Dysphagia Friendly Care Homes: Improving the early identification and management of eating, drinking and swallowing disorders (dysphagia) in 12 North Derbyshire care homes

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Introduction

Care Home support is one of the key values of the strategic plans of the Clinical Commissioning Groups (CCGs) and the National Health Service (NHS). Care Home residents are recognised as one of the most vulnerable groups of service users in terms of health care needs with an estimated 3000 care home residents in Derbyshire having dysphagia (disorders of eating, drinking and swallowing). This project aimed to deliver and evaluate training to all care home staff in 12 selected care homes. The training was designed to increase awareness, knowledge and understanding of dysphagia and how to help.

Background

Poorly managed dysphagia can result in:

- Chest infections and aspiration pneumonia
- Reduced well-being, malnutrition and dehydration
- Morbidity and death with poor end of life care
- Increased dependency and avoidable interventions e.g. General Practitioner (GP) visits, pharmaceutical interventions and admissions to hospital

Timely identification of the symptoms of dysphagia, efficient integrated team work and good care planning are essential in effective management.

Dysphagia is managed by Speech and Language Therapists (SLTs) who have specialised competencies in the assessment and management of eating, drinking and swallowing disorders. SLTs are highly specialised practitioners and demand for Speech and Language Therapy (SLT) services for dysphagia and communication in community and acute hospital settings is high and continuing to grow as demonstrated by increases in referrals to SLT.

The SLT service in Derbyshire Community Health Services NHS Foundation Trust (DCHS) is commissioned to provide a community based service to adults with acquired neurological conditions across the county. The majority of clients are seen within their home setting due to the nature of their health needs. Local hospital in-patients also receive SLT input from our service.

The Adult Community SLT Team in Derbyshire is receiving increasing numbers of referrals to its services year on year, receiving almost 1000 more referrals in the period April 2015 to March 2016 than only 2 years previously.

'Every £1 invested in low intensity SLT is estimated to generate £2.3 in health care costs savings through avoided cases of chest infections. The economic analysis is likely to underestimate the benefits of SLT which go beyond reduction in chest infections e.g. improved quality of life, avoidance of malnutrition and death. Inclusion of these benefits is likely to increase the net benefit' (Royal College of Speech & Language Therapists Matrix evidence, 2010).

In 2012, funding provided by The Health Foundation, enabled the SLT service to run a short-term enhanced model of service delivery (SHINE project) focussing on joint working between SLT specialist staff and Nurses with enhanced skills.

A 50% reduction in hospital admissions was achieved in the pilot area in Derbyshire during the project. 'It is reasonable to estimate that a Care Home could reduce dysphagia related hospital admissions by 1-3 per year where Nurses complete training and fulfil the role as described.' (SHINE Report, 2012).

In order to provide a sound basis for a larger scale roll out of this model, this pilot project took place in 12 North Derbyshire Care Homes, as detailed below.

Method

An SLT led this pilot project (0.4 whole time equivalent (wte) for 1 month to set up the project, 0.6 wte for 3 months to deliver the training and 0.4 wte for 6 months to provide ongoing support into the Care Homes and analyse the data and report on the outcomes of the project). The project ran from the beginning of May 2016 to the end of February 2017. The Basic Dysphagia Awareness Training session was around 2 and half hours long and was open to all staff in the Care Home who have any involvement with making or serving food and drinks. This included Care Staff, Nurses, Managers, Kitchen Staff, Activity Staff and anyone else working in the Care Home identified as appropriate by the Care Home Manager. All attendees received a pack of handouts to make notes on and to keep for future reference. All attendees completed a pre and post-training questionnaire in order to identify and demonstrate learning from the session. The session followed a set format but was informal and welcoming, encouraging questions and contributions as it went along in order for the session to be relevant to the needs of each group of staff. There were theory and practical sessions on dysphagia itself, oral care, the normal swallow, choking and aspiration risk, thickened drinks, modified diets, successful ways to feed people and case study problem solving.

