MANUAL FOR MEALTIMES

Speech and Language Therapy Guidance:

Eating, Drinking and Swallowing

WHEN TO USE MANUAL FOR MEALTIMES

Speech and Language Therapy Guidance for Eating, Drinking and Swallowing

Please use this **before** requesting assistance
from Speech and Language Therapy (SLT).

For use by senior staff or with their supervision

If you notice an issue with eating, drinking or swallowing:

1

- Check whether the person has been seen before by SLT and an agreed plan is in place.

2

- **Check with colleagues** that they agree with what you're noticing.
- **Check with the person,** if possible, what *they* think is happening.
- **Check with family** or those who know them well to understand their view of the issue.

3

- **If there is no agreed plan in place, or the existing plan isn't working, follow the guidance in this booklet.**
- All documents can be found on the Lothian Care Home webpage.

GENERAL INFORMATION

Please read this before using the manual.

Some of your residents may have, or develop, difficulties with eating, drinking and swallowing, especially in the later stages of life. **The guidance in this manual is for anyone who is having difficulty.**

Why difficulties happen

Sometimes the issue is weaker muscle movement, but often there are other things involved as well. Changes in the brain may mean the person cannot recognise what they see, hear, taste, smell or feel. They may not fully understand hunger, thirst, or be aware of what is in their mouth. All these things can affect eating, drinking and swallowing.

Your role

Your careful management can help prevent or reduce swallowing difficulties. Not all issues will require the assistance of a Speech and Language Therapist (SLT).

When to involve SLT

This guidance is designed to help you manage eating, drinking and swallowing issues and to know when to request assistance from SLT. We want to make sure SLT resources are targeted where they are needed most, so that we can provide a prompt and efficient service.

WHEN TO REQUEST IMMEDIATE SLT ASSISTANCE

A resident with eating, drinking and swallowing issues may benefit from immediate SLT assistance if:

- The resident has recurrent chest infections.
- The resident shows ongoing and consistent signs of distress when eating or drinking, such as excessive coughing, throat clearing, a wet-sounding voice, or changes in breathing or colour.
- The resident has had more than one recently recorded choking event when eating and/or drinking. **See Coughing or Choking: Quick Guide (page 37).**

If any of the above apply, use the Request for Immediate Assistance Form (pages 30 –31). You do NOT need to fill in the Checklist or Trial of Changes forms at this stage. See page 29 for details of where to send.

If the request does not require immediate SLT assistance:

If the request does not meet the criteria for immediate SLT assistance, please fill in the below forms for one week:

☐ Checklist (pages 32–34)

☐ One Week Trial of Changes Form (pages 35–36)

If, after using documentation and relevant guidance, the issue has been managed effectively, SLT assistance is not needed. The changes you have made and documentation you have used is sufficient evidence for the Care Inspectorate.

If you have completed the Checklist, followed the relevant guidance and completed the Trial of Changes Form for one week and SLT assistance is still needed, send the completed forms to SLT (see page 29 for where to send).

HOW TO USE THIS MANUAL

Check **page 4** for criteria for immediate SLT assistance. If your need meets this criteria then use the Request For Immediate SLT assistance on **pages 30-31.** If it doesn't fulfil the criteria for immediate SLT assistance, follow the below instructions.

For each eating, drinking or swallowing issue that you notice, tick the relevant box on CHECKLIST (**pages 32-34**).

- Follow the relevant guidance pages for the ticked boxes.

Fill in the ONE WEEK TRIAL OF CHANGES FORM (**pages 35-36)**

- Note all the changes you've tried, and the outcome.

Send the CHECKLIST and ONE WEEK TRIAL OF CHANGES paperwork to SLT **(see page 29 for where to send).**

Please discuss with the person, their family and your colleagues. Communication is the key to effective management.

ALERTNESS

It is important for the person to be wide awake to eat and drink. If they are drowsy, food is more likely to go down the wrong way, and they are unlikely to eat and drink enough.

