



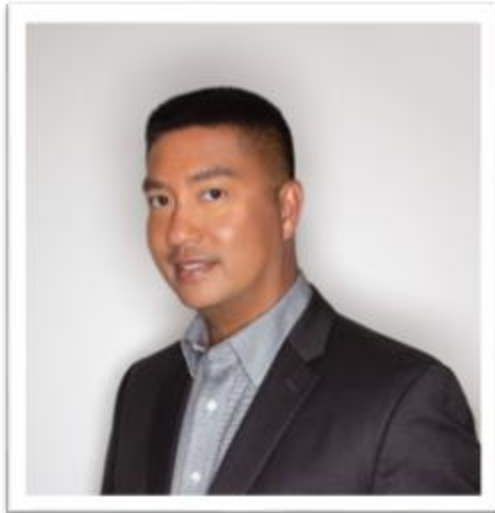
# IDDSI UK Festival 2023

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# Welcome & Housekeeping

**Peter Lam**

**Chair & CEO IDDSI Global**





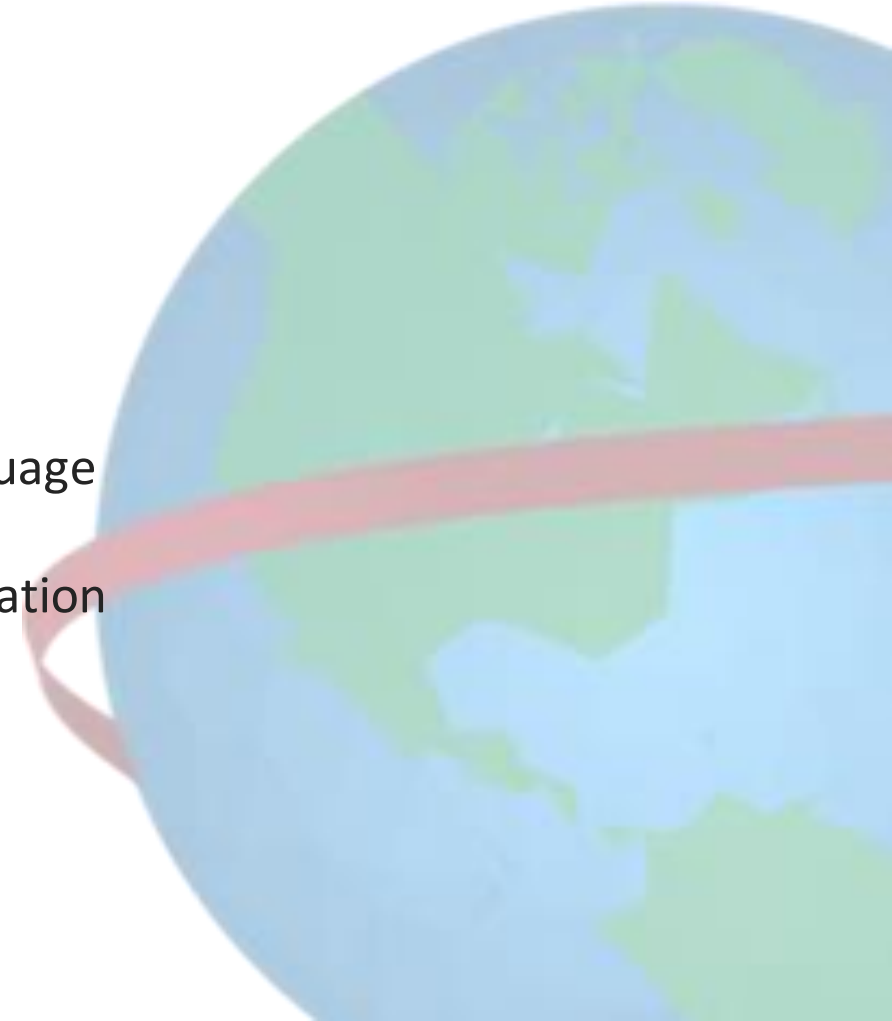
## **Dr Hannah Crawford**

Executive Director of Therapies  
Tees, Esk & Wear Valleys NHS  
Foundation Trust



## **Sam Bradley**

Professional Head of Speech & Language  
Therapy  
Tees, Esk & Wear Valleys NHS Foundation  
Trust





# IDDSI, EDAR & Ethics

Hannah Crawford  
Sam Bradley



Tees, Esk and Wear Valleys  
NHS Foundation Trust

21/9/2023

# Eating and Drinking at Risk

- What are the agreed/evidenced risks?
- Can we quantify the risk?
- What have we trialed to minimize the risk?
- Does following SLT advice eradicate risk?

## Other risks:

- Loss of agency, choice, autonomy
- Family intimacy, expressions of love and spirituality

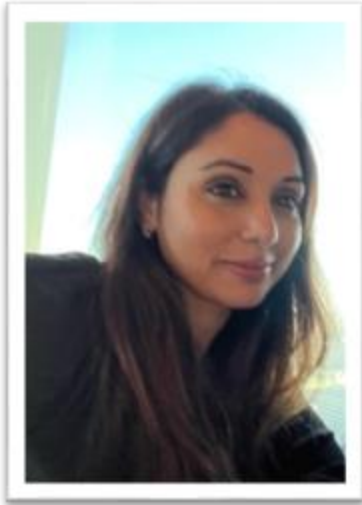
Craig Mann

# Collaborative care planning

- Case examples (Werther's Originals, bread)
- Collaborative, inclusive care planning
- Use of all the tools in the toolbox
- Clear documentation

But...

- JJ's access to boiled sweets if physically able
- Introducing tasters



## **Mindy Bhalla**

National Operations & Pharmacist  
Specialist  
Care Quality Commission (CQC)



# Medicines optimisation and Dysphagia

A CQC perspective



*Mindy Bhalla  
Pharmacist Specialist  
CQC Medicines Optimisation Team  
21 September 2023*





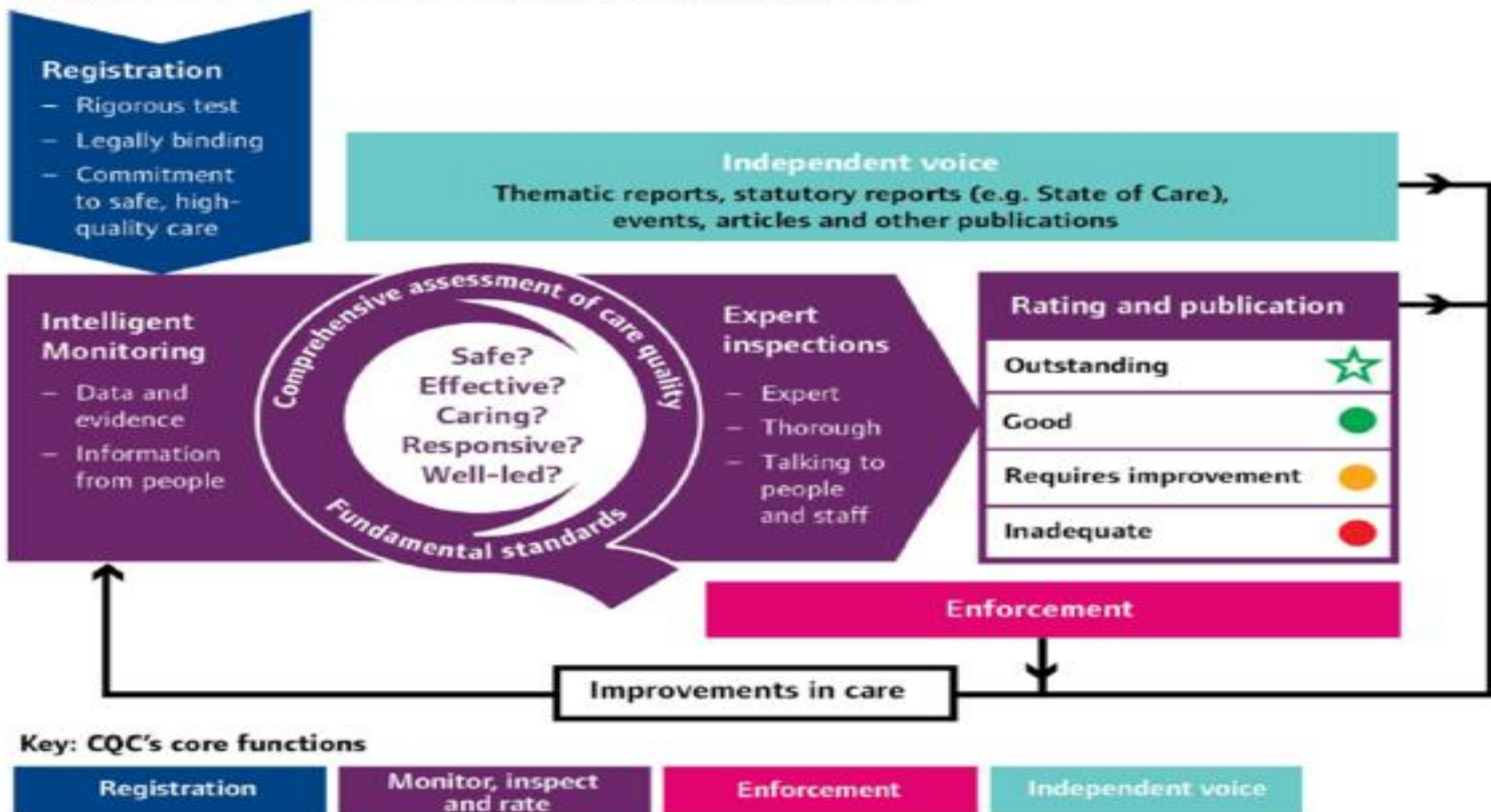
# Objectives

**By the end of this session, we will have covered:**

- Introduction to CQC and what we do
- How to find CQC medicines resources
- Relevant NICE guidance
- Resources and further reading
- Provider expectations
- How to get contact the medicines optimisation team



Figure 1: CQC's overall operating model



# Our purpose



The Care Quality Commission is the independent regulator of health and adult social care in England

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



We're CQC, the independent regulator of  
health and social care in England

Search for a health or social care service

Type

All services

Service name or specialist (optional)

For example York Hospital or maternity

Location and distance (optional)

Town, city or postcode

10 miles radius



Use our inspection reports to find  
and compare services

Our reports tell you what we think about the  
quality of care.

