

## Dysphagia Champions Care Homes Project Outcomes

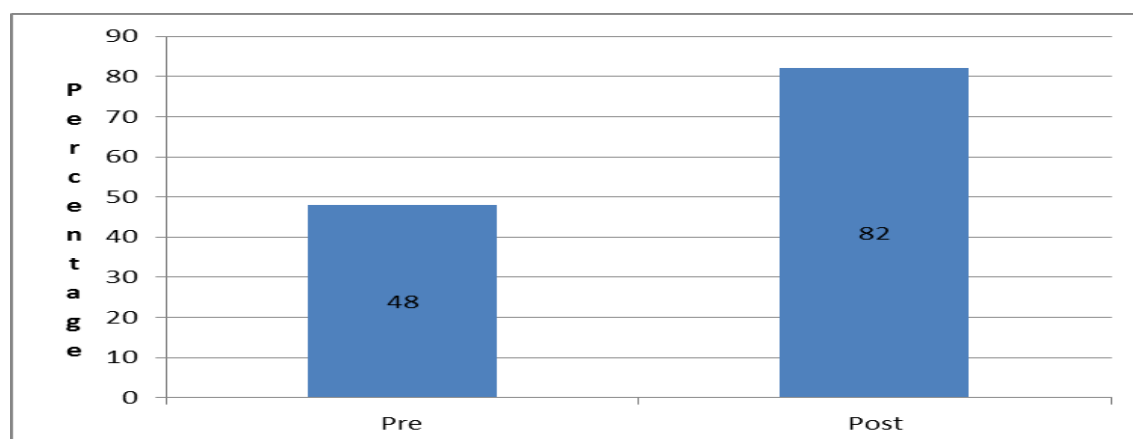
This report details outcomes from previous training to care staff in Salford Care homes between 2019 and 2020.

**1. Training** - Over 11 months, the dysphagia champions training package has been written and Champions training has been completed in 14 homes namely Abbeydale, Ardern Court, Barton Brook, Beechfield Lodge, Bluebell Court, Broughton House, Kenyon Lodge, Laburnum Court, Newlands, The Fountains, The Limes, The Willows, Thornton Lodge and Walkden Manor.

59 Dysphagia Champions were trained.

**2. Knowledge of International Dysphagia Diet Standardisation Initiative (IDDSI)** - Pre and post training audits were completed in the homes where training was completed. Analysis showed improvements in knowledge and confidence (see graphs 1 and 2). When tested on their knowledge of IDDSI, scores increased from **48% pre-training to 82%** after staff had completed the dysphagia care homes champions training as illustrated in graph 1.

**Graph 1. Knowledge of IDDSI - scores pre and post dysphagia care homes champions training**

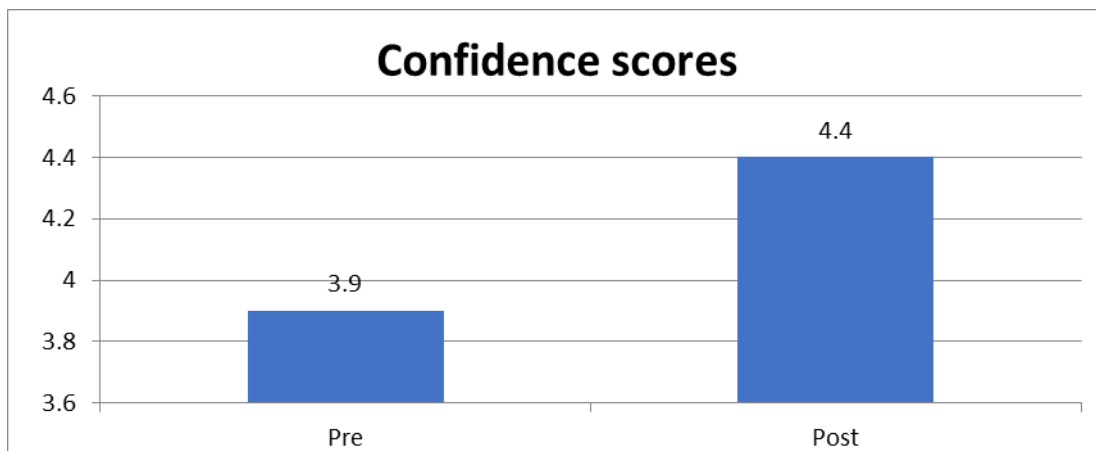


Knowledge of the different levels of modified diet ensures that staff are educated around what food is appropriate and safe. Residents on modified diet are often over-restricted, for example, provided with a reduced range of choice of food. Following the training on a Level 6 diet, a positive patient story was provided that demonstrated a resident was given a wider variety of appropriate foods, including soft, cut up chips which was the food she wanted to have. The resident was really grateful to be able to have more foods which she enjoyed and therefore was not leaving her meals any more.