Preparing for mealtimes

- Give the person plenty of time to wake up before a meal, and lots of prompts about what is happening. This helps swallowing work more effectively.
- Check if there is a time of day when they are more alert. Can you give them their meals and snacks at their best times of day?

Possible causes of drowsiness

- Could medication, illness or infection be making them drowsy? Discuss with the GP.
- If low intake is an issue and the person is losing weight, consult MUST and follow the Dietetics Food First advice. Request assistance from Dietetics when appropriate.

Supporting eating and drinking throughout the day

- Make sure snacks are available between mealtimes when the person may be more awake and alert. Agitation may signify hunger, so may be a good time to offer food.
- Dehydration can cause drowsiness. Encourage drinks at every opportunity.

Mouth care and comfort

Keep the person's mouth clean. If someone is sleepy, mouth care is particularly important to keep them comfortable and reduce the build-up of bacteria in the mouth which can lead to chest infections and other problems.

Mood and alertness

- Talk to the GP if you notice an issue with mood.
- Are they bored during the day? There is evidence that people eat, drink and sleep better if they engage in purposeful, failure free activities.

ALERTNESS

- Involving people in food preparation, such as making smoothies, can increase alertness and interest in food.
- Is the person getting exercise, and do they have the chance to spend time out of doors? This helps mood and appetite.
- Are you familiar with their best ways of communicating, and supporting them to engage in conversations and social interaction? **See the Five Good Communication Standards During Mealtimes: QUICK GUIDE (pages 38–39).**
- Do they have and are you using their life story book to focus on their important moments/people?
- Do you know their favourite music and why it is important to them?

If the person is not responding to food or drink for a prolonged time, it could be because they are nearing the end of life. Talk to the GP.
If the person is nearing or at end of life, look at **Eating and Drinking Towards the End of Life (page 40).**

Key Things to Remember

- **Fully awake**: give time, prompts and good lighting before eating or drinking.
- **Use best times**: offer meals and snacks when they are more alert.
- **Check causes of drowsiness**: look for infection, pain, constipation or medication effects.
- **Support mood and engagement**: use simple activities, familiar communication and time outdoors.

ASSISTANCE/SUPPORT

Some people need assistance getting food or drink to their mouth. Helping somebody is not easy. It can feel awkward or embarrassing for both the person eating and the person assisting. Ask a friend to assist you to eat a whole meal so you know how it feels.

Supporting someone who needs help to eat or drink

- **When you help the person, make sure you know what they like and what they can manage. Check records for their wishes and needs.** Keep to their preferred routines and staff they know well. Ensure staff are familiar with the best ways to support the person's communication.
- **Make sure the environment and positioning are suitable** and allow for sensory difficulties.
- **Check dentures, hearing aids and glasses**. Are they the right ones? Does the person need them? Are they clean and working?
- **Give cues before the meal so they feel ready to eat and drink.**
- **Offer as much choice as you can. Use picture menus or show the actual meals on plates** to help them choose.
- **Make sure you are comfortable**. Sit level with the person and opposite them as much as possible so they are facing forward while they eat. Stay with them and avoid talking to others, as this can be distracting.
- **Make sure the meal looks appetising**. Tell them what it is and what is in each mouthful.
- **Make sure they can see the food** so they know what it is like and how much is left.

Supporting independence

- **Support the person's abilities** and let them do **as much as they can for themselves**. This gives control and helps swallowing.

ASSISTANCE/SUPPORT

- **Offer finger foods** if they cannot manage cutlery.
- **Guide their hand if needed** or place cutlery or food in their hand and gently guide it to their mouth.
- **Give a first taste** to help them get started.
- **Pause or take over if they tire** – watch for signs of fatigue and adjust support.
- **Use verbal prompts** if needed, but **avoid conversation** while they are eating or drinking.
- **Watch for their swallow** – look for the front of the neck moving up and down.
  - If you can't see it, **listen or feel** for a swallow.
  - Remember: the mouth may look empty even when food/fluid is still to be swallowed.
- **Ensure each mouthful is cleared** before offering the next one – build-up of food can cause **coughing or choking**.