For the public





[Make changes to your existing registration](#)

[Find a registration application form](#)

## Sectors and service types



### Adult social care

Care homes, home care, specialist colleges, extra care, supported living and Shared Lives schemes



### GPs

NHS GP practices



### NHS trusts

NHS acute, ambulance, community health, mental health and substance misuse services



### Independent doctors and clinics

Includes private GP services and



### Dentists

Includes dental surgeries, services that visit people in their homes and out-of-hours emergency services



### Online primary care

Services that offer consultation, diagnosis or treatment online only



### Urgent care

Includes NHS 111 and GP out-of-hours services



### Independent healthcare

Independent hospitals, ambulances, community health, hospices, mental

## Inspection and monitoring

Find out what information we'll ask you to send us, what happens when we inspect and what you can expect to happen next.

[How we monitor, inspect and regulate adult social care services](#)

[Infection prevention and control in care homes](#)

[Infection prevention and control in supported living services and Extra Care housing](#)

## Best practice

[Medicines information for adult social care services](#)

[Learning from safety incidents](#)

[Our position on the Care Certificate](#)

 [Trusted Assessors](#)

 [Trusted Assessors: Supplemental coronavirus \(COVID-19\) guidance](#)



# CQC Adult Social Care medicines webpage



The screenshot shows the CQC website interface. At the top, there is a navigation menu with links like 'Home', 'About us', 'What we do', 'Publications', 'Help & advice', 'Get involved', 'Guidance for providers', and 'Contact'. Below the navigation is a search bar with the text 'Search under website' and 'Keywords or service name'. The main heading is 'Medicines information for adult social care services'. Underneath, there is a 'Categories' section with a list of categories: 'Coronavirus (COVID-19)', 'Care homes', 'Home care', 'Mental health services', and 'Supported living'. To the right, there is a 'This page is for' section with a dropdown menu set to 'Adult social care services'. Below that is a 'Latest updates' section with three items: 'Appropriate use of psychotropic medicines in adult social care', 'Medicines administration records in adult social care', and 'Vitamin D supplements - supporting people who receive adult social care'. At the bottom of the updates section, there is a link for further advice: 'Contact medicines.enquiries@cqc.org.uk'.

The screenshot shows the 'Coronavirus (COVID-19)' page on the CQC website. The page is titled 'Coronavirus (COVID-19)' and has a sub-heading 'Care homes'. Below the sub-heading, there is a list of care homes and their respective medicines information. The list includes: 'Administering medicines when a person is away from their usual care setting', 'Appropriate use of psychotropic medicines in adult social care', 'Controlled drugs in care homes', 'Controlled drugs: progabalin and gabapentin', 'Oral administration of medicines', 'Delegating medicines administration', 'Diabetes and insulin', and 'Dispensing of medicines'. Each item has a brief description of the topic.

<https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services>

## Dysphagia and thickeners

Page last updated: 3 November 2022

Categories: [Organisations we regulate](#)

'Dysphagia' refers to difficulty with swallowing.

Dysphagia can occur in the:

- oral stage of swallowing (in the mouth)
- pharyngeal stage of swallowing (in the throat)
- oesophageal stage of swallowing (in the tube leading to the stomach)
- or in any combination of these

Dysphagia can occur at any age, from premature babies, through to the elderly and those at the end of

This page is for:

- **adult social care services**

[Medicines information for adult social care services](#)

For further advice, contact [medicines.enquiries@cqc.org.uk](mailto:medicines.enquiries@cqc.org.uk)

[See also](#)



**NICE** National Institute for Health and Care Excellence

[Full guideline](#)

**Managing medicines in care homes**

<https://www.nice.org.uk/guidance/SC1>

Published: 14 March 2014

## Managing medicines in care homes

Social care guideline SC1 | Published: 14 March 2014

Guidance

**Overview**

- What is this guideline and why is it important?
- Recommendations
- Recommendations
- What should take account of?
- The Guideline Development Group and NICE Guideline team
- Update information

**Guidance**

**NICE issues a new guideline – Managing medicines in care homes**

**Quality standard – Medicines management in care homes**

This guideline covers good practice for managing medicines in care homes. It aims to promote the safe and effective use of medicines in care homes by setting out procedures for prescribing, handling and administering medicines, it also recommends how care and services relating to medicines should be provided to people living in care homes.

**On 19 May 2020, we published information on using medicines during the COVID-19 pandemic in care homes.**

**Recommendations**

This guideline includes recommendations on:

- ensuring good medicines practice for safe and effective use of medicines
- quality standard – medicines management in care homes
- quality standard – medicines management in care homes
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- quality standard – medicines management in care homes

**Who is it for?**

- People who provide care in care homes, including care home staff (including those employed by the home), who administer or give drugs to residents in care.
- People who provide services to care homes, for example supplying pharmaceuticals, dispensing services and medical consultation.
- People who commission health and care services provided to care homes, for example local authorities, the

<https://www.nice.org.uk/guidance/sc1>



Home > NICE Guidance > Medicines and technologies > Adults social care

## Managing medicines for adults receiving social care in the community

NICE guideline (NG67) Published 30 March 2017

Guidance

### Guidance

**Key message 1** Managing medicines to avoid adverse events in the community

**Key message 2** Medicines management to adults receiving guidance in the community

This guideline covers medicines support for adults (aged 16 and over) who are receiving social care in the community. It aims to ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home. It gives advice on assessing if people need help with managing their medicines, who should provide medicines support and how health and social care staff should work together.

NICE has also created additional guidance on medicines in care homes. It includes a full list of links.

### Recommendations

This guideline includes recommendations on:

- assessing an individual's needs and providing medicines support
- providing medicines support
- assessing and supporting medicines management in care homes
- supporting and monitoring
- the medicines support in care homes
- the medicines support in care homes

### Who is it for?

- health professionals who provide medicines support in care homes and in the community
- health professionals who provide medicines support in care homes and in the community

<https://www.nice.org.uk/guidance/ng67>



# Thickeners





## Patient Safety Alert

### Stage One: Warning

*Risk of death from asphyxiation by accidental ingestion of fluid/food thickening powder*

05 February 2015

Alert reference number: NHSPSA/02/2015/002

Alert stage: One - Warning

Dysphagia (swallowing problems) occurs in all care settings\* and although the true incidence and prevalence are unknown, it is estimated the condition can occur in up to 30% of people aged over 65 years of age†. Stroke, neurodegenerative diseases and learning disabilities can be the cause of some cases of dysphagia, and may also result in cognitive or intellectual impairment, as well as visual impairment.

The modification of liquid thickness and food texture is common practice in dysphagia management to avoid aspiration of material into the airway whilst maintaining adequate hydration and nutrition. Thickening agents are available in a range of preparations, the most common being a powdered form, supplied in tubs and commonly kept in a place that is accessible such as at the bedside.

NHS England has received details of an incident where a care home resident died following the accidental ingestion of the thickening powder that had been left within their reach. Whilst this death remains under investigation, it appears the powder formed a solid mass and caused fatal airway obstruction. Analysis of the National Reporting and Learning System has identified one other similar incident that occurred in hospital.

"NCA alerted by another patient that the patient was choking. Found to have taken the lid off a tub of thickening powder and attempted to tip it back to 'drink'. The patient is partially sighted and his condition fluctuates re conscious/alert levels. Thickener was a fresh tub today as that he had poor swallow....."

Feedback from frontline staff indicates that the potential consequences of trying to swallow dry thickening powder appear under-recognised therefore there may be significant under-reporting.

### Actions

**Who:** All providers of NHS funded care where thickening agents are prescribed, dispensed or administered

**When:** To commence immediately and be completed by no later than 19 March 2015

- 1 Identify if the accidental ingestion of dry thickening powder has occurred, or could occur, in your organisation
- 2 Consider if immediate action needs to be taken locally, and ensure that an action plan is underway if required, to reduce the risk of further incidents occurring
- 3 Distribute this alert to all relevant staff who care for children or adults in primary care, emergency care, and inpatient care settings, including mental health and learning disability units.