The learning outcomes were as follows:

- How to identify swallowing difficulties and how to help
- How to prepare appetising food and drink
- How to assist people to eat and drink as safely as possible, and
- How helping people to eat well impacts on health and wellbeing

Following the Basic Dysphagia Awareness session, Nurses who attended the training session and who agreed to go on to become Dysphagia Nurse Champions were given some assignments to complete prior to a tutorial in the Care Home setting a few weeks later. The assignments included a questionnaire measuring how confident the Nurses feel in developing and maintaining good practice within the Care Home team in supporting people with eating and drinking difficulties, Mealtime

Swallowing Observation Checklists to complete, a Care Planning assignment and a Dining Room Observation task. In the tutorial, the assignments were reviewed and further discussion took place around ways to promote good practice within their Care Home. Further resources and information were also given to support them in their role of identifying and supporting basic dysphagia management for all residents, taking a lead role in collaboration with the Speech and Language Therapy Team and promoting good eating and drinking environments. This information could be used to support the Nurses' revalidation process.

Care Homes where at least 60% of the staff attended the Basic Dysphagia Awareness session, and at least 2 Nurses achieved Dysphagia Nurse Champion status, were then eligible to be certified as 'Dysphagia Friendly Settings'.

Outcomes

There are 9 outcomes described below:

1. **SLT referral rates from the pilot Care Homes were measured, both 6 months prior to the project and 6 months after.**

A reduction in referral rate from the 12 pilot Care Homes was identified, see Table 1.

Table 1

Total referrals Dec 2015 - May 2016	Total referrals Sept 2016 - Feb 2017
64	59

2. **SLT activity in the pilot Care Homes was measured**

Data shows an increase in SLT activity in the 12 Care Homes in the pilot project. Overall contact time (both face to face and telephone contact) increased even though the referral rate reduced, see Table 2. It is suggested that there are less referrals but perhaps that the referrals are more complex, therefore taking more time to manage. This demonstrates a better use of specialist services and although the activity has remained high this may continue to reduce as the Care Home staff who have been trained embed their skills and need less support from the SLT team.

Table 2

	Dec 2015 - May 2016	Sept 2016 – Feb 2017
Pt face to face contacts	**49**	**66**
Pt face to face duration (minutes)	**2790**	**3796**
Phone contacts	**17**	**26**
Phone contact duration (minutes)	**197**	**223**
Total contact count	**71**	**90**
Total contact duration (minutes)	**3047**	**4157**

3. **The number of Dysphagia Nurse Champions per Care Home was measured, see Table 3.**

4. **The number of staff in the targeted Care Homes that were offered and accessed the Basic Dysphagia Awareness training was measured, see Table 3.**

Table 3

Care Home	Number of staff who attended a Basic Dysphagia Awareness session (and percentage of appropriate staff in that Care Home who attended)	Number of Dysphagia Nurse Champions	Certified as a Dysphagia Friendly Setting (requires at least 60% attendance and 2 Dysphagia Nurse Champions)
A	32 (97%)	2	Yes
B	37 (67%)	2	Yes
C	40 (67%)	2	Yes
D	38 (61%)	1	No
E	33 (60%)	4	Yes
F	17 (57%)	2	No
G	19 (54%)	1	No
H	16 (59%)	1	No
I	15 (45%)	0	No
J	23 (46%)	2	No
K	9 (26%)	0	No
L	9 (20%)	0	No
Total	288 (55%)	17	4

5. **Feedback from the targeted Care Homes via structured questionnaire on the impact of the training, including likely outcomes for patients if trained staff had not been available, was collected.**

5 impact questionnaires were returned from Managers of Care Homes that have completed the training. All identified a positive impact following the training on residents, staff, environments and routines in the Care Homes.

The comments are as follows:

'Some residents have gained weight and residents remain in the dining room for longer'

'Staff have a greater understanding of food consistencies and viscosity of fluids'

'Less waste is noted in the kitchen on return of the trolley'

‘Further emphasis appears to be placed on mealtimes than previously.’

‘Our routines and systems have been changed in the Care Home to ensure the high numbers of residents who need assistance are given this. More staff are involved in discussions at handovers, staff are thinking about solutions to concerns raised and making positive suggestions therefore improving the patient experience. Staff have increased confidence.’