<u>Pacing and mouthful size</u>

- **Match the speed of assistance to the person** – they may need **more than one swallow per mouthful**. Slowing the pace can help.
- **Use smaller mouthfuls if they eat very quickly** – cut food smaller or use a **smaller spoon or fork**.
- **Offer a sip of water between mouthfuls** – this can help people **slow down** and **clear their mouth**.
- **Hold back the next mouthful if needed** – keep it out of reach or gently place a hand on their arm to prompt waiting.
- **Use verbal prompts** if they don't realise their mouth is still full.
- **Support slower eaters** – use a **warming plate** or offer **several very small helpings**.

ASSISTANCE/SUPPORT

- **Reduce fatigue** – chewing for longer can be tiring, so smaller meals with more snacks may help.
- **Offer easier-to-swallow foods** like yoghurt or custard, but **avoid a pureed diet** unless discussed with Speech and Language Therapy.

Key Things to Remember

- **Know the person**: preferences, abilities, routines and essential equipment.
- **Set up well**: calm space, good positioning, visible appetising food and clear choices.
- **Support independence**: let them lead, guide only as needed, adjust if they tire.
- **Watch swallow and pace**: check each swallow, control speed and mouthful size, use sips to help.

COGNITION/THINKING

It is important to remember that many aspects of thinking and memory can affect eating, drinking and swallowing.

Cognition can influence behaviour

People may respond to food, mealtimes or the environment in ways that reflect their thoughts, memories or worries. These reactions are usually not deliberate – they are shaped by how the person is making sense of the world in that moment.

- **Holding food in their mouth** because they think it is not the food they chose or expected.
- **Refusing food** because they believe they need to pay for it and worry they do not have the money.

COGNITION/THINKING

- **Eating too fast** because they think it is the only meal they will get, or fear the food will be taken away.
- **Stopping eating due to distraction or fear** making them feel they are in a different environment.
- **Worrying about something else** such as an appointment, a visit, or an earlier event.
- **Not understanding what is difficult to swallow**, or why certain foods should be avoided.
- **Giving food away** because they are thinking of someone they previously cared for or thinking someone else is more hungry than they are.
- **Taking another person's food** or **putting non-food items in their mouth** because they are hungry and do not recognise what they see.
- **Feeling embarrassed** or worrying about being a nuisance.

How you can help

- You may be able to reassure the person with patient verbal explanations, but sometimes they will not understand.
- Try to see the world through their eyes and work out how to resolve specific issues, using positioning, environment, non-verbal cues and modelling.
- Keeping records is very important so you can see what leads to thoughts or behaviours and build on the positive routines.

Key Things to Remember

- **Cognition affects eating, drinking and swallowing**: thinking, memory and beliefs can change how the person understands food and fluids, swallowing and mealtimes.
- **Cognition influences behaviour**: worries, past roles, fear, or distraction can lead to refusal, fast eating, food holding or taking others' food.
- **Reassure and adapt**: use calm explanations, supportive positioning, environment changes, non-verbal cues and modelling.
- **Record what helps**: note triggers, patterns and successful routines so you can build on what works.

ENVIRONMENT

The environment can make a difference to how well a person can eat and drink.

Creating a calm space

- **Keep the environment as calm as possible.** A lot of noise and people moving about at mealtimes can be very distracting.
- **Make sure there is plenty of space** so the person does not feel crowded.
- **Play soft music**. Consider the culture and age of the people who are listening.

Seating and social arrangements

Some people eat and drink better if they are sitting with other people, but some are better at a table on their own.

