

Rebecca Kellett
Speech and
Language
Therapy
Clinical lead for
dementia
NHS Lothian



Daisy Blair
Speech and
Language
Therapy
Care home
project lead
2022/3

Improving the mealtime experience for residents in care homes using the Manual for Mealtimes, and then..

September 2022

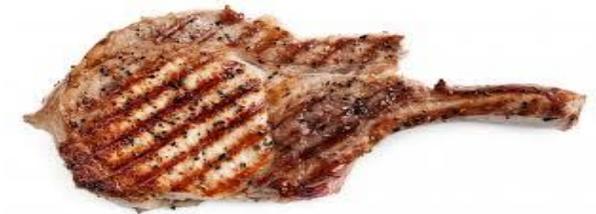
Two questions



- Are we serving you? Is the Speech and Language Therapy (SLT) team providing an equitable and effective service for people in care settings?



- Are people in care homes being served the right food, in the right way, at the right time, in the right environment?

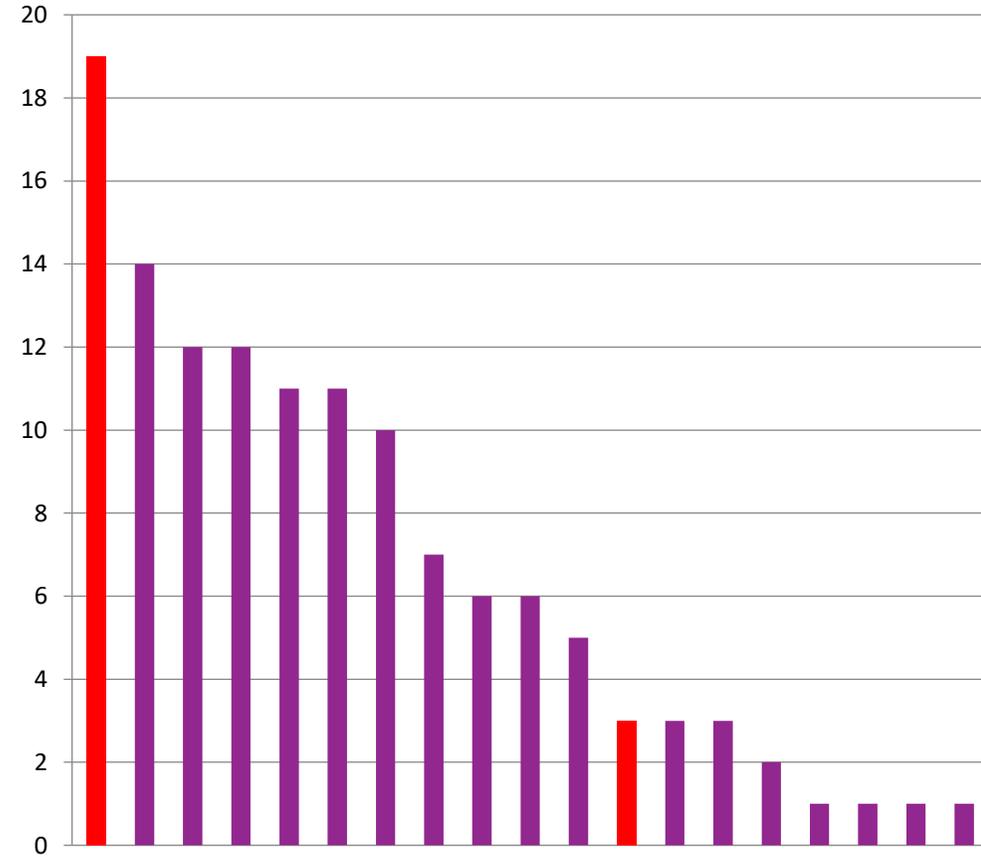
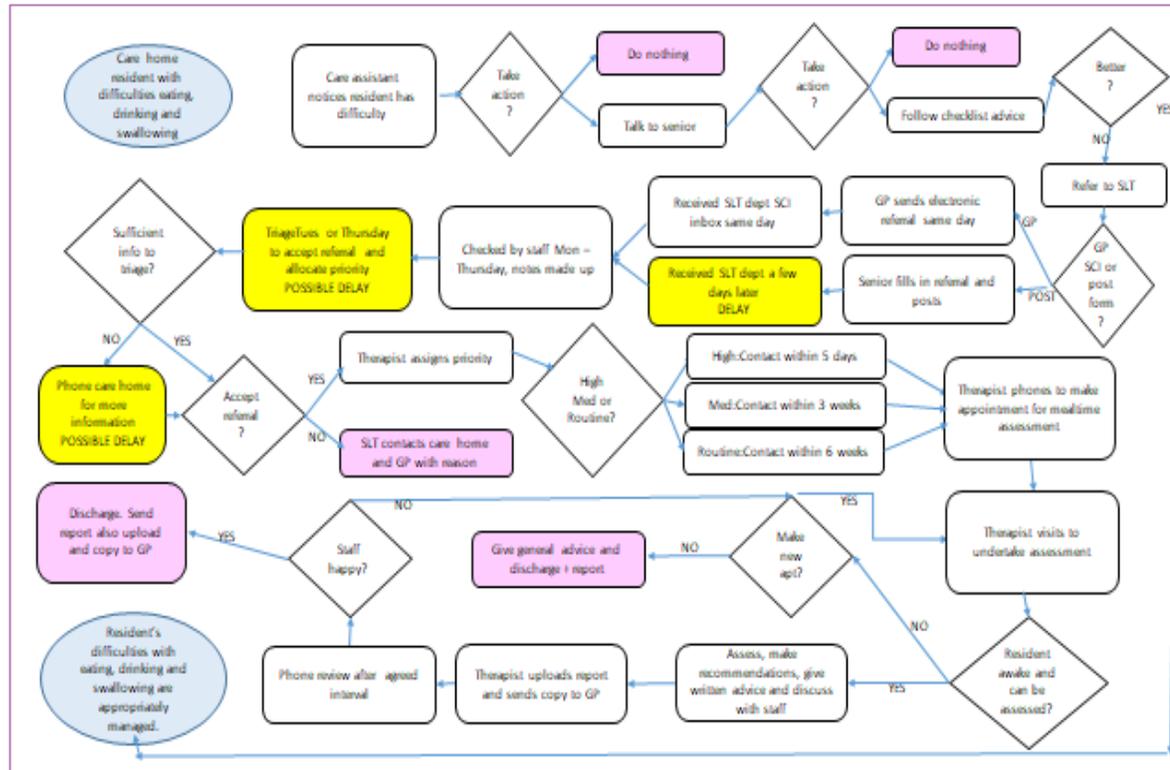


