



A fact sheet for providers



Supporting safe and enjoyable mealtimes for people with swallowing difficulties

This fact sheet provides an overview of a provider action plan and staff capability needed to ensure that people with swallowing difficulties, also known as dysphagia, have safe and enjoyable mealtimes in aged care.

Why this matters

Swallowing difficulties, known as dysphagia, can impact physical and mental health.

The risks can include:

- choking and, in some cases, death
- aspiration and pneumonia – food or drink ‘going down the wrong way’ and entering the airway and lungs instead of the stomach, sometimes causing infection
- malnourishment and dehydration
- poor mealtime experience limiting opportunity for enjoyable social interactions
- discomfort, distress, embarrassment and loss of dignity
- reduced enjoyment of food and quality of life, including effects on mental health.



How it's done

Ensure you build the skills and capability of your staff to support enjoyable mealtimes for consumers with swallowing difficulties. Your staff need to:

1 Recognise and act on signs of dysphagia

Dysphagia red flags during or after eating/drinking include:

- choking
- coughing or throat clearing
- wet sounding or gurgly breathing and voice
- increased shortness of breath
- food getting stuck in the throat
- food or drink dribbling or escaping from the mouth
- fatigue during meals
- taking a long time to eat a full meal
- food remaining in mouth or pocketing in the cheeks after a meal

- avoiding certain foods because they are hard to chew or swallow
- a recent history of repeated chest infections or unexplained weight loss
- avoiding social situations due to swallowing difficulties or fear of choking
- poorly fitting dentures or other barriers to effective chewing and mouth movements.



Provider action plan

- ✓ Ensure all staff are trained in recognising dysphagia red flags and where to go for support
- ✓ Ensure you have a plan for emergency response such as choking management
- ✓ Ensure all staff are trained in first aid and what to do when someone is choking
- ✓ Report all 'near misses' to the GP and speech pathologist.





2 Refer to appropriate support

Dysphagia can present significant risks that must be managed appropriately.

If any dysphagia red flags exist, discuss these with the resident, and their relevant support person or decision maker where required, and with their consent:

- refer the resident to a speech pathologist to assess, and diagnose and recommend support strategies
- refer to an Accredited Practising Dietitian (APD), who can ensure that dietary requirements, safety requirements and food preferences and choices are still met
- refer to other allied health professionals such as dental experts and occupational therapists as required.

3 Implement a resident's mealtime support plan

Meeting the needs of people with dysphagia often requires a range of support strategies which form part of an overarching mealtime support plan.

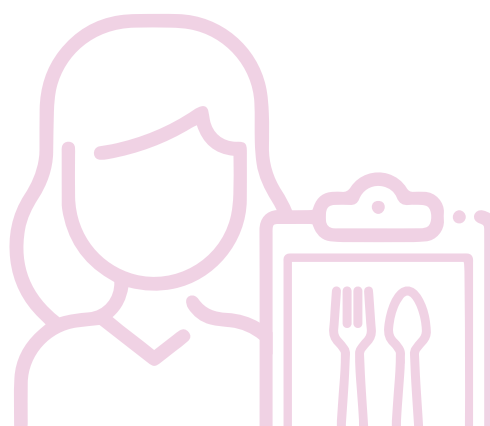
A resident's mealtime support plan should be developed in consultation with the resident. Each resident should provide informed consent to any management strategies and the mealtime plan.

Make sure you document referrals, assessment details and the mealtime support plan, including any recommendations and management strategies. These should be recorded in the resident's plan.

All staff need to be aware of and understand how to implement a resident's mealtime support plan. Speech pathologists can provide training and support for the use of mealtime support plans.

If a resident makes the informed choice to not follow recommendations, such as prescribed texture modifications to food and drink, your team will need to follow a planned approach supporting informed choice, noting the acknowledged risk.

Refer to the fact sheet on Informed choice and supported decision making for people who plan to Eat and Drink with Acknowledged Risk (EDAR) at www.agedcarequality.gov.au/providers/food-nutrition-dining/food-nutrition-and-dining-resources.





Provider action plan

- ✓ Ensure all aspects of mealtime support are decided in consultation with the resident.
- ✓ Ensure residents are provided with all recommendations, risks and options for them so they can make an informed choice. Document the conversations.
- ✓ Document all aspects of mealtime support needs with a resident's Care Plan.
- ✓ Ensure all staff, including direct care staff and kitchen staff, are aware of the mealtime support needs and recommended strategies.
- ✓ Ensure a planned approach to informed choice for people eating / drinking with acknowledged risk.