- **Can staff sit and eat with residents?**
- **Can you sit people together** who need the same level of prompting or assistance?
- **Is everyone at the same table on the same course?** It can be confusing if your neighbour gets their pudding while you are still eating your soup.
- **Avoid asking people what they want for their next course** or putting the next course on their table/tray while they are still eating their first course. This can be confusing.

Preparing the person for eating

- **If someone is not physically and mentally prepared for a meal, their swallow does not work so well.**
- Long before we begin to eat our brain gets our muscles and digestive system ready.
- **Use the environment to show the person it will soon be time to eat**.

ENVIRONMENT

- Appetising smells help to encourage people to eat. Make sure any off-putting smells are eliminated.
- Moving to the dining room, setting the table, and talking about what is on the menu can help.

If someone is eating in their own room

- Bring them cutlery and an apron if they prefer to use one.
- Ensure they go to the toilet if they need to and wash their hands before the meal.
- Talk about the food and drinks being offered.
- Assist the person into a comfortable sitting position if required.
- Turn off the TV.
- Keep the table free from unnecessary objects that may distract.

If the person is restless

- Check for pain and side effects of medication.
- Let them walk about until the food arrives.
- Give snacks between meals if they aren't eating enough. People who move about a lot may need extra hydration and nutrition.

Key Things to Remember

- **A calm space helps**: noise, movement and crowding can distract the person and reduce intake.
- **Seating matters**: some people eat better with others, some alone; keep courses consistent and avoid confusing prompts.
- **Use the environment to prepare**: smells, routine and gentle cues help the person get physically and mentally ready to eat.
- **Adapt for different settings**: adjust the room setup, reduce distractions, and support comfort whether in the dining room or their own room.

HUMAN RIGHTS/QUALITY OF LIFE

Everyone has a right to quality of life as well as a right to safe and effective care. We tend to think of safety as the critical issue, but this can sometimes mean that other aspects of the person's well-being are not considered.

Balancing safety and choice

Manual for Mealtimes and SLT agreed plans aim to make swallowing comfortable and reduce the chance of negative outcomes such as coughing/choking/chest issues.

- However, it is vital to remember that **everyone has a right to make their own choices**. We must always agree any changes with the person, their family and Power of Attorneys.
- **Sometimes the person does not want to make changes or finds modified foods and drinks unappetising**. This is always a difficult situation because you do not want to increase the likelihood of choking or chest infections.

Balancing risks and quality of life

- **As well as the risk of infection, we must consider the risk of poor nutrition or hydration** due to the person not eating enough if they don't like thickener or softer food.
- We must also consider that choosing to eat foods they enjoy, in spite of a difficulty, may improve the person's quality of life.
- When a person has capacity, we can explain the possible outcomes of different options, and allow them to make their own choice.
- If the person does not have capacity to make decisions about eating and drinking, we must still try to establish their wishes. We often ask their Power Of Attorney to help us decide what is best. The law states that any intervention must restrict the person and their rights as little as necessary.

HUMAN RIGHTS/QUALITY OF LIFE

Seeing the whole picture

- We should always consider ways to balance the different difficulties associated with eating and drinking. It is important to remember that although changes may reduce aspiration and choking events, there are often other factors to consider that are equally as important.

- SLT assistance is part of a wider picture, including your knowledge of the person's own wishes, their eating and drinking history and how successfully they are already compensating for any difficulties. Sometimes we may agree trials of changes, to see if there is benefit.

- Input from the whole multi-disciplinary team is very important. Sometimes, even after full assessment and consultation, we are balancing probabilities and cannot be 100% sure what will help.

- Other key factors include the person's alertness, mood, interest in the food, distractibility, positioning, mouth care, medication and general health. The skill and support of the person assisting them can make a huge difference too.

- It could be that these additional factors are just as important as keeping rigidly to texture modifications. Following these other aspects of the advice may sometimes be what achieves the best results.

- **Evidence shows that poor mouth care is a bigger cause of chest infections than a poor swallow.**

- Sometimes we do not have any changes to offer which will improve the person's well-being. There are times when there is no option but to give a person food and drink even though there is a significant possibility of unwanted outcomes.