The first stop  
for professional  
medicines advice

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[COVID-19](#) [PDRs](#) [Administration](#) [Caution and contraindications](#) [Dosing](#) [Switching](#) [Interactions](#) [Medication safety](#) [Safety in breastfeeding](#) [More](#)

## Using thickeners of different types for patients with swallowing difficulties

Published 2 July 2021

Topic: [Swallowing difficulties](#)

Gum and starch based thickeners are available; drug-thickener interactions are possible and should be avoided.

### Contents

[General advice](#)

[Introduction](#)

[Choosing between starch based and gum-based thickeners](#)

[Gum](#)

[Starch](#)

[Feasibility](#)

[Drug-thickener interactions](#)

[Other specific areas](#)

### General advice

#### Defining and identifying thickness of fluids and food for patients with swallowing difficulties

How fluid thickness and food texture are defined for patients with swallowing difficulties, and how to find the recommended level for a patient

### Introduction

It is important that **thickening agents** are mixed appropriately in order to produce the required IDDSI Level for the patient.

Thickening agents are typically available as tube (with scoops) or sachets of powder to be mixed with the liquid that needs thickening.

Directions for mixing are product specific and are provided on the product packaging, with instructions on the amount of powder (number of 'scoops') to be added to a specified volume of fluid (typically 200ml) to achieve IDDSI Levels 1, 2, 3 or 4.

[View more articles](#) [View more products](#) [Download the content](#) [View the content](#)



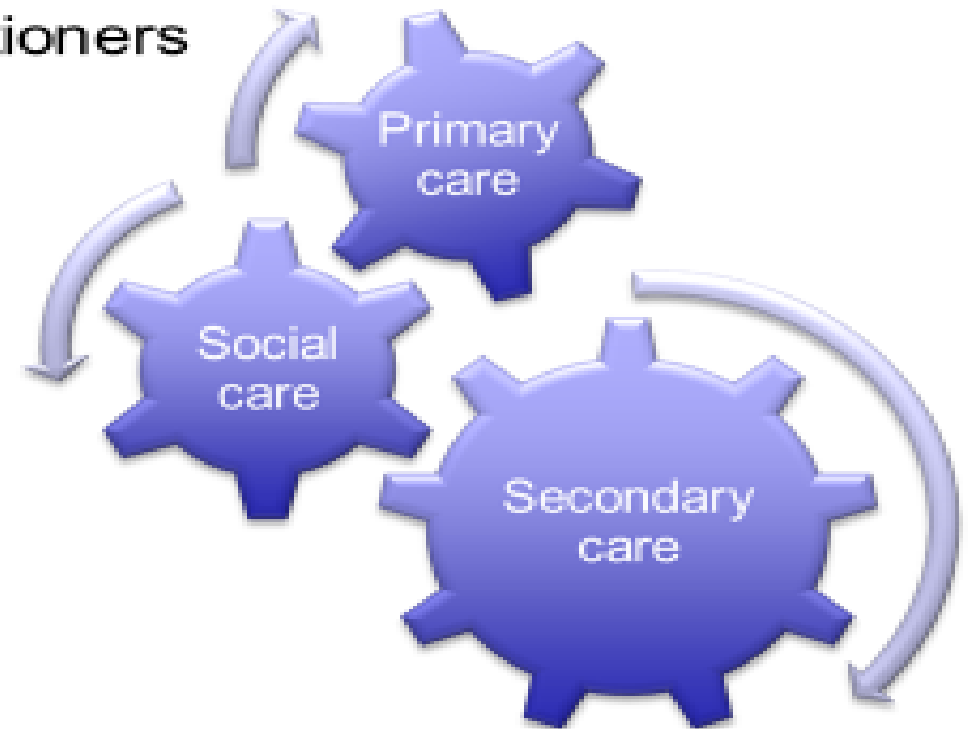
<https://www.sps.nhs.uk/articles/using-thickeners-of-different-types-for-patients-with-swallowing-difficulties/#:~:text=thickening%20agents>

- Appropriate clinical advice
- Care plans
- Mixed with thickener or alternatives sought
- Assumption that people can self-administer unless preference or risk assessment says otherwise



# Considerations

- Appropriate assessment
- Medication review
- Working with other health care practitioners
- Policies and SOP's
- Self administration
- Care plans
  - Consistency directions for use
  - Risk assessment





## How does the service engage with healthcare professionals in relation to reviews of medicines at appropriate intervals?

- Supporting people to attend appointments and reviews
- Contacting the GP to arrange a medicines review
- Dietician assessments and access
- Knowing when to refer to healthcare professionals



# Any questions?



[www.cqc.org.uk](http://www.cqc.org.uk)



[Medicines.enquiries@cqc.org.uk](mailto:Medicines.enquiries@cqc.org.uk)



**Clare Park**

Adult Speech & Language  
Therapist  
Simply Food Solutions



**Sarah Rossor**

Paediatric Speech & Language  
Therapist  
Simply Food Solutions



# **The Importance of the IDDSI framework and meeting the needs of pediatric patients**



**VIDEO**

**Please visit our stand to discuss our  
specialist IDDSI meal solutions**

**Thank you for listening**



# IDDSI PRODUCT SHOWCASE - FOOD

**apetito**

*Making a real difference*

**Spaghetti Bolognese**

**IDDSI Level 4**

WILTSHIRE  
EST. FARM 1991  
FOODS

**flavour  
creations**

Authorised Distributor  
Albany Products Ltd

**Schreemies (ice-cream)**

**IDDSI Level 4**

**Precise**

**Mango Jelly**

**IDDSI Level 4**



SIMPLYFOODSOLUTIONS

**Tea & Biscuits –  
Custard Cream Bourbon & Tea**

**IDDSI level 4**





# **Morning Break**

**Refreshments & Exhibition Viewing**

**Next session will start at  
11.10am**







## **Kathleen Graham**

**Senior project manager**

**The Royal College of Speech and Language  
Therapists**





# RCSLT

## Thickened fluids – a summary of ongoing work by the RCSLT

Kathleen Graham  
Senior project manager RCSLT  
[Kathleen.graham@rcslt.org](mailto:Kathleen.graham@rcslt.org)



Why did the RCSLT feel the need to produce a position statement on the use of thickened fluids?



# What were the concerns being expressed from members?

- Benefits vs burdens
- Service provision models

# How was the position statement developed?





Third sector **Wales**  
Head and neck cancer  
**Early years provider**

SLT manager Palliative  
**NHS trust** conditions  
Voice  
**Special schools**

Scotland SLT Stroke  
**Learning disability**

Acute **Community**

Schools **Researcher**

RCSLT advisor

# Developing the position statement





**Position statement on the use of thickened fluids in the management of people with swallowing difficulties**

March 2023

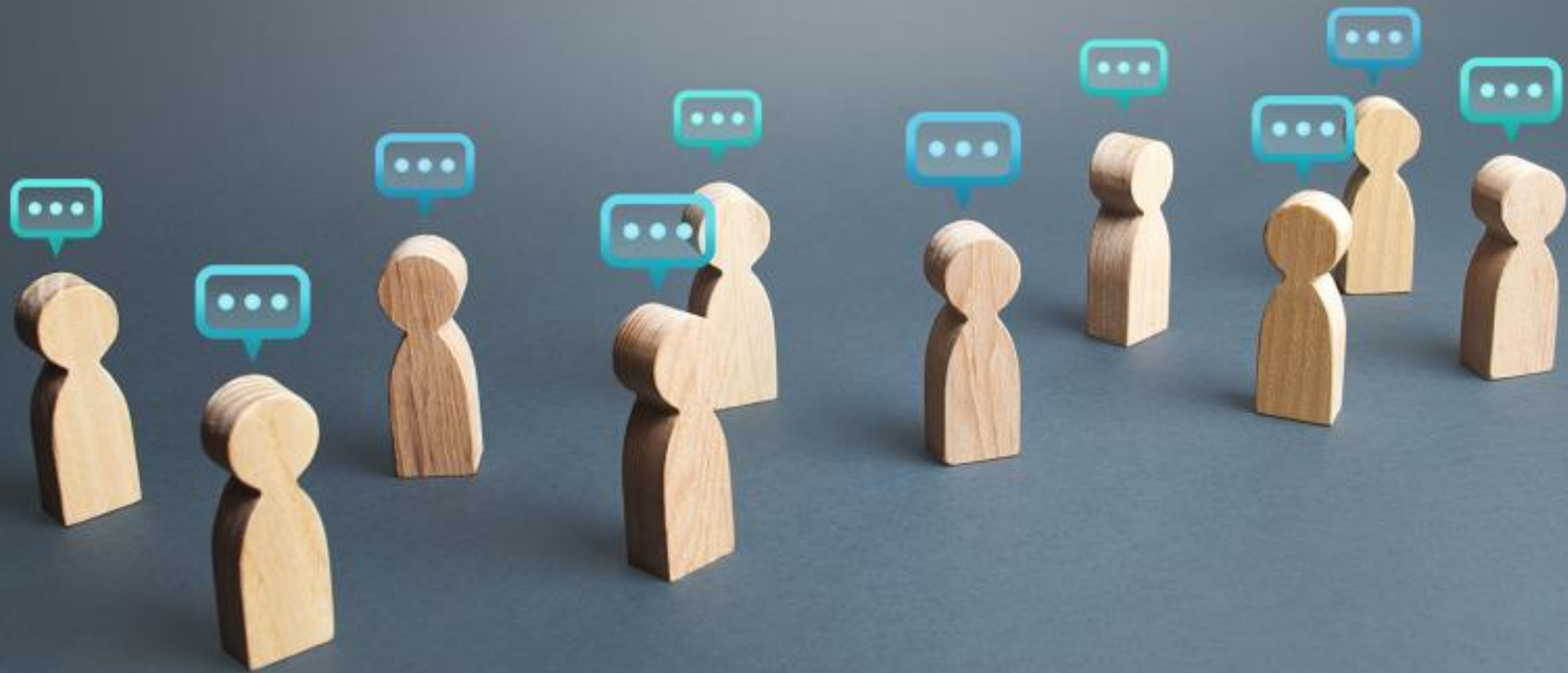




# Key points from statement

- Literature – thickened fluids can reduce risk of aspiration and cough-related distress
- Potential treatment burdens
- Further research needed