**3. Confidence scores** - In addition, overall staff confidence in managing dysphagia increased. On a scale of 1-5 staff were asked to rate their confidence in identifying signs of dysphagia, thickening fluids, understanding IDDSI levels and feeding residents in a safe manner.

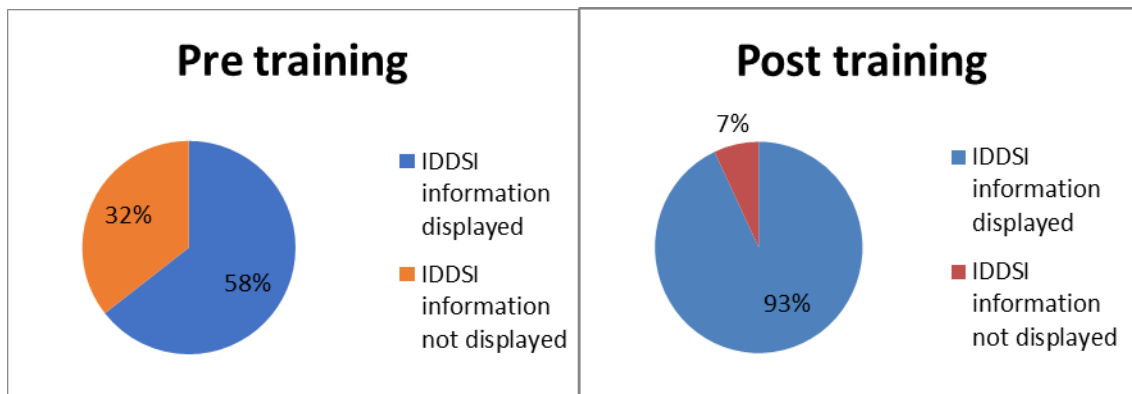
Confidence increased from 3.9 to 4.4. This has led to more appropriate referrals to SLT as well as safer decision making and management.

**Graph 2. Staff Confidence scores pre and post training**

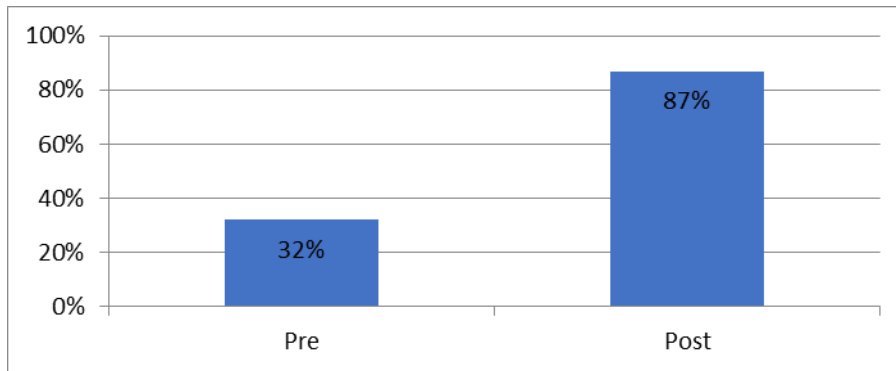


**4. Dysphagia signage** - Training included a review of communication of key information regarding IDDSI levels. Following training, all care homes trained now have information displayed in kitchens and dining rooms on IDDSI levels see graph 3. In addition, visibility of individual dysphagia recommendations were also audited in dining rooms which increases the reliability that residents will get the recommended level of diet and fluids see graph 4.