- This can be stressful for you as the carer as well as for the person who has difficulty swallowing. In these situations, it is important to understand the views of all the people involved so that an agreed plan can be developed

that is in the best interest of the person in terms of their quality of life as well as their swallow comfort and safety.

Key Things to Remember

- **Rights and choice matter**: people have the right to make their own decisions, and these must be respected.
- **Balance perceived 'safety' with quality of life**: enjoyment, nutrition, hydration and comfort are as important as reducing aspiration.
- **Look at the whole picture**: factors such as mouth care, alertness, mood, positioning, health and support can influence outcomes as much as texture changes.
- **Working with risk**: sometimes risk cannot be fully removed, so decisions should focus on what best supports the person's well-being, wishes and overall quality of life.

MEDICATION

- **If the person has difficulty swallowing tablets, talk to the GP or Pharmacist.** **See page 41 for Swallowing Tablet advice.**
- **Medication can have side effects which influence eating, drinking and swallowing:**
  - Dry mouth (it is very difficult to swallow if your mouth or throat are dry but medication is sometimes needed for excessive saliva)
  - Nausea
  - Loss of appetite
  - Shaky or weak muscles
  - Reduced alertness
  - Confusion or hallucinations
- **For some conditions, such as Parkinson's, timing of medication can be very important.**
- Swallowing may be better once medication has time to work.

MOUTH CARE

Poor oral hygiene is a very significant risk factor for chest infections, and puts people off their food, so good mouth care is very important. See pages 42–43 for Mouth Care: Quick Guide.

Daily mouth care

- **Help the person clean their mouth and teeth twice a day**.
- The mouth should be cleaned even if there are no teeth. A soft toothbrush is best.
- Low foaming toothpaste is best if a person has swallowing difficulties.

Dentures

- The mouth and dentures may need to be cleaned after every meal, especially if there is food residue in the mouth.
- **If dentures are loose, chewing and talking are difficult. Try different fixatives.**
- **Some people prefer to take dentures out for eating** but like to wear them between meals.

Keeping the mouth healthy

- **It is important to drink enough to keep the mouth moist.** It is difficult to swallow if the mouth is dry. Saliva is also important to help fight infection.
- **If you notice saliva is very thick, try giving more drinks, especially water**. Thinner saliva is easier to swallow and may help reduce drooling.
- If you see other secretions, such as a white coating on the tongue, or discoloured or bad smelling mucus, the person may need to be seen by a doctor or dentist.

MOUTH CARE

Good mouth care

- Keeps the mouth feeling fresh and comfortable
- Helps taste and smell and increases the enjoyment of food
- Helps you notice if there are any problems in the mouth
- Protects from pain and infection
- Helps you see if there is any food residue in the mouth
- **For further information see Caring for Smiles website and Further Training on page 44**

Key Things to Remember

- **Mouth care supports health and comfort**: poor oral hygiene increases the risk of chest infections and can put people off their food.
- **Daily mouth care matters**: brush twice a day with a soft brush (even with no teeth) and clean dentures and the mouth after meals.
- **Keep the mouth moist and healthy**: encourage drinks, watch for thick saliva or unusual coatings, and seek medical or dental advice if you notice changes.

PAIN

If someone is not eating and drinking well, consider if pain may be a factor. Contact the person's GP for advice.

POSITIONING

Positioning may make all the difference to enable a person to eat and drink comfortably.

position for eating and drinking

- We **usually** recommend an upright posture for eating and drinking, in a chair or in bed. This often helps protect the airway and allows food and drink to pass down to the stomach more easily.
- **Think about head position**. Usually the head should be straight and the chin level but this is not always the case.