# What was the response?



- 4<sup>th</sup> most visited RCSLT page in March 2023 with over 6000 visits
- Most viewed news story between 1 April 2022 and end of March 2023
- Over 93,000 unique twitter impressions and retweeted internationally
- Over 2000 impressions on linked in
- Discussed on international podcast



# What are RCSLT recommending?

- Understand the evidence base
- Discuss potential adverse side effects and potential benefits with service user and/or proxy
- Reflect on workplace and service design

# What next?





Thank you and please email me if you have any further questions

 [rcslt.org](http://rcslt.org)

 [Kathleen.graham@rcslt.org](mailto:Kathleen.graham@rcslt.org)

 [@RCSLT](https://twitter.com/RCSLT)





**Niamh Condon**  
Dysphagia Chef (TM)



**Preston Walker**  
Oak House Kitchen



**James Ball**  
Oak House Kitchen

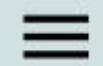




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# Dining with Dignity

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# Why are we here?

Nutrition only counts if the food is consumed!!!!



# Niamh Condon



---

## COOKING FROM THE AGE OF 12

Started in my Uncle's kitchen in his deli/butcher shop. Learned all aspects of butchery and cooking techniques

## STUDIED FOOD PROCESS ENGINEERING UCC

While studying, I continued to work as a chef in various outlets, upskilling at every opportunity. It was the practical side of food that had me hooked

## DESIGNED KITCHENS

While working as a chef and catering for all events, I decided I wanted to put some of my skills to work

## DEMENTIA CARE NUTRITION CHEF

Took a job in aged care in 2014 and the world of care and nutrition took on a more meaningful meaning

## FOOD SCIENCE & TECHNOLOGY

From what I was doing with food, I wanted to learn more about how the nutrition was consumed in the body and also the manufacturing processes behind food production

# Dysphagia Challenge 24th February 2019

- Why did I do this?
- Consumed a diet of pureed IDDSI level 4 foods & drinks for 3 days
- Dr. Grainne Kent RD
- Social Impact.....coffee
- Colder drinks easier to consume
- Should everyone have this experience to be able to care for people with dysphagia???



# Dysphagia Challenge 20th June 2021



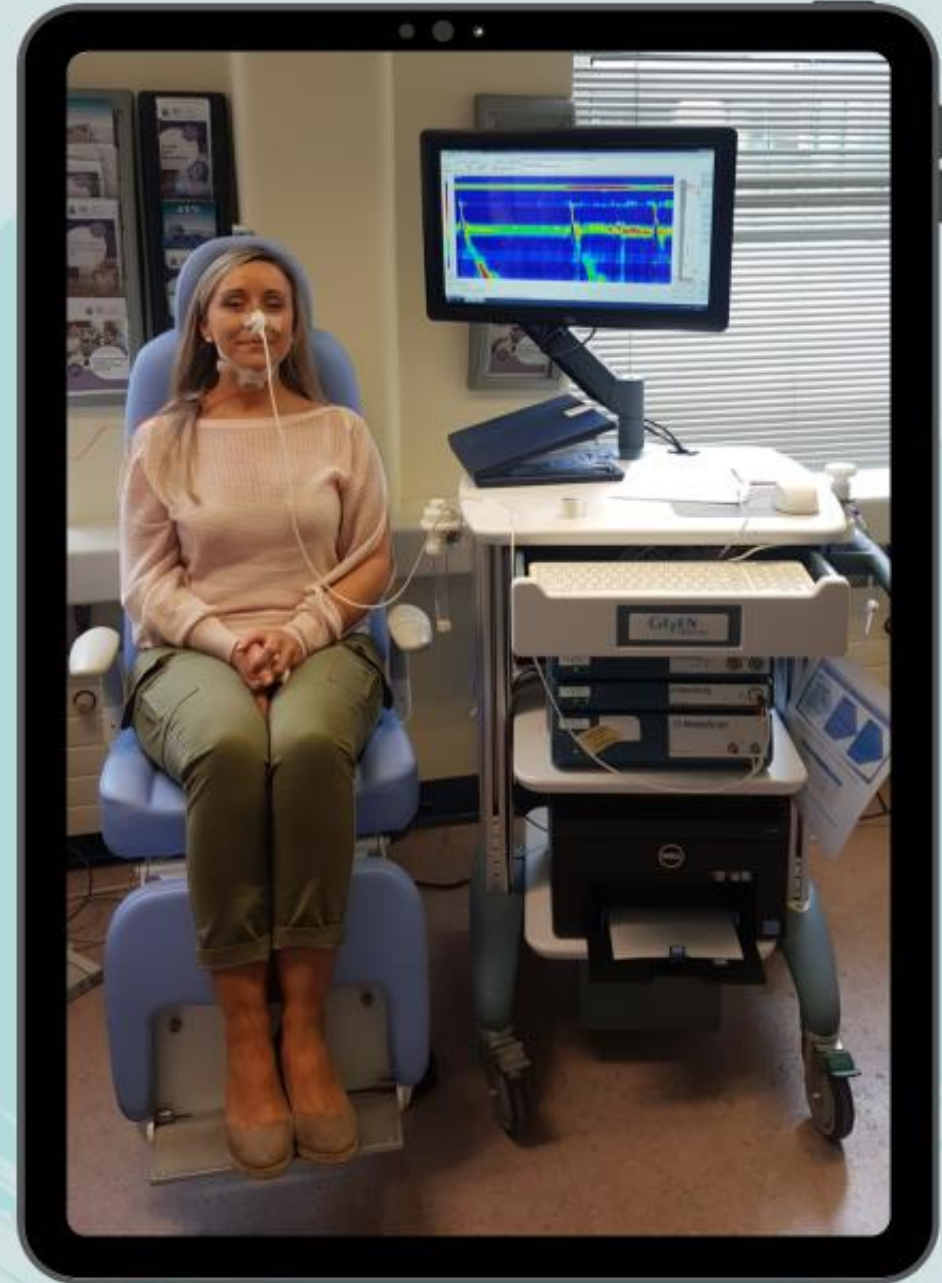
- Challenged by Grainne Kent to only consume foods readily available from the supermarket
- Led me to the baby food aisle
- Was hungry but that wore off
- Bloating from the dairy
- Purchased Texture modified foods from the internet
- Prepared meals to fit in with socialising for the weekend





Speech & Language  
Dept. Tallaght  
Hospital Dublin

Volunteered for a study



---

# Drinks

---



1



2



3



4

# Taste????

- What is it?





# Why are we trying to improve presentation & taste?

When we perceive a food to be something different, then we will either eat it or refuse it!!

*Cake Pops*  
*anyone?*



# What happens when this is your



# Beef Casserole

4



## *Recipe*

- Beef puree
- Carrot Puree
- Creamed Potato
- Pea Puree





# DYSPHAGIA CHEF

*Dining with Dignity*

[niamh@diningwithdignity.ie](mailto:niamh@diningwithdignity.ie)