Support strategies may include:

- ✓ individualised swallowing therapy exercises prescribed by a speech pathologist
- ✓ mealtime assistance strategies, for example a support person to ensure that the resident takes double swallows for each mouthful
- ✓ many small meals in a day may sometimes be required if a person fatigues after a few mouthfuls
- ✓ checking food is swallowed before putting in the next spoonful
- ✓ texture modification to food and drink, if decided, to make it easier and safer to swallow and reduce discomfort for the person
- ✓ nutritional strategies and supports as prescribed by a dietitian
- ✓ level of supervision and prompting that is required during oral intake
- ✓ support to engage in mealtime socialisation, such as talking to the person you are assisting to eat
- ✓ explain what food the person is eating if it is a puree as it may not be easy to identify
- ✓ to not mix pureed foods into a big homogenous puree, instead enabling different flavoured mouthfuls
- ✓ note which foods are disliked or liked, using words and non verbal cues
- ✓ recognise situations of increased risk such as drowsiness and/or reduced amount of intake
- ✓ the person should be as upright as possible to swallow more safely. This is easiest when a person is in a chair when possible.

Using texture modified food and drinks is a common strategy but it is often only one part of an overall plan. Some residents prefer predominantly texture modified food and drink with occasional exceptions eg a biscuit, beer or cup of tea. Refer to the fact sheet on Nutrition and texture modified food and drinks at www.agedcarequality.gov.au/providers/food-nutrition-dining/food-nutrition-and-dining-resources.



4 Review the resident's mealtime support plan

The resident's plan should be regularly reviewed by the resident, staff, speech pathologist, dietitian and other allied health professionals as required.

The review timeframes should be included in the plan.

Processes should be in place to prompt earlier review if dysphagia red flags and signs appear, or if the resident requests a review or if their condition changes.

Conditions underlying dysphagia can change suddenly or subtly over time. This can include a deterioration in skills or function, but in some instances an improvement in swallowing. Proactive management requires review and assessment of needs.



Provider action plan

- ✓ Ensure that residents' mealtime support plans are reviewed by relevant allied health professionals regularly, and also as requested or when clinically necessary.



Standard 2:
Ongoing assessment and planning with consumers



Standard 3:
Personal care and clinical care

Aged Care Quality Standards 2 and 3 cover the obligation to ensure safe and effective care that optimises health and wellbeing.



5 Ensure ongoing training for staff

Ongoing training of all staff to meet the needs of people with dysphagia should be undertaken including:

- training of all nurses and personal care workers (PCWs) in the risks of and signs of dysphagia, when to refer and how to safely support enjoyable mealtimes for people with dysphagia
- training of all nurses and PCWs in the identification of appropriate consistency of texture modified food and drinks to ensure that meals presented meet individual care plan recommendations
- training of all kitchen staff, including cooks, chefs and food assistants, in the preparation of food to the appropriate consistency for texture modified food and drinks. The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework, located at www.iddsi.org is endorsed by Speech Pathology Australia and Dietitians Australia as best practice for texture modification.
- training of all kitchen staff, including cooks, chefs and food assistants in creating appealing and varied texture modified food and drinks that meet nutritional needs and individual choice.



Provider action plan

- ✓ Ensure ongoing training of all relevant staff including nursing and personal care workers and kitchen staff in supporting the needs of people with swallowing difficulties.

Further resources

Swallowing

Additional fact sheets on swallowing are available at www.agedcarequality.gov.au/providers/food-nutrition-dining/food-nutrition-and-dining-resources:

- Nutrition and texture modified food and drinks
- Informed choice and supported decision making for people who plan to Eat and Drink with Acknowledged Risk (EDAR)

Please print and display the St Johns, First aid fact sheet: choking adult or child (over 1 year) at www.stjohn.org.au/first-aid-facts at your service.

Phone the Aged Care Quality and Safety Commission's Food, Nutrition and Dining Hotline on **1800 844 044** (free call), 9am – 5pm AEDT, Monday to Friday if you wish to speak with professionals about issues, ideas or concerns in relation to an enjoyable food, nutrition and dining experience in an aged care service. Alternatively, you can contact the Commission's general enquiries line on **1800 951 822** (free call).

 **1800 844 044**

Food, Nutrition and Dining Hotline
Monday to Friday, 9am – 5pm AEDT



Phone

1800 951 822



Web

agedcarequality.gov.au



Write

Aged Care Quality and Safety Commission
GPO Box 9819, in your capital city