Choosing the right cup or glass

- **Use a wide or shallow cup or glass,** preferably with sides which slant outwards.
- A narrow glass or cup, or one which is angled inwards, may make it harder to drink. Towards the end of the drink the person must tip their head right back to get at the drink. Keeping the cup/glass fuller by topping up can help with this.
- A wide cup spills more easily so you may need to fill it less full and top up. Handles are helpful especially with wider cups and glasses.
- A beaker with a lid may cause coughing as it often requires the head to be tipped back.
- If an open cup or glass is not possible, can the person use a straw? This can be clipped in to position so it doesn't move.

Reaching the food

- **Make sure the person can reach their food**. If the plate is too far away, food will be lost, or the plate may be tipped off the table.
- Also, the person will lean forward to avoid dropping food, which is not a good position for swallowing.

POSITIONING

Managing drooling

- **An upright or slightly back head position helps to limit drooling.**
- You may need to remind the person to close their mouth and swallow, especially before speaking or eating.
- If drooling is a problem, talk to the GP.

Key Things to Remember

- **Aim for an upright position**: sitting upright for eating and drinking – and staying up for 30 minutes afterwards – helps protect the airway and reduces reflux.
- **Support safe drinking**: choose cups or glasses that don't require the head to tip back; wide or shallow designs usually work best.
- **Keep food close**: placing the plate within easy reach prevents leaning forward, which is usually not a good position for swallowing.

REFLUX

There are many different reasons why people cough. Acid reflux is one of them, and it can make swallowing difficult too.

How reflux can affect eating and swallowing

- Reflux may make a person more likely to cough, particularly on certain sharp or spicy foods, or on the first mouthful of a cold drink for example.
- Reflux can cause irritation in the throat and make swallowing more difficult.
- Reflux can be silent, and a person may not be able to tell you if they are experiencing symptoms such as indigestion or heartburn.

Signs to look out for

- frequent coughing or throat clearing during the day

REFLUX

- coughing at night
- excessive mucus/saliva
- unusually hoarse voice
- runny nose
- burping
- a sensation of a lump in the throat

What to do if you suspect reflux

If you suspect reflux, discuss this with the GP who may prescribe a trial of medication to help.

Other things to try

- raising the head of the bed or using an extra pillow
- avoiding tight clothing
- avoiding rich or spicy foods
- avoiding acidic food or drink (e.g. orange juice, tomatoes)
- avoiding lying down for at least an hour after eating

If the person can swallow water, sipping water through the day is good for the throat.

SENSORY

Sensory changes may result in people have difficulty recognising what they can see, hear, smell, taste or feel. They may also be much more distractible.

Supporting vision and perception

- **Make allowances for changes to eyesight.** It can be difficult for people to tell how near an object is, how far they must move to sit down, reach their cutlery, or take a mouthful.

SENSORY

- Reflections in glass or shiny surfaces can be confusing. If someone has lost part of their vision or cannot see on one side, make sure items are visible on the best side.
- **Make sure 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 tablecloth**, as someone may think a pattern is objects or bits of food which they try to pick up.
- **Familiar cups/plates can help people to know what is happening**. A person may not see that a plastic beaker is a cup of tea but they may recognise a teacup or mug in their favourite pattern.

Understanding sensory discomfort

- **Be aware of what the person's body language is telling you and keep records of this**.
- People may be unable to identify the cause of their discomfort or distress. They might deny they are in pain, hungry or thirsty, too hot or cold because they do not recognise what these feelings mean.
- They may not be able to judge when food and drink is too hot.
- 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 over time**.

Verbal prompts

- **It can help to remind the person what is happening**. Even if they cannot understand every word, your speech will show encouragement and some meaning.
- Use their name to engage their attention. Allow time between phrases.

SENSORY

- **Give lots of verbal prompts**, for example:
  - *"It is nearly lunchtime..... I expect you're hungry."*
  - *"That soup smells good!..... It's vegetable soup today."*

Key Things to Remember

- **Support vision and perception**: use high-contrast plates, plain tablecloths, familiar cups/plates. Place items where the person can see them easily.
- **Look for signs of sensory discomfort**: people may not recognise pain, hunger, temperature or saliva build-up; watch body language and offer reminders.
- **Use clear verbal prompts**: use their name, speak slowly, allow pauses, and describe what is happening to help them stay oriented and engaged.