*thank you*



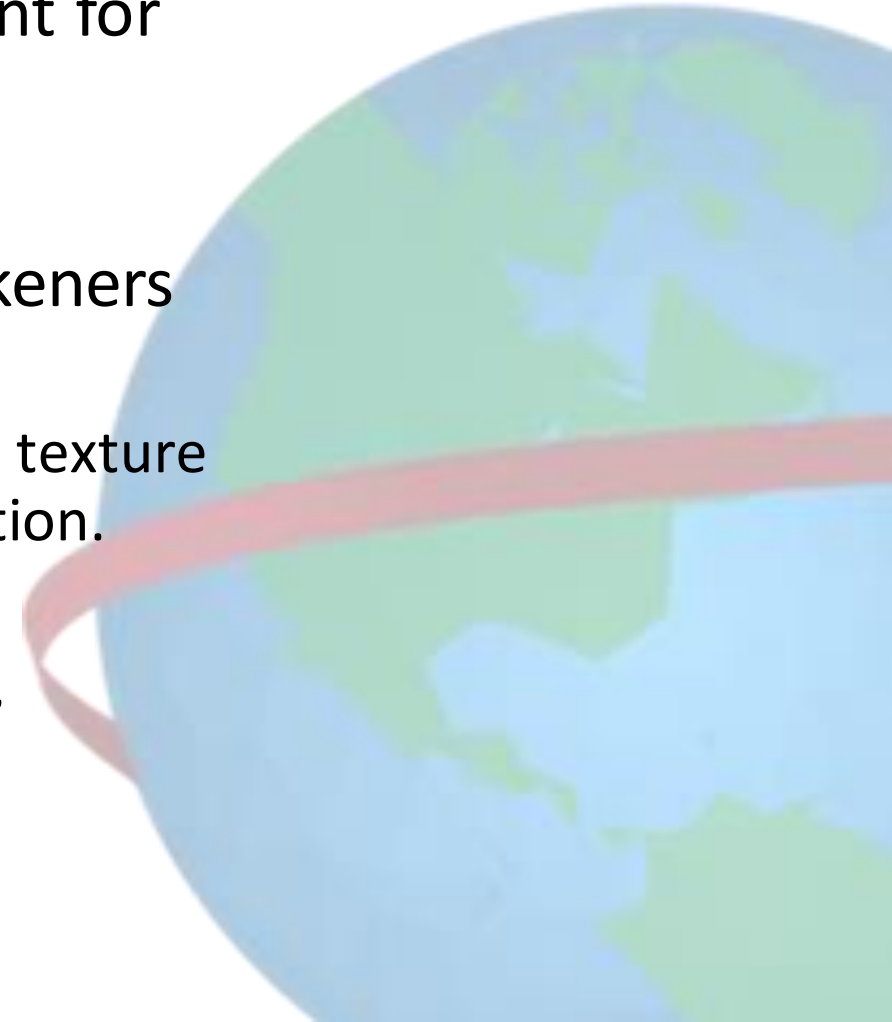
# Controlling Texture Change

Preston Walker  
Oak House Kitchen



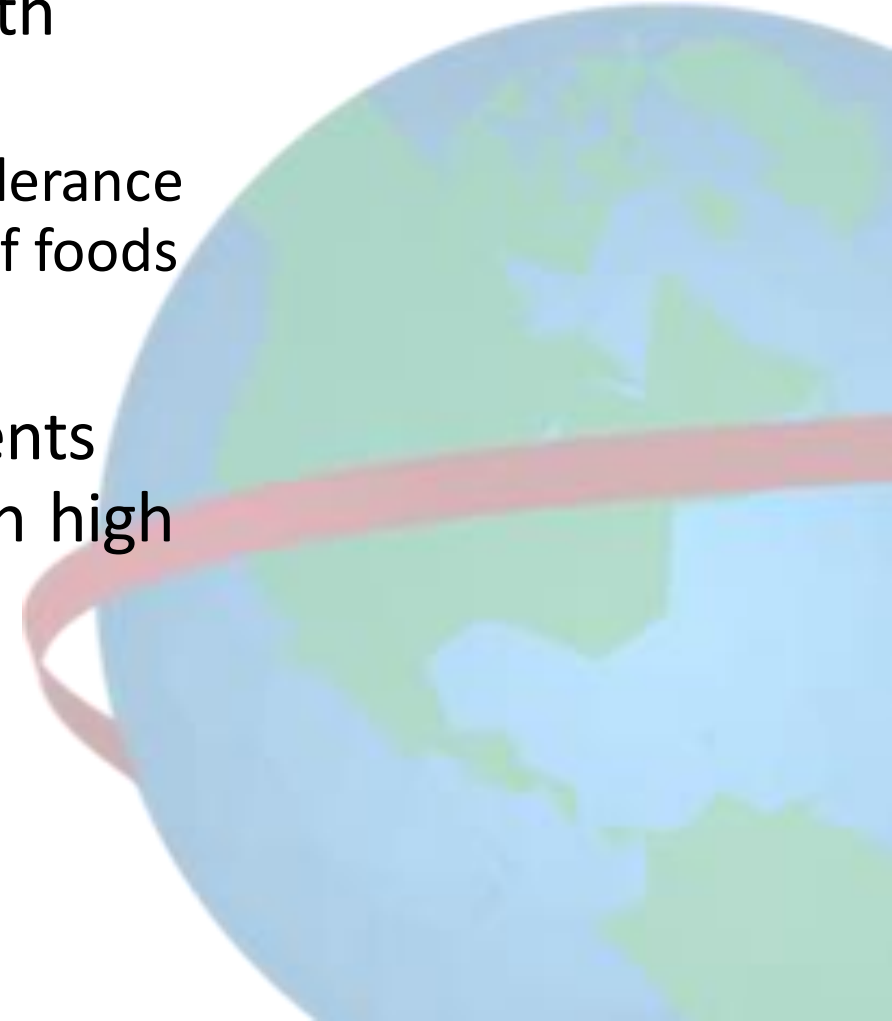
# Thickener Workshop

- Changing the texture of food has been important for human development and for quality of life for millennia -
- In modern culinary applications functional thickeners are used widely in...
  - Manufacturing to maintain the quality, stability and texture of the food product during production and distribution.
  - Restaurants and molecular gastronomy
  - Even in the domestic kitchen (cornflour, arrowroot, gelatine)



# A Wide Variety of Applications

- Different products can be used or combined with others for their functional properties to affect:
  - texture, mouthfeel, flavour release, appearance, tolerance to temperature (hot/frozen), clarity and structure of foods
- Some products behave differently with ingredients and may not function when used in recipes with high sugar, acidity, alcohol, or fat.



# What are Functional Thickeners?

- Obtained from different natural sources, such as land and marine plants, microorganisms and animal connective tissue
- Main categories are..
  - Gum
  - Plant
  - Protein









# Stimulating the Senses and IDDSI

James Ball  
Oak House Kitchen





# Stimulating the Senses and IDD SI

- We all strive and aim to improve the quality of life for patients with dysphagia.
- IDD SI provides a common language with simple to use testing methods for textures suitable for people with dysphagia.
- When texture is restricted for people with dysphagia it is natural to want to enhance the other senses to improve the experience, promote eating and improve health outcomes.



# Tickle the Senses!

- **Sight** – Visual Appearance
- **Taste** – Deliciousness!
- **Smell** – Appeal & Flavour
- **Touch** – Mouth Sensation
- **Sound** – Enhance the Experience!

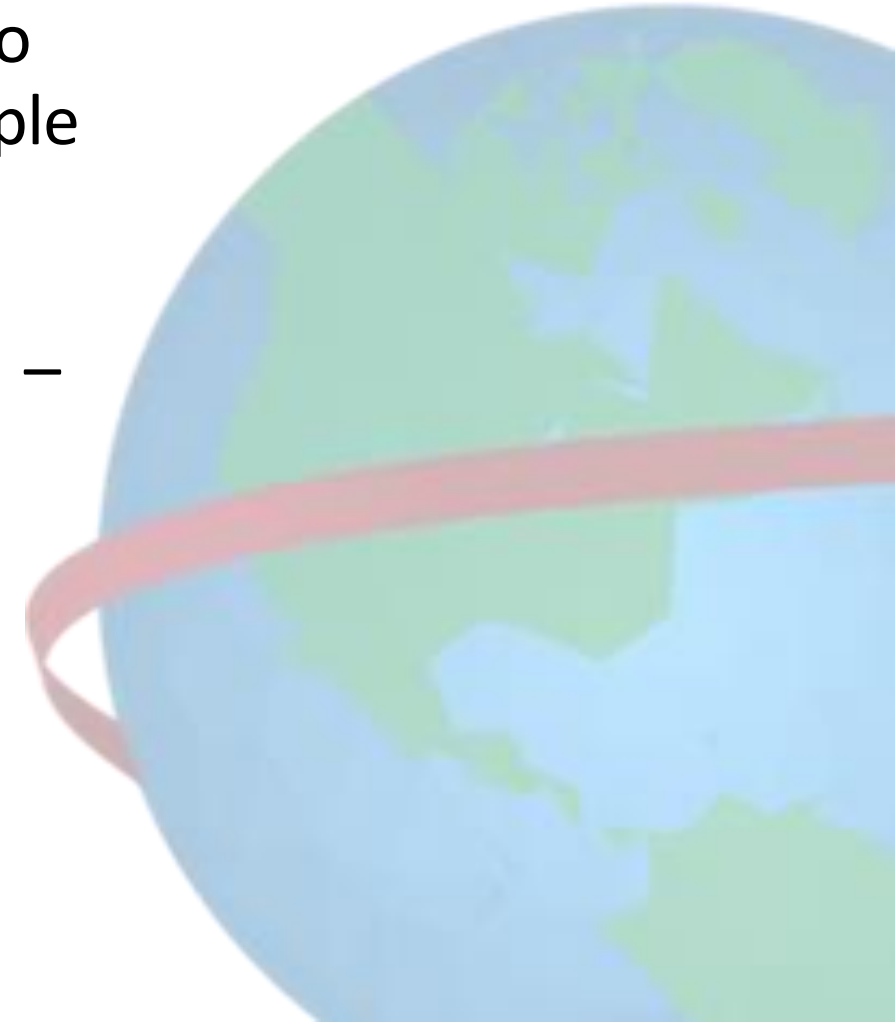




# A Word of Caution



- IDDSI provides a common language with simple to use testing methods for textures suitable for people with dysphagia.
- Over thickening PU4 to improve the visual appeal – Windpipe Demo
- Other areas to consider...





# Food Science and Culinary IRG



- Join in! If you have something to offer, contact us at [CULINARYIRG@IDDSI.NET](mailto:CULINARYIRG@IDDSI.NET)
- Culinary applications from around the globe
- Production to presentation!