‘More adapted cutlery is being offered to our residents by staff. Staff are more positive about the subject and have been heard discussing the training and reflecting on their practice.’

‘In general, staff seem to be more confident in their own abilities and judgement at mealtimes.’

‘Staff have a greater understanding of thickening fluids and they are reporting problems as soon as they are noticed i.e. coughing when eating etc.’

‘There is better utilisation of space in the Care Home, with more able residents eating together in a different dining area meaning that they are eating more and it’s a much more relaxed environment for them.’

‘We are going to try a breakfast café and buffet style teatime to increase residents’ independence and choice.’

‘Staff are using the correct terms for the different diets instead of calling everything just ‘normal’ or ‘soft’.’

‘One of our residents needed syringe feeding before the training, but now with careful observation they can use a nosey cup successfully.’

‘We aren’t having to refer to the Speech and Language Therapy Team nearly as much as we are much more skilled now.’

Also, there have already been enquiries from another 5 Care Homes who would like the training based on feedback from those already involved in the pilot project.

6. **Structured observation of the mealtime environment and patient safety in the targeted Care Homes pre and post training was completed, and feedback from local SLTs working in the targeted care homes was collected.**

Mealtime observations have been completed in all 12 Care Homes.

In those Care Homes who took up the offer of the Dysphagia Nurse Champion training any issues were discussed and addressed in the tutorials.

Post-training mealtime observations were completed in the 4 Care Homes which were certified as Dysphagia Friendly Settings. All these observations demonstrated positive change and evidence that the issues had been addressed by the Dysphagia Nurse Champions.

There was feedback from local SLTs that referrals from the well engaged Care Homes in the pilot project were more appropriate and informative following the training, as follows:

‘The staff nurse I worked with there yesterday was very clear on how to document decisions regarding feeding and issues around capacity.’

‘I saw a person jointly with the Dysphagia Nurse Champion in the Care Home. She was excellent in identifying the cause for concern regarding the patient's swallowing, and was impressive when giving feedback to the relatives. She demonstrated a good knowledge base and a real commitment and enthusiasm with regard to nutrition and swallowing. Her level of care was fantastic. She talked

about the dysphagia training that she and the care home have had and she truly was a Dysphagia Champion!'

'Staff are more clued up and can have informed conversations with me about eating and drinking issues. It's very pleasing.'

'At a review both the key worker/carer and the chef took time to speak to me to clarify exactly what the resident could have and how they could modify foods appropriately in order to ensure the resident could have tastes/foods she enjoys, to encourage better and more varied intake. Also, after I had recommended pre-mashed diet for a gentleman, two members of care staff came to the office where I was updating the record in order to clarify how foods should be prepared for this diet. I feel both these examples indicate a positive response from staff to the training they have received and demonstrate an awareness of the importance of following recommendations and promoting good nutritional intake.'

There was however also feedback from local SLTs that showed the need for further training and input in the poorly engaged Care Homes, as follows:

'Staff there gave her lumpy porridge (not puree) and didn't stick to my advice about staying with her when she is eating "because she's fine."'

'The lady was on thickened fluids but declined them gradually and was on normal fluids when I went to review her communication. They did this without any liaison with SLT.'

7. **Pre and post training questionnaires including how staff would identify someone at risk of aspiration/swallowing difficulties and measuring confidence with supporting dysphagia were collected.**

Feedback was obtained following every Basic Dysphagia Awareness session from all the participants on the course.

All staff valued the training and found it useful and comments received were as follows:

'This training should be mandatory, it's excellent.'

'I think every person in care should have dysphagia training as it's an important part of the job.'

'The course was very good; I learnt a lot I didn't already know'

Many participants on the course identified that they had not had this training before and did not previously feel skilled to care for people with dysphagia, despite this being such an important and significant part of their job, as the above comments demonstrate.

'Now I understand why it's so important to get the texture of the food right. I never knew any of this before.'

'I understand the proper stages of thickened fluids now.'