SOCIAL ASPECTS OF EATING AND DRINKING

Mealtimes are when we eat and drink, but they are also a social time. They are the times of day to look forward to, when we chat, share news and have a laugh. We often celebrate special events with food and most festivals revolve around traditional meals.

This can be lost for people who have swallowing problems. This can mean they don't enjoy mealtimes and eat and drink less.

Supporting social interaction

- **Try to make some time for social interaction before or after the meal**. This could involve food preparation or talking about favourite meals which help to motivate the person and interest them in food.
- If a person has difficulty eating and drinking, they need to concentrate fully on the meal and should not be distracted by chat.
- **It is important for them not to talk whilst eating and drinking, but for many people, the situation is more relaxed if there is some conversation before and after meals.**

- **Think about your own conversation. Try to talk to the person in a way which does not make them laugh or talk during a mouthful.**

Using conversation to support eating

- **During the mealtime, if the person is easily distracted, keep your conversation focused on the meal and do not talk about other things.**
- Asking a question such as "Is that nice?" can be a good way to get the person to speak so you can hear whether their mouth and throat are clear and ready for the next mouthful. Only do this after you think they have swallowed.

Supporting communication

- **Interaction is important even if the person has issues with communication. See pages 38 – 39 for Five Good Communication Standards During Mealtimes: QUICK GUIDE.**
- Familiarise yourself with how to help them understand what is happening and how you can support them to express their choices, needs and feelings.
- Is there a reliable way for them to indicate Yes and No?
- Allow the time they need to process what you say.
- Keep speech simple and use visual cues.
- Remember that the sound of your voice and your manner will be meaningful even if the words themselves are not fully understood.

Inclusion at mealtimes

It is important to try to make sure people who need to take modified textures do not feel excluded or different. Aim to make their mealtime experience as positive as you can.

SOCIAL ASPECTS OF EATING AND DRINKING

Key Things to Remember

- **Make mealtimes positive**: social time *before or after* eating can help people enjoy meals and feel included.
- **Keep talking safe during eating**: avoid chat during mouthfuls; keep conversation calm and focused so the person can concentrate on eating and drinking.
- **Use simple, supportive communication**: use their name, give time to respond, keep language simple, and use visual cues.
- **Include everyone**: make sure people who need modified textures still feel part of the mealtime and are not singled out.

TEXTURE

Why might food and drink textures be changed?

Some people have difficulty eating, drinking and swallowing.

This can happen for many reasons including:

- Illness/Infection
- Neurological disorders like Stroke, Dementia and Parkinson's
- Frailty
- General weakness or tiredness

People who have difficulty eating, drinking and swallowing might find certain textures of food and drink easier to swallow than others.

Changing the texture of food and drink:

☑ May reduce the risk of food or drink going down the wrong way.

☑ May reduce coughing or choking during meals.

☑ May help a person feel more comfortable when swallowing.

TEXTURE

☑ May support nutrition and hydration if the person can manage these textures more easily.

Possible Burdens or Disadvantages

⚠ Some people do not like the taste or texture of modified foods or thickened drinks.

⚠ People may eat or drink less if they do not enjoy texture modified foods or drinks.

⚠ Mealtimes can become less enjoyable.

⚠ Food and drink choices may be more limited.

⚠ Preparing modified foods and drinks can take extra time and effort.

⚠ Texture changes may not completely stop choking or chest infections.

⚠ Thickened drinks can increase the risk of pneumonia and UTIs.

Temporary Changes During Illness

Sometimes a person finds eating, drinking and swallowing harder when they are:

- Unwell
- Tired
- Recovering from an infection
- Recovering from surgery or another illness

Often this is only temporary. During these times, they may need small, temporary changes like:

- Softer foods that are easier to chew and/or cut into small pieces.
- More assistance and prompting with eating and drinking.
- Altered mealtimes - smaller amounts spread throughout the day, or larger meals given at the time of day when they are most awake and alert.