**Graph 3. Visible IDDSI signage pre and post training**

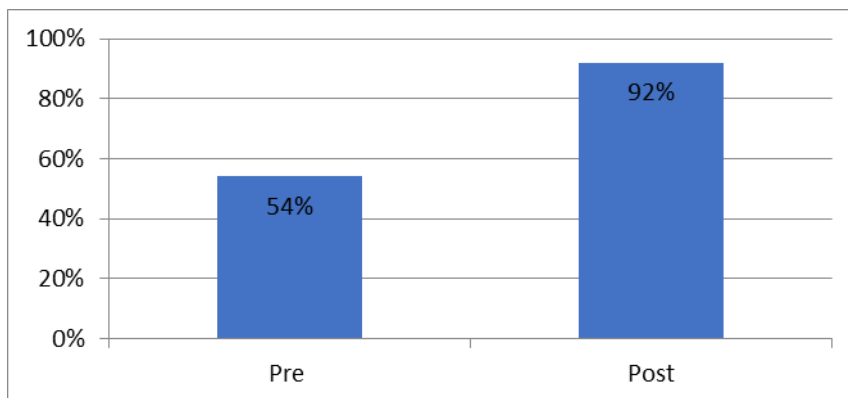


**Graph 4. Accessible and up to date record of resident’s dysphagia recommendations in dining rooms.**



**4. Use of thickener** – Appropriate use of thickener was audited pre and post training. Results demonstrated that following the training staff had increased awareness of how to make thickened drinks correctly and use the correct number of scoops required for the level of drink the resident requires (see graph 5). By making the drinks correctly e.g. without lumps and not thicker than they need to be, the resident is more likely to enjoy their drink more and therefore consume more fluids.

**Graph 5. Correct no of scoops of thickener used pre and post training**



**5. Safer management of residents eating and drinking at risk** - All care homes trained have a list of residents with dysphagia and residents who are risk feeding. Prior to the start of the treatment, most homes did not have this information easily accessible and visible for all staff to see.

A Trust leaflet on ‘Eating and Drinking with Acceptance of Risk’ was developed as part of this project. This is now available for any resident (and their families) who is risk feeding or considering risk feeding. This ensures that residents accepting food and drink at risk are supported and fed in the safest way possible to minimise risk of aspiration. Prior to commencement of the project no residents or families were provided with written

information about eating and drinking at risk, whereas **all residents who are eating and drinking at risk are now provided with a written leaflet.**

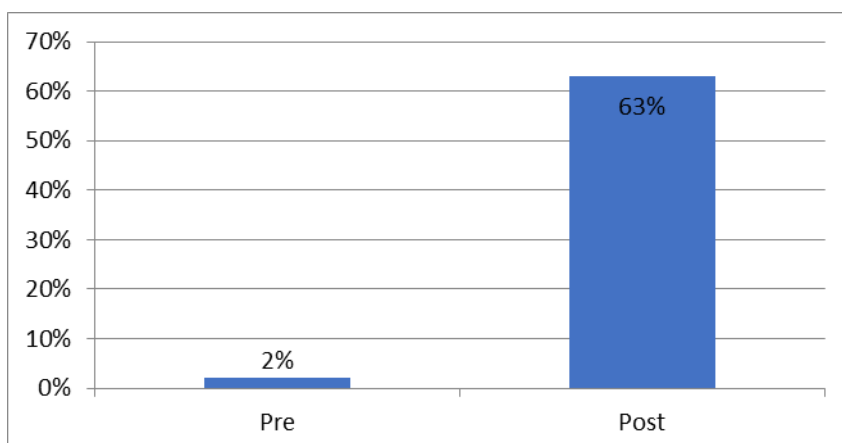
The Risk Feeding protocol is used across both acute and community settings. Dysphagia Champions have received teaching on this protocol and therefore have increased understanding of the process involved, how to support residents decision-making in this area, how this impacts on hospital admission and the need for advanced care plans to be completed in residents who are feeding at risk.

An example of how the training has made an impact in this area was of lady who was feeding at risk and at end of her life. The lady was known to be aspirating and was having frequent choking episodes. The Champions reported after covering risk feeding in the training they were no longer scared to feed this lady and they were also able to support other members of staff who were struggling to feed her. They reported that up to her death, they were able to help her to continue eating and drinking what she wanted. She also had a peaceful death which was not caused by a choking incident as they had feared.