Background in 2015

- 33 % increase in demand for SLT swallow assessments
- No increase in SLT capacity
- Long waiting times
- Risk to service users
- No support for communication



Initial pilot – QI tools



Not a new problem! Things we had tried

- Telephone triage
- Face to face training
- Dysphagia champions
- Demonstrating good practice on visits
- Revised referral forms, “good practice checklist”



We produced the Manual for Mealtimes and video

- Makes our referral system consistent and clear for service users
- Tells staff when an immediate referral is necessary.
- Supports self management of the less severe problems
- Provides training about eating and drinking in an accessible and sustainable format
- Is endorsed by NHS Lothian, the Care Inspectorate, RCSLT, Scottish Care and Alzheimer Scotland



Eating, drinking and swallowing difficulties may present in many different ways



APPENDIX Eating and Drinking Trial of Changes Record Sheet. EXAMPLE
Refer to SLT Manual for Mealtimes. Fill in the problem chart first.

EATING AND DRINKING PROBLEM CHART												
Name and date:	Factors to Consider											
	Attention	Environment	Smell	Taste	Texture	Temperature	Visual	Sound	Touch	Balance	Strength	Coordination
Problems												
Feeling food in mouth												
Difficulty swallowing												
Spilling food/drink												
Choking												
Taking other people's food												
Wandering												
Complaining about food												
Sleeping or passing												
Not aware of a mealtime												
Not eating enough												
Eating into meals												
Chattering mouth												
Talking while eating												
Tongue thrust												
Choking without choking												
Difficulty with tables												
Food residue in mouth after swallowing												
Difficulty getting food or drink to mouth												
Choking												
Feeling of a lump in the throat												
Coughing or gurgling												
Loss of focus in the evening												
Problems with particular foods or drinks												
Not following advice												
Totals												
Name:												
Date:												
Designation:												
Page:												

Sensory changes

We are used to thinking of dementia as a disease of the memory, but it is important to remember that it affects many other brain functions, especially the senses.

Sensory changes mean that many people with dementia have difficulty recognising what they can see, hear, smell, taste or feel. They are also much more distractible.

