list-style-type: none"> <li>• Evidence of collaboration and communication between care home and speech and language therapy, dietetics, physiotherapy, occupational therapy.</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to professionals without evidence of shared decision-making with patient and significant others.</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Staff understand impact of sensory issues, health, cultural differences, English as second language, cognitive ability on communication.</li> <li>• Staff modify pace of speech, non-verbal language, objects and/or demonstration to help orient people to mealtimes.</li> <li>• Staff use language that respects age and culture.</li> <li>• Staff understand importance of changing support needs that vary from day to day.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff do not explain what the person will eat/drink.</li> <li>• Patronising, disrespectful or overfamiliar language or tone with person.</li> <li>• Staff impatient or unwilling to adapt if person does not understand.</li> <li>• Staff who support eating and drinking walk away or talk to another staff member in the middle of a meal, ignoring person having support.</li> </ul>

Professional guidance/  Personalised eating and drinking support plan	<ul style="list-style-type: none"> <li>• Staff aware, understand and follow individual eating and drinking guidelines, recording any changes.</li> <li>• Staff question and request review of guidance if there are any changes, concerns or disagreement.</li> <li>• Evidence that a person's wishes and ability to make informed decisions about positive risk-taking are balanced with perceived safety concerns.</li> </ul>	<ul style="list-style-type: none"> <li>• Person not given any food or drink for several hours or days.</li> <li>• No clear source or rationale for eating and drinking restrictions.</li> <li>• Guidelines are not updated relative to changing situation.</li> <li>• Safety guidelines do not consider risk to quality of life, communication and person's wishes.</li> <li>• Care staff are unaware of IDF or IDDSI.</li> <li>• No staff are competent in emergency first aid.</li> </ul>
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### Working Group

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