'It is good to know how the resident might feel and I will be more aware of this.'

'I really enjoyed the training. It was informative and interactive. I have certainly learnt some things regarding dysphagia and the best way to assist people.'

'Thank you, your advice and training was very helpful. I will watch for signs of people who struggle to eat and drink.'

Many staff commented that they now understood the importance of observation and communication within their teams, as the above comments demonstrate.

'I won't use straws so much, or spouted beakers. I will ensure the correct use of cups and that residents are in the correct position for feeding/assisting with meals.'

'I will not now give out lidded beakers to all residents.'

Of note was that many participants identified that they had not had this training before and did not previously feel skilled to care for people with dysphagia, despite this being such an important and significant part of their job. Contractually, Care Homes are required to ensure that staff have adequate knowledge and skills to meet the requirements of the job and this is of concern that many staff did not feel equipped to care for people with eating and drinking difficulties prior to the training.

Staff commented that they now understood the importance of observation and communication within their teams and their new knowledge would have a direct and positive impact on the care of their residents by reducing aspiration risk.

8. **Care plans were reviewed both pre and post training in the targeted care homes to see how many residents who needed them had an appropriate management plan in place for any swallowing difficulties/risks.**

An exploratory exercise was completed in all 12 Care Homes to look at the quality of care plans for eating and drinking difficulties.

The style of care plans varied widely between Care Homes.

Some Care Homes had thorough care planning processes and care plans were evidently regularly updated and their relevance ensured, others less so.

One of the poorly engaged Care Homes had two persons' care plans mixed up and in the same folder meaning that the information for neither person was accessible or available. The same Care Home used folders that were difficult to secure the care plan information into resulting in the care plans falling onto the floor each time the folders were pulled out of the drawer.

The Dysphagia Nurse Champions took on a key role in reviewing care planning within their Care Homes and again, in the well engaged Care Homes with trained Dysphagia Nurse Champions in place, at follow up visits the care plans were observed to be good.

9. **One case study collected to demonstrate a reduction in interventions i.e. avoided hospital admission, reduced GP visits.**

A case example was collected from one of the Care Homes involved in this pilot project, providing a good illustration of the financial cost of unmanaged dysphagia in the Care Home setting, as follows:

The resident has a diagnosis of dementia. The person has had 2 hospital admissions with aspiration pneumonia and 1 hospital admission following a choking episode. They spent 25 days in hospital in total. They also required 6 GP visits in the last 6 months due to chest infections, dehydration and poor oral intake.

With a hospital admission for pneumonia costing up to £7,846, this case example powerfully illustrates the potential cost of unmanaged dysphagia. Other healthcare costs would also have been

incurred, for example, GP and primary care visits and interventions, therefore well managed dysphagia represents a significant saving to CCGs.

Of note is that 15% of hospital admissions of people with dementia with dysphagia could be prevented by contributions from an SLT at an earlier point. (Taken from Inpatient Hospital Episode Statistics, Health and Social Care Information Centre, Public Health England, 2015).

This pilot project represents clear value for money by the potential to reduce costly interventions, e.g. hospital admissions, GP and primary care visits.

Recommendations

The success of the pilot project in the well engaged Care Homes was evident. Continued provision of the model was recommended.

The following was the proposed model for managing dysphagia in Derbyshire Care Homes:

Level 3
(Specialist SLT Service):
Patients with the most complex
needs access Specialist SLT assessment

Level 2 (Targeted Service):
Dysphagia Nurse Champions. Each Care Home has at least 2 Dysphagia Nurse Champions to link with SLT and jointly manage symptoms of dysphagia in the Care Home.

Level 1 (Universal Service)
Basic Dysphagia Awareness training for all Care Home staff with every Care Home having a link SLT.

Further details of recommendations were made as follows:

- **Training to be mandatory through contractual agreements, to ensure commitment from the Care Homes.**

  It is evident that the commitment and engagement of the Care Homes is essential for the model to work well. Using contracts to achieve this is recommended.

  When staff didn't arrive for the training as planned in one Care Home, the Manager commented 'Well, It's not mandatory, they don't have to come.'