## IDDSI PRODUCT SHOWCASE - DRINK



**Orange Drink**  
**IDDSI Level 3**



**Fresubin Thickened,  
Strawberry flavour.**  
**IDDSI Level 2**



**Resource Thicken Up Clear,  
mixed into a mocktail drink**  
**IDDSI Level 2**



**Nutlis Complete Drink**  
**IDDSI Level 3**





# LUNCH – EXHIBITION VIEWING

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**Peter Lam**  
IDDSI Global



**Phil Shelley**  
NHS England



**Mindy Bhalla**  
CQC



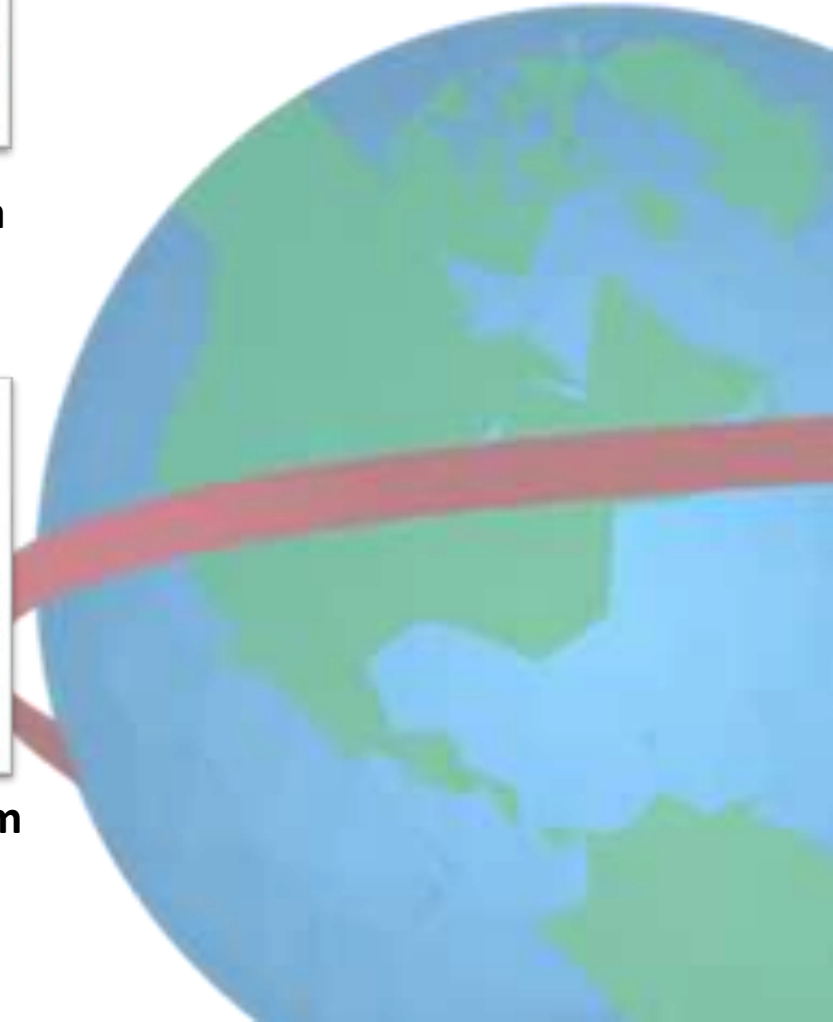
**Helen Ream**  
BDA



**Niamh Condon**  
Dysphagia Chef (TM)



**Kathleen Graham**  
RCSLT





# THE IMPORTANCE OF DYSPHAGIA EDUCATION IN CARE HOMES

**ALEXA HOLLIS**

**CLINICAL LEAD SPEECH AND LANGUAGE THERAPIST- EAST SUSSEX HEALTHCARE  
NHS TRUST**



## **Afternoon Break**

**Refreshments & Exhibition Viewing**

**Next session will start at  
15.10pm**





## **Janne Schack**

**Speech and Language Therapist**

Dorset Healthcare University NHS Foundation



## **Rachael Masters**

**Consultant Dietitian (MSc, BSc)**

MD of Focus on Undernutrition UK Ltd





# **Assessing the Swallow → Making the Recommendations**

Janne Schack

Adult Community Speech and Language Therapist  
Dorset HealthCare University NHS Foundation Trust

# Speaker Disclosures

- Member of UK IDDSI Reference Group
- NHS Employee:
  - Dysphagia Lead for Dorset HealthCare Community Speech and Language Therapy Service
  - Clinical Lead for Dorset HealthCare's DART (Dysphagia and Referrals Training) online and F2F training package

# Before the food and drink bit

- Medical history + reason for referral
- Oral status + Oro musculature function
- Positioning + level of independence
- Cognitive function + behaviours
- Consent (assessment + management)
- Equipment + environment

# The food and drink bit

Today I will only discuss food/diet textures.

Regarding drinks, just know that **we will avoid thickening whenever possible** - the evidence indicates that thicker fluids are more harmful than thin fluids, even for people who cough with drinks.





# How do we assess swallowing?

We will **challenge** the person's swallowing by offering something they may not manage.

We monitor carefully as they chew, transfer and swallow.



# What IDDSI Level to trial?

- A dry biscuit or a sandwich for someone who may manage a normal diet.
- A banana can represent IDDSI **Levels 7 Regular Easy to Chew** down to **Level 4 Pureed**.
- At lunch - meat, roast potatoes, battered fish, garden peas represent normal diet; pasta in a sauce and cooked root veg or e.g. broccoli can be a **Level 5 or 6**, mashed potato **Level 4**.

# IT'S BANANA TIME!

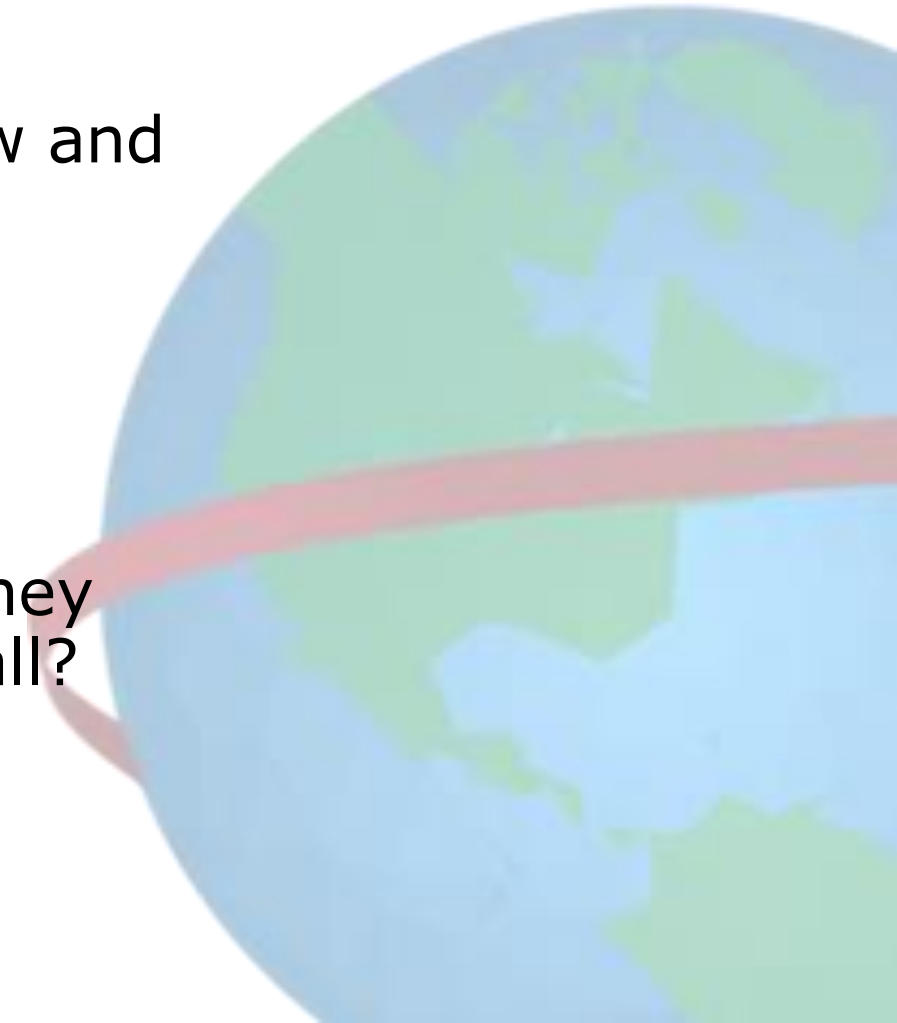


*Image by Racool\_studio on Freepik*



# What do we look at while they eat?

- **Chewing** – is it effective? Are their jaw and tongue moving as they need to?
- Can they **transfer** the bolus?
- Is the swallow trigger **effortful**? Do they look like they're swallowing a tennis ball?



# What do we look at while they eat?

- Are they **coughing**? **Spitting** out bits of food?
- Does their **voice** sound different after swallowing?
- What do they **tell** you? Can they feel the food sitting or sticking anywhere?



