

Dysphagia and the Risk of Choking Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

How staff, teams and services work together

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Care provision, integration, and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Scope

This guidance is for all staff involved in the care of residents that have a diagnosis of dysphagia (swallowing difficulties). This can increase the risk of choking. A management plan must be in place to prevent, minimise, or act upon the complications of this condition.

All staff will be provided with training and regular updates to manage the resident's condition from healthcare professionals (HCP) providing the management and care for the resident. This will usually be from the speech and language therapist (SALT).

This policy and procedure are provided for the regulated activity of accommodation for people with personal care and nursing.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

Dysphagia is the medical term for swallowing difficulties.

Some people with dysphagia have problems swallowing certain foods or liquids, while others cannot swallow at all.

Dysphagia and the Risk of Choking Policy

Over time, dysphagia can also cause symptoms such as weight loss and repeated chest infections.

The dysphagia will have been diagnosed after testing the swallowing ability of the resident by the SALT team.

The SALT team will develop a plan to minimise the risk of choking, this must be documented in the resident's care plan.

Staff will be trained to safely and effectively manage the risk to the resident, through strategies which enable the resident to eat, drink and swallow with minimum risk of choking, e.g. the use of thickeners.

The staff will use commonly accepted terminology to minimise the risk of error set out by the International Dysphagia Diet Standardisation Initiative 2019 (IDDSI Framework).

The staff involved in the care of a resident with a choking risk will have all undertaken training in managing the choking person.

This policy and procedure incorporate the guidelines published by CQC on 'Issue 6: Caring for people at risk of choking' and in line with section 1.6 Nutrition and hydration, 'Stroke and transient ischaemic attack in over 16s: diagnosis and initial management NICE guideline NG128 Published: 01 May 2019 Last updated: 13 April 2022.'

Escalation of concerns will be documented in the resident's care plan with an action plan in place.

This policy is applicable to all staff, including managers.

EFH requires/will:

All staff to comply with all relevant policies and procedures.

Staff to understand their responsibilities in relation to residents who experience dysphagia and that they are competent to identify and manage potential problems. If staff are unsure or require additional training, they should bring this to the attention of their Line Manager immediately.

Provide support and care based on the resident's preference and wishes. Enabling those with dysphagia to make informed decisions about their care and treatment which is documented in an individual, person-centred care and support plan.

The staff involved in the resident's care must be adequately trained, not just the management of the resident's dysphagia, but also in the management of a resident if they are choking, including basic life support.

Residents who are found to not have capacity after assessment in line with the Mental Capacity Act 2005 and the associated code of practice, will be supported to ensure their best interests are met and supported to safely eat and drink to minimise choking.

The Policy

EFH is committed to supporting residents to have as independent and normal a life as possible, in spite of medical conditions which may make this difficult.

Conditions that may Lead to Dysphagia:

- Stroke
- Parkinson's disease
- Dementia
- Traumatic brain injury
- Head and neck cancer
- Cerebral palsy
- Learning difficulties (slt)

Dysphagia and the Risk of Choking Policy

A key area of responsibility is the promotion of safety whilst eating and drinking. EFH will, in collaboration with the local SALT service, provide staff with the requisite training to enable them to support residents in the management of their health and social care needs, including individual training to meet resident needs associated with dysphagia and choking risk. Staff will work in partnership with a range of HCPs including stroke care specialists, SALT, Occupational Therapists, Dieticians, and consultant care teams.

EFH will work with the multi-disciplinary team to ensure the management and support of the resident's condition to minimise the risks of dysphagia and choking.

Care Assessment and Planning

As part of the resident's assessment, a full eating and swallowing risk assessment will be undertaken ('Regulation 12: Safe care and treatment').

A safe feeding routine will be established incorporating the following:

Conscious Level – no-one should be given food or drink if unconscious or semiconscious. Alternative nutritional and hydration options should be discussed with the responsible clinician.

Distraction - reduce distractions at mealtimes to facilitate concentration and awareness. This should include reducing chat and the patient/client should not be encouraged to talk/respond when eating or drinking. The reason for this should be explained to the resident.

Time - allow adequate time to support the individual to eat and drink. Consider the use of insulated containers to maintain the temperature of food for those people whose mealtimes may be prolonged.

Positioning – people should sit upright for all snacks, meals and drinks. People should remain sitting upright for at least 30 minutes after a meal to avoid reflux.

Oral Hygiene - it is of key importance to note that people with eating and drinking difficulty often have poor oral hygiene which can lead to a greater incidence of chest infections. Ensure the mouth is clean and free from residue at the end of the meal. Encourage a 'clearing swallow' or 'saliva swallow' to assist in clearing residue from the mouth. Cleaning teeth and the mouth at intervals during the day is advocated.

Position yourself – at eye level so that you may observe signs of aspiration as well as being able to provide verbal prompts and encouragement. Positioning yourself above eye level or sitting at the side of individuals to assist with eating and drinking may have a negative impact on the individual's ability to swallow safely as they may change their posture.

Utensils – ensure you have the correct utensils identified for the individual to facilitate a safer swallow and to improve sensory awareness.

Glasses and hearing aids – Swallowing requires multisensory stimulation. Food should be visually appetising in its presentation and smell appealing in order to stimulate the appetite (and thus salivary flow) as well as increasing the amount taken. Ensuring that the individual can hear the guidance and advice being given, e.g. when prompted to slow down. Similarly, an individual's swallowing will be affected by hearing the crackle and crunch of different food consistencies. Therefore, hearing aids and glasses need to be available and fit comfortably.