One particularly poorly engaged Care Home in the pilot project resulted in wasting many hours of the project time available after cancelling 2 planned training sessions at the last minute. There had been concerns raised following the mealtime observation in this Care Home i.e. the failure of the Care Home to refer someone who was choking regularly to SLT, inadequate care planning and Carers showing disrespect to the residents they were feeding by yawning and talking to each other across the dining room. This Care Home, of all those involved in the pilot project needed the training the most, but despite this feedback and the concerns raised, they remained extremely poorly engaged. This not only represented wasted project time, but also placed their residents at significant risk.

- **A band 7 SLT overall lead with a band 5 link SLT in each area.**

This would allow true collaborative working between the Care Home setting and the SLT team.

It would also enable more follow up time to be spent post training and top up training sessions to be delivered as new staff start, for example. Twice a year top up training sessions were suggested.

Ongoing support and maintenance of Dysphagia Nurse Champion competence is also assured with this model via regular access to drop-in sessions with the SLT/Practitioner in the Care Home setting.

- **Care Home Managers to attend the training.**

  Those Care Homes where the Manager has attended the training have shown greater commitment and involvement with the project. It also allows improved continuity of skills and learning as the Manager is aware of the detail of the training that staff have received.

- **Kitchen staff to attend the training.**

  Again, where this has happened there has been greater team working and understanding between Care staff and Kitchen staff, leading to a better overall resident experience.

- **All Care Homes to complete the Mealtime Swallowing Observation Checklist (introduced as part of the training session) prior to making a referral to SLT.**

  This tool ensures that all steps have been taken to address the eating and drinking difficulties in the Care Home setting before an SLT referral is made (and therefore the referral may not be necessary on completion of this tool).

- **The training package is not just suitable for Nursing Homes, but also for Residential Homes using Senior Carers in the role of the Dysphagia Nurse Champion.**

  This has come from feedback from those well engaged Care Homes who also have Residential beds and were keen for their Senior Carers to take on a Champion role too. The title could be changed to 'Dysphagia Champion' rather than 'Dysphagia Nurse Champion'.

Summary and conclusions

'Eating, drinking and swallowing difficulties have potentially life-threatening consequences. They can result in choking, pneumonia, chest infections, dehydration, malnutrition and weight loss. They can also make taking medication more difficult. Swallowing difficulties can result in avoidable hospital admission and in some cases death. They can also lead to a poorer quality of life for the individual and their family. This may be due to embarrassment and lack of enjoyment of food, which can have profound social consequences. Early identification and management of dysphagia improves quality

of life and reduces the possibility of further medical complications and death. Improved nutrition and hydration have a positive impact on physical and mental wellbeing. In addition, there are also economic benefits and savings for the wider health economy, including those through avoided hospital admissions.' (Giving Voice, Royal College of Speech & Language Therapists).

This pilot project in 12 North Derbyshire Care Homes was successful in delivering the following outcomes and demonstrating the following impact:

- **An increase in the number of patients being jointly managed by SLTs and trained staff within Care Homes.** In the well engaged Care Homes there are now strong links with the SLT service to enable future cohesive working in the interests of improved resident experience.

- **Potential avoidance of a proportion of primary care interventions and hospital admissions for dysphagia related problems e.g. aspiration pneumonia.** Care Home Staff have increased awareness of dysphagia and swallowing problems are identified earlier and are dealt with appropriately therefore reducing unmanaged dysphagia which can result in avoidable 'crisis' hospital admissions.

- **An increase in the skill set of the Care Home workforce, enabling differentiation of patients in terms of the level of need and a more cost effective and clinically suitable care pathway.** This improves quality of resident care and experience.

Update

So far it has not been possible to secure funding for the continued roll out of this model and therefore this model has not been adopted in its entirety in Derbyshire care homes. We are able to continue to offer the training package to care homes but have to charge for this in order to be able to fund the Speech and Language Therapy time to deliver it. Outcomes and feedback continue to be excellent and we continue to promote the training package and its benefits.

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