**6. Consistent use of International Dysphagia Diet and fluid level terminology** - All homes trained are now using the International Dysphagia terminology (IDDSI) and documentation has been updated to reflect this. This increases safety as staff are using a common language with specific guidance for each level of diet and fluids. Some care homes were not keeping any food and fluid charts for residents on modified meals/fluids. They were also not consistently recording the content, amount or level of meals in food and fluid charts that CQC look for in their inspections. The homes that have carried out the training are showing improvements in changing their documentation to be in-line with these required standards.

An audit of documentation shows that prior to training only **20%** of food and fluid records indicated whether the resident was on a modified diet and only **2%** indicated the specific level of modified diet and fluids. However post training **64%** of food and fluid records indicated that the resident was on modified diet and fluids and **63%** specified the level of diet and fluids (see graph 6).

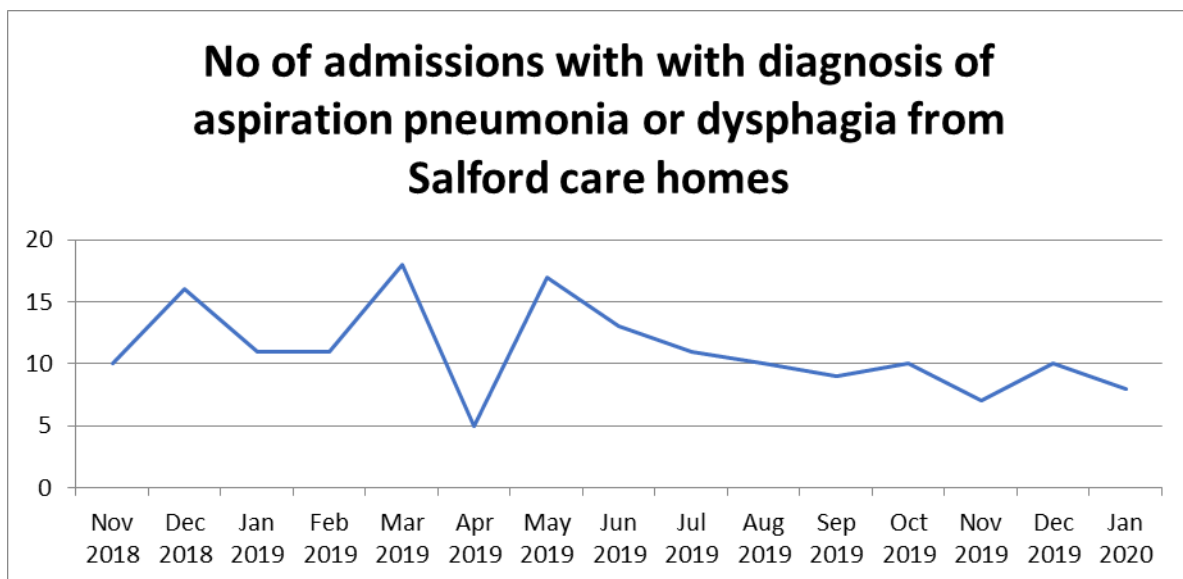
**Graph 6. Documentation audit of food and fluid records whether specific level terminology of modified diet and fluids used.**



**7. Appropriate referral to SLT** – A further example of the benefits of the training is after the Champions had received the training, they decided to re-refer a lady who was having Level 4 pureed (blended) meals for a further assessment due to them noticing signs of improvement. This lady was re-assessed and is now back on a normal diet, enjoying a full range of foods.

**8. Admissions to hospital with a diagnosis of aspiration pneumonia from Salford care homes** - Data regarding admission for aspiration pneumonia needs to be cautiously reviewed as it is dependent on how accurately the admission was coded; aspiration may not be the sole cause of admission especially in frail elderly patients where illness is multi-factorial. Data would also not capture any residents who were admitted to hospitals in Greater Manchester e.g. patients from Salford care homes going to North Manchester or Royal Bolton hospital. That said a report shows the number of patients registered at Salford Care homes practice admitted to SRFT with a diagnosis of aspiration pneumonia has reduced since introducing the dysphagia care home training in May 2019 (see graph 7).

**Graph 7. Number of residents from Salford care homes admitted to Salford Royal hospital with a diagnosis of aspiration pneumonia or dysphagia as primary diagnosis**



All the above examples of the impact of the Dysphagia Champions training make a difference to the risk of aspiration, malnutrition and dehydration in a resident. Reducing these risks not only impacts on their health, but on their overall well-being and quality of life.