# How do we decide which IDDSI Level to recommend?

- What food was managed **safely**?
- What **other considerations** are there, e.g. fatigue, behaviour, strategies, time of day
- Recommendations should be **person-centred** and specific to that person's ability
- We may assess certain foods the person is particularly keen on, e.g. **bread**, so we can include them in our recommendations



# The recommendations

Dorset Speech & Language Therapy Department

## SAFE SWALLOW PLAN

For the safety and well-being of: **Betty Brotherton**

- **Visitors**, please **check with staff** before bringing in food, drinks or sweets.
- Ensure person is sitting **upright** and fully **alert** for all food and drink.
- **Small amounts** of food and drink should be taken **slowly**.
- Ensure mouth is **clean** and **empty**, before and after eating and drinking.

### DRINKS:

Normal drinks

- Via open cup
- 1 sip at a time

### FOOD:

Level 5 Minced & Moist diet

- Small soft lumps
- Add appropriate moisture, e.g. gravy, cream, custard, sauces
- **See leaflet provided for detailed description and IDDSI testing methods**
- Meat that cannot be minced should be served as Level 4 Pureed

### SPECIAL INSTRUCTIONS:

- ✓ Watch and listen for Betty's swallow and make sure one mouthful has gone down before offering another
- ✓ Check her mouth after meals and provide frequent mouthcare

**ASSESSED BY:** Janne Schack

**DATE:** 21 September 2023

**TITLE:** Speech and Language Therapist

**TEL. NO:** 01202 307766

**MEDICATION:** IF THERE ARE DIFFICULTIES SWALLOWING TABLETS, CONSULT GP OR PHARMACY FOR SUITABLE CHANGES.



# Over to you!

For safe, nutritious and delicious fulfilment of SALT recommendations

**Thank you**







# **A Dietitian's perspective on assessment**

Rachael Masters

Advanced Specialist Dietitian/Consultant Dietitian

County Durham and Darlington NHS Foundation Trust

Focus on Undernutrition

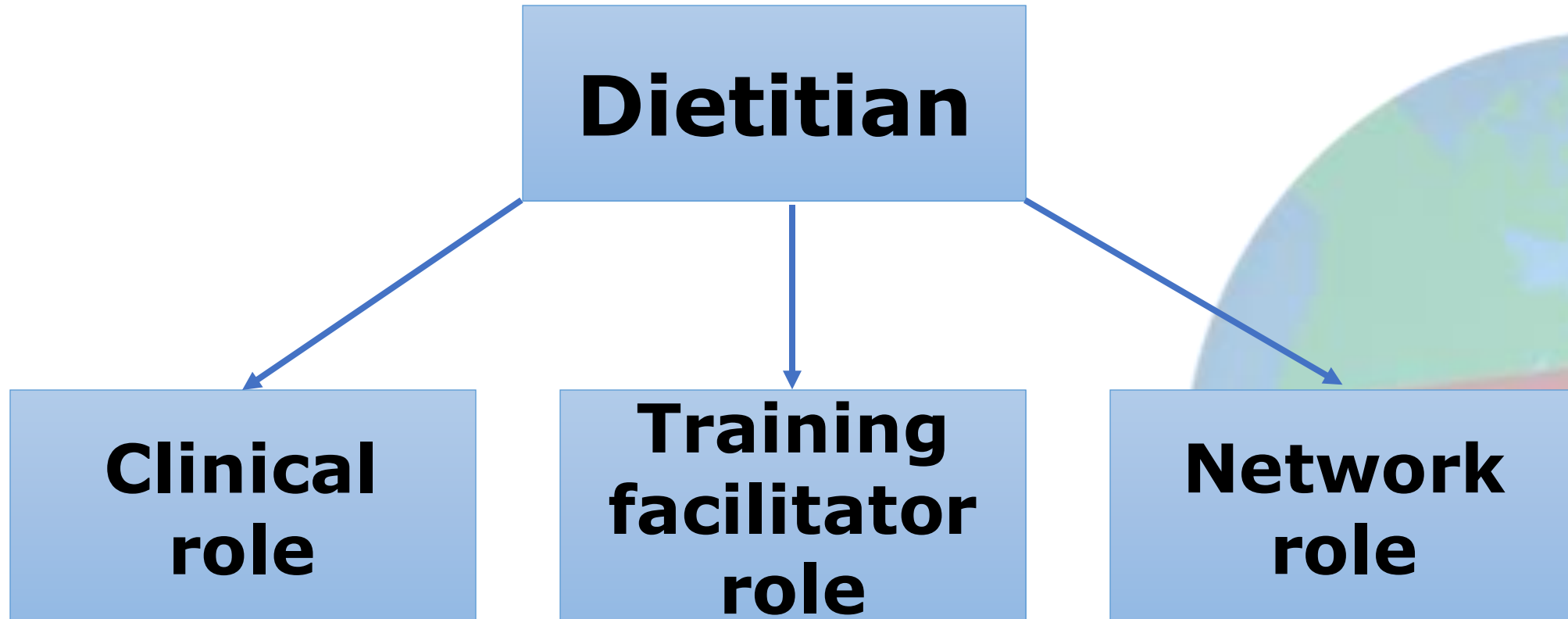


# Speaker Disclosures

- Consultant Dietitian (professional/with UKIRG)
- Employee: Advanced Specialist Dietitian
  - County Durham and Darlington NHS Foundation Trust
- Freelance Consultant Dietitian: Focus on Undernutrition
  - Consultancy provided for Lakeland Dairies



# The role of a dietitian



# Local dietetic referral criteria

- Dietitians not automatically referred everyone requiring thickened fluids or a level 4 or other altered consistency diet.
- **Referral criteria:**
  - If high risk of undernutrition ('MUST') and lost weight after a month of trying food based treatments, refer to dietitian if on thickened fluids
  - If not on thickened fluids, trial first line supplements via GP, if still loose weight or not compliant, refer to dietitian



# Empowerment



- Patient information leaflets, jointly written with SLT
- Catering training
  - Local requirement for care home head cooks, assistant cooks and home managers to complete a six module catering course on menu planning and special diets.
    - Two sessions dedicated to dysphagia and IDDSI
    - One session on fortified diets
    - Practical videos, including preparing ACD meal, IDDSI testing and level 4 and fortified recipes demonstrations
    - Downloadable resources and special diet recipe books

# Empowerment

- In care homes, expectation for the provision of:
  - Nourishing altered consistency snacks on trolleys
  - Fortification of level 4 diets
  - Fortified milk and drinks
  - Nourishing drinks





# Dietetic assessment



- Most dietetic referrals are for nutritional support
  - If a tube fed patient, managed by home enteral feeding team
  - Referral for nutritional support is 8 weeks
  - Nutritional support on thickened fluids 3 weeks
- Visited in care homes
- Offered a face to face, telephone consultation or home visit (if meets criteria)





# Dietetic assessment



- Risk of undernutrition ('MUST')
- Weight history
- IDDSI recommendations
- Medical history
- Medications
- Mobility
- Assistance with meals
- Bowel conditions
- Pressure ulcers
- Food intake
- Fluid intake
- Food and drink preferences
- Mental health
- Family & carer support
- Social issues







# Dietetic assessment

- Review nutrition related documentation:
  - Food and fluid charts
  - ‘MUST’
  - Care plans
- Concerns and expectations of patient/family
- Feedback from patient, staff/family



Name:   
 DOB:

**Right nutrition every time**  
**NHS County Durham and Darlington NHS Foundation Trust**

### Food and drink record chart

Please record the type and amount of all food and drinks provided, taken and declined.

Date:	Description of food and drink offered (slice, scoop, tbsp, ladle, cup)	Portion size provided				Amount taken				Fluid consumed (mls)	Action and comments	Signature
		S	M	L	None	¼	½	¾	All			
Breakfast												
Mid-morning												
Lunch												
Mid-afternoon												
Evening meal												
Supper												
Night time												
		Total fluids consumed in 24 hrs										

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 Developed by the Community Dietitian Team.

**Right nutrition every time**  
**NHS County Durham and Darlington NHS Foundation Trust**

### 'Malnutrition Universal Screening Tool' ('MUST')

Name:  Date of Birth:  NHS number:

Step 1: Measure height and weight to get a BMI score using the 'body mass index category' table overleaf. If unable to obtain height, measure ulna length.  
 Step 2: Determine the percentage of unexplained weight loss and score using the 'unintentional weight loss category' table overleaf.  
 Step 3: Add scores from steps 1 and 2 together to obtain overall risk of undernutrition.  
 Step 4: For residents identified as moderate or high risk of undernutrition, complete a care plan based on the recommendations in undernutrition risk category table and implement the dietary interventions.

