

Lessons Learned

Sharing good practice to improve Quality and Safety

LCC Strategic and Integrated Commissioning / Integrated Care Board

July 2023

Subject	Managing Dysphagia (swallowing difficulties)
Who for	Owners/Proprietors, Registered Managers and staff of regulated care settings.
Incident	Choking incidents occurring, three of which has resulted in the death of care home residents.
General information	<p>Dysphagia is the medical term for swallowing difficulties.</p> <p>Research has shown that between 50% and 75% of care home residents have a condition that affects their eating, drinking or swallowing.</p> <p>This can be caused by another health condition e.g. dementia, stroke, Parkinson's, COPD, learning disability, brain injury and some forms of cancer or from general age related physiological changes.</p> <p>There are also behaviours which increase a person's risk of choking e.g. eating very fast, cramming / overfilling, gulping liquids, storing food in the mouth, bingeing, distracted or excessive movement when eating and drinking. Attention should also be given for people who cannot maintain a good position when eating or drinking.</p>
Lessons Learned/Action Required	<p>Providers should ensure;</p> <ul style="list-style-type: none">- There is a clear organisational policy and procedure in place to identify and support people at risk of choking.- People are screened for the risk of choking on admission, following a choking incident or near miss and where there has been a change in need which might increase their risk of choking.- If swallowing difficulties or risk areas are identified or observed, measures should be taken to reduce the risk of choking and included within the resident's care plan - the resident should be referred to relevant healthcare professionals e.g. GP, Speech and Language Therapy (SLT), Occupational Therapy (OT), Physiotherapy or Dentist for further appropriate assessments.



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- All staff should be aware of who is at risk of choking and the signs and symptoms of swallowing difficulties and be vigilant at every intervention including eating, drinking and administering medication.
- A care plan is developed that clearly directs staff how to reduce the risk and person centred management strategies that need to be put into place.
- appropriate referrals are made into the Enhanced Health in Care Homes ward round and/or MDT for advice.
- a clear and comprehensive handover of care is documented and provided between teams, and especially during transfer of care between providers
- The person should be involved where possible in decision making and the principles and requirements of the Mental Capacity Act (2005) must be considered and recorded when developing the plan.
- Where the person has mental capacity but is making an unwise decision around their concordance with the care plan, the care provider must seek advice from the MDT to mitigate the risks and undertake any associated risk management planning.
- Where SLT recommendations include texture modified foods and / or thickened fluids, all care records should be in line with the International Dysphagia Diet Standardisation Initiative (IDDSI) definitions.
- Staff are trained appropriately and have adequate knowledge and skills in promoting safety whilst eating and drinking, managing dysphagia and basic life support should an incident occur. Training opportunities and resources can be accessed via the LSC ICB Social Care Training Hub at [Social Care Training - Lancashire and South Cumbria Training Hub \(Iscthub.co.uk\)](http://SocialCareTraining-LancashireandSouthCumbriaTrainingHub(Iscthub.co.uk))
- Appropriate staffing levels and deployment at meal times to ensure that people receive the level of supervision or assistance required according to their needs.

Following any choking incident or near miss;

- This is reported using the Home's incident reporting system with consideration of reporting to external parties as appropriate e.g. Safeguarding (in line with LSAB guidance), CQC or Police.
- A review of the person's risk assessments and care plans takes place and are updated if necessary.
- Based on the findings of the review, measures should be taken to reduce the risk of choking and included within the resident's care plan – the document in 'Further Information' published by the Belfast Health and Social Care Trust contains the common risks and risks along with ideas to help reduce them.
- As part of the review, consider whether a clinical review of the adult is arranged through a referral or re-referral to an appropriate healthcare professional e.g. GP, SLT, OT, Dentist.

Further actions Providers should consider;

	<ul style="list-style-type: none"> - Review or audit of documentation for residents at risk of choking to ensure they are reflective of current need and consider referral or re-referral to healthcare professionals. - Review communication processes within the home to ensure all staff are aware of the needs of residents and any changes that occur. - An Anticipatory care plan for residents with progressive conditions to document decisions regarding actions that should be taken should there be a deterioration in their eating, drinking and swallowing ability. Should the person lack capacity, a best interests decision should be made by MDT and documented. - If an aid is purchased to be used in the case of a choking incident e.g. Airway Clearance Device, Dechoker or suction machine, ensure that there are clear policies, procedures and training for staff on appropriate and correct use of this. - Providers can contact the LA or ICB safeguarding teams where MCA advice is required.
<p style="text-align: center;">Further information</p>	<p>National Institute for Health and Care Excellence (NICE): Guideline CG32 Nutritional support for adults: oral nutritional support, enteral tube feeding and parenteral nutrition</p> <p>Royal College of Speech & Language Therapists: Dysphagia Resources</p> <p>International Dysphagia Diet Standardisation Initiative (IDDSI): IDDSI Framework How to implement IDDSI Resources</p> <p>Belfast Health and Social Care Trust: How to reduce the risk of choking</p> <p>Care Quality Commission: Learning from Safety Incidents – Caring for people at risk of choking</p> <p>Lancashire Safeguarding Adults Board: Guidance for Safeguarding Concerns</p>
<p style="text-align: center;">Contact</p>	<p style="text-align: center;">Any queries in relation to this briefing should be referred to: contractmgmt.care@lancashire.gov.uk</p> <p>Please see below details for local SLT teams:</p> <p>Fylde & Wyre: T: 01253 953873 / E: bfwh.askaspeechtherapist@nhs.net</p> <p>Website: https://www.bfwh.nhs.uk/our-services/community-services/speech-and-language-therapy/speech-language-therapy-adult/</p> <p>- A referral form can be downloaded from the website - full details including referral criteria can be found through the link above.</p>

North Lancashire:

T: 01524 406450 / E: ncm-tr.sltreferralsaccc@nhs.net

- Contact the team on the details above, a referral form will be sent which can either be returned by email or post.

Pennine Lancashire (covering East Lancashire & Blackburn with Darwen):

T:01282 804075 / E: Speechtherapycommunity.elht@nhs.net

Website: <https://elht.nhs.uk/services/speech-and-language-therapy>

- A copy of the Care Home referral form can be found on the website above.

Preston, Chorley & South Ribble:

T: 01772 777720 / E: lcn-tr.sltservices@nhs.net

- Contact the team on the details above who will send a referral form which will need to be signed by the person's GP.

West Lancashire:

T: 0300 247011 / E: vcl.westlanacs-spa@nhs.net

Website: <https://westlanacscommunityhealth.nhs.uk/our-services/speech-language-therapy/>

- Contact the team on the details above who will send a referral form to complete and returned via email.