Try to keep noise and movement to a minimum. Turn off the TV or radio, apart from quiet music. Sounds can be frightening, for example, the bang of a saucepan lid. Sometimes, it just takes much longer and much more concentration to recognise what the sound is. Trying to work out what is happening takes the person's attention away from what they are doing, so for example a sudden noise might make them forget they are eating.

Make allowances for visual changes. It can be difficult for people to tell how near an object is, and how far they have to move to sit down, reach their cutlery or take a mouthful. Reflections in glass or shiny surfaces can also be very confusing. If they have lost part of their visual field and cannot see on one side, make sure items are visible on the good side.

Make sure the food contrasts with the colour of the plate. Mashed potato, for example, may be invisible on a white plate, but obvious to see on a blue plate.

Use a plain table cloth, as people with dementia often think a pattern is objects or bits of food which they try to pick up.

Familiar crockery can help people to realise what is happening. A person may not see a plastic beaker is a cup of tea, but recognise a china tea cup, especially if it is a favourite pattern. Safety reasons may mean you have to use a beaker, but use familiar items if you can.

Sensory changes

Be aware of what the person's body language is telling you, and keep records of this.

A person with dementia may be unable to identify the cause of their discomfort or distress.

They might deny they are in pain, hungry or thirsty or even too hot or too cold, because they do not recognise what these feelings mean.

They may be unaware when saliva is building up in their mouth and need a reminder to close their mouth and swallow.

Tastes can change when a person has dementia, and they may like different foods, but also when they smell or taste something they may not be able to remember what it is.

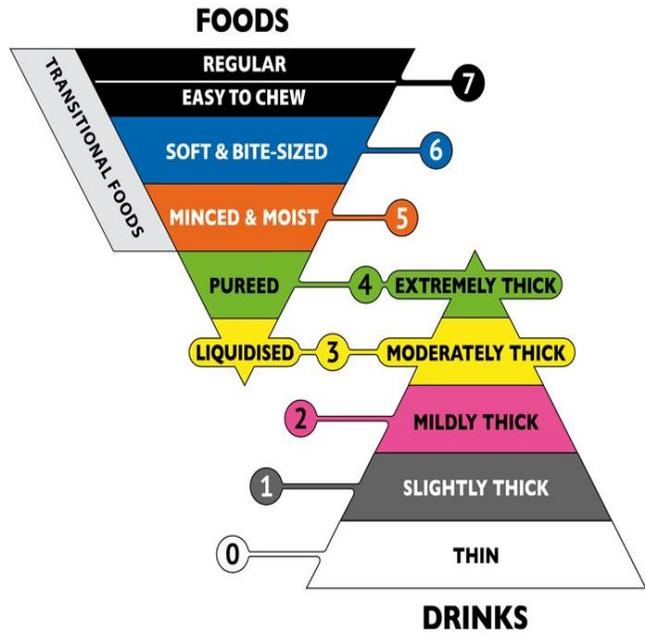
With all these changes, it is often enough to remind the person what is happening. Even if they cannot understand every word, your speech will convey encouragement and some meaning. Use their name to engage their attention. Allow time between phrases.



Give lots of verbal prompts, for example:

- "It is nearly lunchtime... I expect you're hungry."
- "That soup smells good... It's parsnip soup today."
- "You look a bit chilly... shall I fetch your cardigan?"
- "Here's your sponge pudding and custard... It looks delicious!"

Name and chi/dob of client:		Name of person completing:		Designation and base.	
Mo Blaggs, 02/02/2002		S Brown also M Green, C. Black		S/N, Alpha Nursing Home Senior carers	
	REMINDERS FOR YOU	WHAT YOU HAVE TRIED? N/A if this isn't a relevant factor	OUTCOME Sign and date each entry		
Alertness	Extra prompts and time to rouse	Mo is very sleepy at breakfast, which is when problems are worst.	Mo is eating better and not holding food in his mouth so much. S Brown 26.10.23		
	Meals at best times of day	We have tried giving him breakfast a bit later.			
	Medication side effects?				
	Check for illness or infection				
Environment	Snacks and high calorie foods				
	Extra mouth care				
	Activities to lift mood				
	Treat for depression				
	Reduce noise and movement				
	More space, adjust table layout				
Sensory	Soft music playing				
	Routine to prepare for meal				
	Staff eat with residents				
	Others to copy, all on same course				
	Lots of prompts				
	Wander until meal arrives				
	Allow for visual changes	We have started giving Mo lots of prompts about the food.	This hasn't made much difference. M Green 20.10.23		
	Colour contrasts				
	Plain cloth and simple layout				
	Familiar items	Carers spend more time telling Mo when a meal is going to happen, putting out cutlery and talking about it. We also turn off the TV.	Mo seems to be a bit more aware when it is time to eat. S Brown 26.10.23		
	Observe body language				
	Has taste changed?				
	More reminders				



SPEECH AND LANGUAGE THERAPY DEPARTMENT NAME: _____ THERAPIST: _____ DATE: _____

Swallowing Advice: Soft and Bite Sized

Why do I need soft and bite sized food?