Dentition – dentures, if worn, should fit well. Be aware that some individuals prefer to eat without their dentures and softening the diet may help.

Modifying Diet – Ensure the correct consistencies of food and drink are prescribed for the individual with dysphagia. The International Dysphagia Diet Standardisation Initiative (IDDSI) (Cichero et al, 2012) has been adopted by the Royal College of Speech and Language Therapists. It recommends a hierarchy of eight textures according to need. These are

defined by colour, number and name. Snacks as well as meals should be available in the appropriate consistency to assist in the provision of nutrition and hydration outside of mealtimes.

The above information is taken from the 'Royal College of Speech and Language Therapy Guidance on the Management of Dysphagia in Care Homes.'

If there is already a plan in place from SALT, this will be incorporated into the resident's care plan and contact details and agreed escalation procedures will be added to support the individual.

A SALT assessment plan must be incorporated into the resident's care plan if they have dysphagia. If a plan is not in place by SALT and the staff raise any concern regarding the resident's swallowing ability, then the service provider will undertake an immediate assessment and escalate any concerns to the primary care team involved in the resident's care.

This will be documented in the resident's care assessment and notes, and any staff caring for the resident in the meantime will be alerted to the fact that the resident has swallowing difficulties and is awaiting a formal assessment.

If the staff become aware of any changes in the swallowing ability of the resident, they will escalate this information at that time without delay. The plan for escalation will be incorporated into the resident's care plan.

Where the care assessment identifies any concerns regarding swallowing difficulties, then these will be escalated urgently to their GP for them to refer the resident to SALT for an assessment and treatment plan.

SALT Assessment

Once a SALT assessment and treatment is completed:

It will be incorporated into the resident's care plan,

The staff involved in the care of the resident will be trained in the delivery of the treatment plan from SALT, and

The staff will be trained to escalate any concerns that may be identified to the SALT team if the resident's condition changes.

Identifying Concerns and Escalation

The IDDSI Framework has been developed to minimise error and ensure a common terminology is used when discussing the consistency of foods and drinks for residents and will be incorporated within the resident's care plan.

<https://iddsi.org/framework>

The International Dysphagia Diet Standardisation Initiative (IDDSI) is a recognised framework that provides appropriate terminology to describe food textures and drink thickness.

Thickening Agents

Thickened foods and fluids enter the pharynx more slowly, allowing time for the pathway to the lungs to be closed off and improving swallowing safety. This reduces the risk of aspiration, choking, and can help to reduce hospital admissions, hospital stays and death. Two types of thickening product are available, gum based and starch based.

Thickeners must be prescribed by a healthcare professional and documented in the care plan and the MARS sheet completed appropriately.

Thickening agents should be prescribed by the SALT team following an assessment. If the assessment has not yet taken place and the resident is having difficulty swallowing then, following an assessment and escalation to the primary care team, the primary care team can prescribe a thickener according to the local formulary. The thickened consistency required should be documented in the resident's care plan and the thickener recorded using commonly agreed terminology:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/dysphagia-thickeners>

Medication Reviews

The service provider supports the resident to arrange with the GP an annual medication review, and it will be the GP's responsibility to involve SALT to ensure that the current drug formulation, route, and timing of the administration of the drug remains appropriate and without contraindications for the feeding regime or swallowing process.

<https://www.nice.org.uk/guidance/cg32/chapter/Introduction#supporting-patients-in-the-community>

This will be documented in the resident's care management plan and on the MARS sheet.

Safety Alert

All staff must be made aware of the potential for harm if the resident accidentally ingests quantities of thickening product which can lead to obstruction of the throat. Whilst it is important that products remain accessible, all relevant staff need to be aware of potential risks to patient safety. Appropriate storage and administration of thickening powder needs to be embedded within the wider context of protocols, bedside documentation, training programmes, and access to expert advice is required to safely manage all aspects of the care of individuals with dysphagia.

Individualised risk assessment and care planning is required to ensure that vulnerable people are identified and protected.

See 'Patient safety alert – Risk of death from asphyxiation by accidental ingestion of fluid/food thickening powder.'

[https://www.england.nhs.uk/2015/02/psa-fluidfood-thickening-powder/#:~:text=A%20patient%20safety%20alert%20has,with%20dysphagia%20\(swallowing%20problems\).](https://www.england.nhs.uk/2015/02/psa-fluidfood-thickening-powder/#:~:text=A%20patient%20safety%20alert%20has,with%20dysphagia%20(swallowing%20problems).)

Advice recommended by the Drug Safety Update 27th April 2021 must also be followed. See 'Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration.'

<https://www.gov.uk/drug-safety-update/polyethylene-glycol-peg-laxatives-and-starch-based-thickeners-potential-interactive-effect-when-mixed-leading-to-an-increased-risk-of-aspiration>

Managing the Choking Resident

All staff caring for the resident that may be choking will have had training in the 'management of the choking resident.'

<https://www.resus.org.uk/sites/default/files/2021-04/Adult%20Choking%20Algorithm%202021.pdf>

EFH homes have access to a Live Vac device which in the event the usual algorithm has not treated the choking and the resident is at risk of death should be used to attempt to clear airway.

Training

Care staff are provided with training regarding Emergency First Aid management of a choking resident and the use of the Live Vac device for choking at all suitable stages of their employment from induction onwards.

Seeking Feedback about

EFH will seek feedback from people, families, staff, involved professionals and volunteers about their experiences of Emergency Procedures of a resident where it is appropriate to do so. We will seek feedback in person during conversations and via surveys and meetings. We will respond to feedback and tell people about changes and improvements we make as a result of their feedback.

Review date	Next Review Date
May 2024	May 2027