Pre-assessment details: Height:  Heaviest/normal weight in the previous 6 months:  Weight (kg):  Date:   
 Ulna:

Date	Present weight (kg)	Step 1: BMI category score	Step 2: Weight loss category score	Step 3: Total risk Undernutrition score	Signed

\*If weekly weights required, record in a separate document

**Undernutrition risk category**

Risk category	Criteria	ACTION POINTS to include in a nutrition care plan
High	2 or more	1. Provide 2 heaped tablespoons fortified drinks a day 2. Provide 4 fortified dairy* 3. Provide 2 nourishing snacks a day in-between meals† 4. Use fortified milk in drinks and on cereal‡ 5. Provide 2 meal replacements and enriched table-dairy§ 6. Complete food record charts for 4 days, then review 7. Weigh weekly. Re-assess monthly After one month if still high risk and losing weight refer the resident to the CP for an assessment for a powdered nutritional supplement
Moderate	1	1. Provide 2 fortified dairy* 2. Provide 2 nourishing snacks a day in-between meals† 3. Use fortified milk in drinks and on cereal‡ 4. Provide nourishing drinks during the day, such as milky drinks, fruit juice, alcohol§ 5. Provide 2 meal replacements and enriched table-dairy§ 6. Complete food record charts for 4 days, then review 7. Weigh weekly. Re-assess monthly
Low	0	• No action necessary. Re-assess monthly

† Nourishing snacks: a slice of malt loaf, piece of cake, 8 scones, 8 biscuits, small sandwich, flapjack, chocolate  
 ‡ Fortified dairy: one 1 heaped tablespoon milk powder to 2 tablespoons of double cream to 1 portion of food, such as custard, porridge, soup, milk pudding  
 § Enriched meal fortified drinks: 200mls full cream milk, 2 heaped tablespoons milk powder mixed with either milkshake powder/energy, hot chocolate, powdered drink, coffee to taste (provides average 300 calories, 10g protein)  
 \* Fortified milk: 1ml 1 part of full cream milk with 1 heaped tablespoon of skimmed milk powder

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# Dietitian Plan



- Nutritional requirements
  - Nutritional intake
  - Deficit of nutrition
  - Dietetic plan
- Dietetic plan developed in agreement with the patient, staff/family
- Promotion of food based treatments
- Prescribed nutritional supplements



# Dietitian Plan

- Nutritional supplements considerations
  - Best nutritional value
  - Patient preference
  - Volume
- Normal fluids: standard nutritional supplements
- Thickened fluids
  - **Never thicken a nutritional supplement**
  - Pre-thickened nutritional supplement
  - SLT approved supplement for IDDSI level





# Dietetic Review



- Use of nutritional supplement sample services
  - Set up 7-10 day review for tolerance
- Review 2 months (weekly via HealthCall)
- Health call Undernutrition Service
  - Weight change, MUST
  - Compliance with supplements
  - Appetite

The screenshot shows a patient's undernutrition summary in a clinical system. The interface includes tabs for 'All readings', 'Observation chart', 'SpO2 chart', 'INR chart', and 'Undernutrition'. The 'Undernutrition' tab is active, and a 'Summary' button is highlighted. The summary includes the following data:

Parameter	Value
Undernutrition summary date	30-Jun-2020 14:36
Service name	Undernutrition Care Home
Heaviest weight in 6 months prior to reading	64.60kg 03-Jun-2020 14:49
Registration weight reading	64.60kg 03-Jun-2020 14:49
First patient submitted weight reading	62.15kg 10-Jun-2020 15:05
Latest patient submitted weight reading	58.20kg 30-Jun-2020 14:36
Height reading at time of calculation	1.80m 03-Jun-2020 14:49
BMI	18 30-Jun-2020 14:36
MUST trigger	RED
Compliance trigger	GREEN
Fortijuice - 2 each day	GREEN
Appetite trigger	GREEN
Weight trigger	RED

# Other considerations

- Speaking to catering staff:
  - Nourishing and varied altered consistency snacks
  - Fortified milk
  - Fortified dishes
  - IDDSI testing
- Observations of drinks trolleys and mealtimes





**Alison Smith**  
BDA



**Andy Cullum**  
National Craft Trainer  
Four Seasons Healthcare



“It’s not all about butter and cream”

A nutrient-dense, food-based approach to managing malnutrition



**Alison Smith**

Prescribing Support Consultant Dietitian  
NACC Care Awards & Care Chef of the Year  
judge



**Andy Cullum**

National Craft Trainer  
Four Seasons Health Care Group



## A nutrient-dense, food-based approach to managing malnutrition

- ▶ A food based-approach to managing malnutrition should be nutrient-dense (providing a range of nutrients and not just or mainly extra calories)
- ▶ In some cases that will mean thinking a bit differently about some of the foods we provide and how we can maximise the nutrition they provide
- ▶ Care Home caterers have the ideal skill set to support and enable this approach





## Healthy diet for those who are underweight and have malnutrition

- ▶ Providing food containing all nutrients is essential to support those with identified malnutrition
  - ▶ *“the overall nutrient intake of oral nutrition support offered [should] contain a balanced mixture of protein, energy, fibre, electrolytes, vitamins and minerals”* (NICE Clinical Guideline 32 Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (2006; updated 2017))
  - ▶ *“People who are malnourished or at risk of malnutrition [should] have a management care plan that aims to meet their complete nutritional requirements”*
  - ▶ *“It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet”* (NICE Quality Standard 24 Nutrition support in adults [2012])



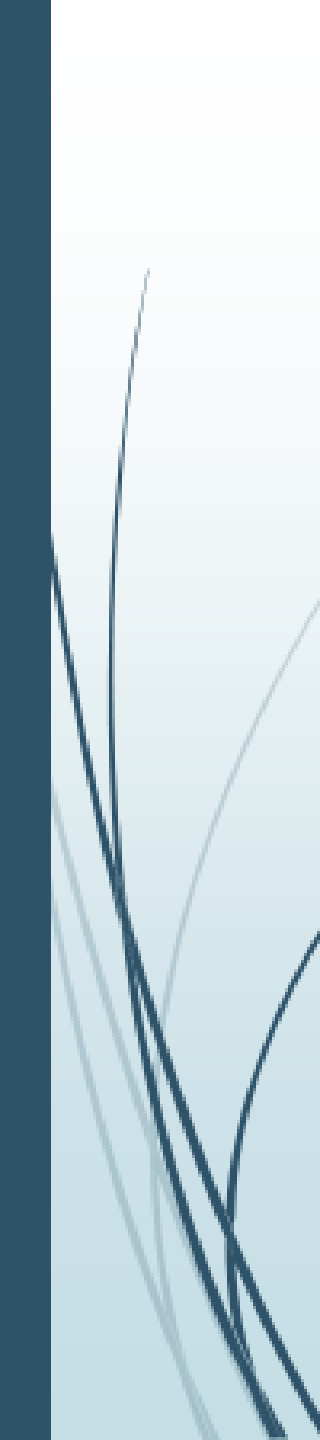
## Think “nutrient-dense”

- ▶ Nutrient dense foods contain a wide range of nutrients including energy, protein, vitamins and minerals and may also contain fibre
- ▶ The easiest way to tell if an ingredient is ‘nutrient dense’ is to ask yourself whether it is something designed by nature to support a new life (e.g. egg (which could ‘grow’ a baby bird), whole seeds or nuts (from which a new plant could grow) or milk (which would ‘grow’ a baby animal)
  - ▶ If the answer is yes, then this is likely to be a nutrient dense food
- ▶ Ingredients that are plant based, such as seeds and nuts, are likely to contain fibre as well

What should treatment of malnutrition actually look like?

## ➤ Food fortification

Food fortifier	Quantity to add to 1 portion of food	Try adding to a portion of:	Energy content added per portion (Kcals)	Protein content added per portion (grams)
Almond butter	1 tablespoon (15g)	Porridge, soup, curry & dahl	98	3.4
Cashew butter	1 tablespoon (14g)	Porridge, soup, curry & dahl	94	2.8
Cheese, grated	1 tablespoon (10g)	Potatoes, vegetables, curry & dahl	40	2.5
Egg	1 egg	Custard, milk pudding, mashed potato	75	6
Dried, skimmed milk powder	1 tablespoon (15g)	Custard, milk pudding/sweets, 'cream of' soup, porridge, mashed potato	55	5.5
Greek yogurt	1 tablespoon (45g)	Porridge, pasta sauce, casserole, curry & dahl	61	2
Ground almonds	1 tablespoon (15g)	Vegetable soup, stew, casserole, porridge, curry & dahl	92	3
Peanut butter	1 tablespoon (15g)	Porridge, curry & dahl	94	4
Pea protein powder	1 tablespoon (17g)	Vegetable soup, stew, casserole, curry & dahl	60	11
Soy protein powder	1 tablespoon (14g)	Vegetable soup, stew, casserole, curry & dahl	50	14



What  
should  
treatment  
of  
malnutrition  
actually  
look like?



## ► Nutrient dense snack ideas

- Cheese & cracker
- Cheese scone
- Custard
- Falafel
- Greek yoghurt
- Hard boiled egg
- Mixed nuts
- Rice pudding
- Recipes made with eggs, nuts, cheese, yoghurt, gram flour and fruit/vegetables

# Thank you

- Alison Smith RD
- Prescribing Support Consultant Dietitian



- Committee member  and 

- Chair - PrescQIPP Nutrition Virtual Professional Group
- Care Quality Commission Specialist Adviser – Nutrition (Social Care)
- Judge – National Association of Care Catering (NACC) Care Chef and Care Awards
- Named as one of “20 most influential” in Public Sector Catering 2022
- Founding member – SPARC  Swallow Perspectives, Advocacy and Research Collective

- Andy Cullum
- National Craft Trainer, Four Seasons Health Care Group
- Guest speaker
- Consultant - Dignified Dining and Your Dining approach
- Accredited Member – Chartered Institute of Environmental Health (CIEH)
- Food safety trainer



# Questions

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# Answers

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# **IDDSI PRODUCT SHOWCASE WINNERS 2023**

**As voted by IDDSI UK Festival Delegates**





**Thank you for  
joining us for IDDSI  
Festival 2023**

**Wishing you a Safe  
Journey Home**