- You have some difficulty chewing and swallowing food.
- This texture is recommended because these are everyday foods that require less chewing and reduce the risk of choking.

What is soft and bite sized food?

	<ul style="list-style-type: none"> Food is soft, tender and moist. Chewing is required before swallowing.
	<ul style="list-style-type: none"> Food can be eaten with a fork, spoon or chopsticks.
	<ul style="list-style-type: none"> Food can be mashed or broken down using a fork, spoon or chopsticks.
	<ul style="list-style-type: none"> Thick sauces may be required.
	<ul style="list-style-type: none"> Food should be bite sized and not bigger than 1.5cm x 1.5cm.

How do I prepare soft and bite sized food?

- Most everyday foods can be changed to make them softer and easier to eat.
- When a bite sized piece, the size of a thumbnail (1.5cm x 1.5cm) is pressed with the back of a spoon/fork it squashes and changes shape and does not return to the original shape when the cutlery is removed.

SPEECH AND LANGUAGE THERAPY DEPARTMENT NAME: _____ THERAPIST: _____ DATE: _____

Here are some examples of Soft and Bite sized food:
For more information go to: <http://hdsl.org/framework>

	<p>Meat and Poultry:</p> <ul style="list-style-type: none"> Cooked tender meat no bigger than 1.5 cm by 1.5cm. Remove all skin, bones and gristle. If texture cannot be served soft and tender, serve minced and moist. Casseroles/curry liquid should be as per Speech and Language therapist's recommendations.
	<p>Fish:</p> <ul style="list-style-type: none"> Remove skin and bones. Soft enough cooked fish - break into pieces no larger than 1.5cm x 1.5cm.
	<p>Vegetables, Potatoes:</p> <ul style="list-style-type: none"> Steamed or boiled vegetables with a final cooked size of 1.5cm x 1.5cm. Avoid stir fried vegetables.
	<p>Fruit:</p> <ul style="list-style-type: none"> Drain excess juice. Remove pits, fibrous parts and skin. Pieces should be soft and no bigger than 1.5cm x 1.5 cm. Mash as required e.g. apple. Please refer to Foods to Avoid list.
	<p>Cereal:</p> <ul style="list-style-type: none"> Smooth, fully softened lumps no bigger than 1.5cm x 1.5cm. Drain any excess milk or fluid before serving.
	<p>Rice:</p> <ul style="list-style-type: none"> Not sticky and should not separate into individual grains when cooked. Preferably fluffy with a sauce.
	<p>Bread:</p> <ul style="list-style-type: none"> Bread must be assessed by a Speech and Language Therapist. No dry or seeded breads.

Mealtime Memo

Communication and mealtime tools © NHS Dumfries and Galloway 2012

Make sure I am comfortable, in a good position and not in pain

Everybody is different, find out what I like

Appetising smells and presentation help me enjoy my food

Let me feed myself if possible, but help me if I need it

Tell me what I am eating and go at my pace

I like a calm environment without clutter, clatter and chatter

Modify the consistencies to suit me

Eat with me when you can

36

care inspectorate Scottish Care NHS Lothian

Manual for Mealtimes

Speech and Language Therapy Guidance for Problems with Eating, Drinking and Swallowing



NHS Supporting people with eating, drinking and swallowing using the Manual for Mealtimes from NHS Lothian



Supporting people with eating, drinking and swallowing using the Manual for Mealtimes from NHS Lothian on Vimeo

Search: Manual for Mealtimes pdf and Manual for Mealtimes Vimeo

We can issue certificates for care and catering staff who have read the Manual and watched the training vimeo

Speech and Language Therapy contact details are in the Manual and on the Care Homes Web Pages

Next steps

- Using the Manual and training in other care settings
- A Scotland wide resource?
- Focus on communication



Supporting good
communication in care
homes

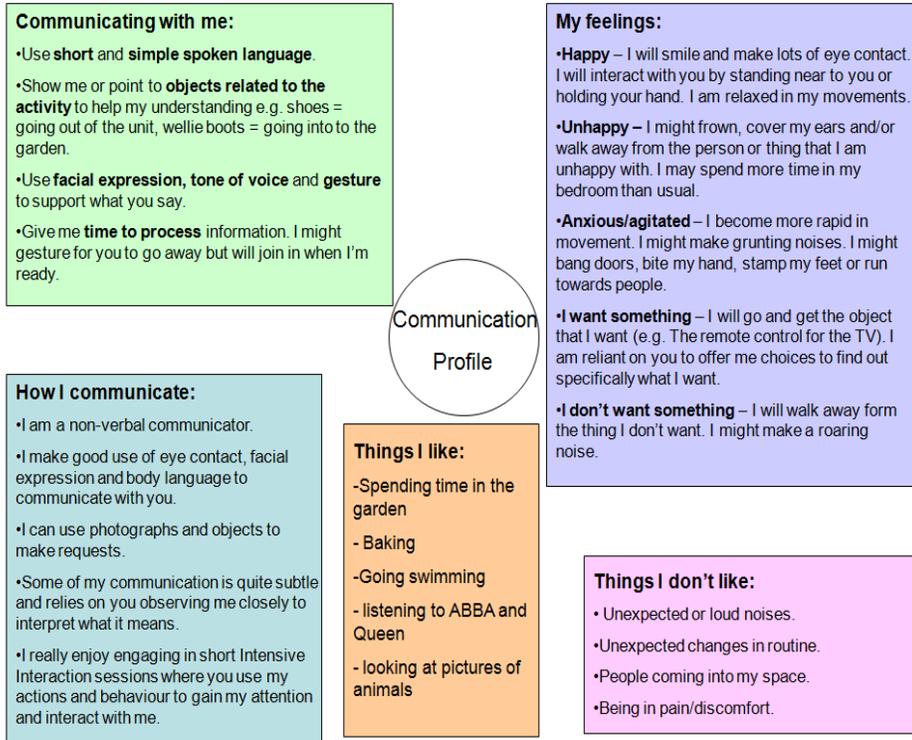
Daisy Blair, Speech and Language
Therapist

Five Good Communication Standards



Standard 1

There is a detailed description of how best to communicate with the individuals you support





Standard 2

Individuals are supported to be involved with decisions about their care and their services



Standard 3

Support staff value and competently use the best approaches to communicate with each individual they support



Standard 4

Services create opportunities, relationships and environments that make individuals want to communicate



Name: CHI: Date of Assessment: Review Date:

Risks:  

Supporting me

Communication:
Environment:
Oral Hygiene:

Food and Drink

Consistency:
Drinks:
Nutrition:

Positioning

Equipment



Standard 5



Individuals are supported to understand and express their needs in relation to their health and wellbeing

Thickened drinks: Information for service users and carers

'Thickeners' are powders that are added to drinks to make them thicker. They are sometimes recommended for people who have trouble swallowing drinks. This is because 'thickened drinks' move more slowly down the throat, giving more time to coordinate a swallow.

When can thickener help?

Coughing is the body's natural way to protect the airway

If coughing lasts for a long time and is **distressing**, thickened drinks might make drinking:

- more **comfortable**
- less **tiring**
- less **worrying** for you and those around you



Other ways to make drinking safer:

- Eat and drink only when **fully alert** and **sitting upright**
- Take **small, single sips** at a **slow rate**
- Try **naturally thick** drinks like smoothies, milkshakes and hot chocolate
- **Brush your teeth** twice a day and keep your mouth **clean**



Other things to think about:

- Thickener does not always stop drinks from going down the **wrong way**
- It can sometimes make **chest infections** more serious and last longer



- Thickener might stop some **medicines** from working properly



- Some thickeners can cause some people to have an **upset stomach**

- Thickener can lead to more **urinary tract infections (UTI)** and **fevers**



- Thickened drinks make some people feel full, so they **drink and eat less**

- Some people say that thickened drinks give them a **dry mouth**



- Some people find that thickened drinks are **less enjoyable** than normal drinks

The use of thickeners in care homes?

Please speak to your speech and language therapist if you have any questions or concerns about your swallowing. They can talk to you about your personal swallowing needs to help you decide what is right for you.

For more information please contact your speech and language therapist.



Thanks for listening!

Any questions?

Daisy.Blair@nhslothian.scot.nhs.uk

Rebecca.Kellett@nhslothian.scot.nhs.uk