TEXTURE

- Altered position at mealtimes.
- Different temperatures of food and drink.
- Different tastes of food and drink (favourite foods and drinks usually motivate a person to eat and drink better).

When the person recovers and their swallowing improves, they may be able to return to their usual diet and drinks.

These are common sense strategies we might use for anyone who is unwell.

If there has been a need for a sudden, significant and lasting change to a person's diet please contact SLT to discuss. The SLT will discuss and agree a plan with you, the resident and their significant others regarding support, equipment, environmental changes, texture changes (i.e appropriate IDDSI levels). You can initiate this discussion by filling in the Checklist and One Week Trial of Changes and sending these, by email, to SLT.

<u>Things to think about when thinking about modifying textures of food and drinks:</u>

- Safety
- Comfort
- Enjoyment of food and drink
- Quality of life/human rights
- Personal wishes and preferences
- Nutrition and hydration needs

There is often no single "right" answer. The best choice is the one that balances safety with the person's comfort, enjoyment, and wishes.

Modified food textures and thickened drinks are intended to help people swallow more easily and safely, but they can also cause harm. **Use of texture modified diets or thickened fluids should be agreed in discussion between staff, residents, families and SLT.**

TEXTURE

Key Things to Remember

- **Notice early signs of difficulty**: look for long chewing, food held in the mouth, coughing, tiredness or bits left after swallowing.
- **Be aware of tricky textures**: dry, bitty, mixed-texture or chewy foods can be harder to manage, and people vary widely in what they cope with.
- **Use simple ways to make food easier**: add sauces, avoid problem textures, offer smaller portions, and reintroduce texture slowly if someone is improving.
- **Think about drinks**: cup shape and head position matter; only use thickener if advised by SLT and try strong or cold flavours to help trigger a swallow.

WHERE TO SEND Requests for Assistance to Speech and Language Therapy

After following the guidance above, if help is still needed, please send SLT the completed:

- ☐ CHECKLIST (p32-34)
- ☐ ONE WEEK TRIAL OF CHANGES (p35-36)

- ➢ Make sure both forms are as detailed as possible.
- ➢ Make sure the person's name/CHI/your name and name of Care Home are clear on both forms.

The forms can be emailed to us at:

Edinburgh: Loth.slteac@nhs.scot

Midlothian: Loth.sltmac@nhs.scot

East Lothian: Loth.sltelac@nhs.scot

West Lothian: Loth.sltwlac@nhs.scot

If there are any issues emailing the forms, please contact SLT on 0131 537 9577

Request for Immediate SLT Assistance

ONLY use this form only when the situation meets the criteria for immediate SLT assistance (page 4). Email it to SLT (see p29 for where to send).
If the situation does not meet the criteria for immediate assistance, do not complete this form. Instead, please complete:

- ☐ Checklist (pages 32–34)
- ☐ One Week Trial of Changes Form (pages 35–36)

Resident's Name:	**CHI:**
Your name and Care Home Name:	
Next of Kin/Contact:	
Relationship to resident:	
Medical Information:	
Describe the reason for this request. If the resident also has **new onset** issues with speech/language/communication note these here:	
Date and Outcome of last SLT contact (if any):	
Is this resident currently under the care of the Hospital at Home team?	

Is an admission to hospital currently being considered for this resident?	
Is this resident receiving end of life care? Please follow guidance on **page 40** before considering a request for assistance from SLT.	
Does this resident have a current chest infection, or do they experience recurring chest infections? Describe:	
Is this resident currently experiencing other new onset acute illness? Describe:	
Does this resident consistently present with signs of distress **when eating and drinking** e.g. excessive coughing or throat clearing, a wet sounding voice, changes in breathing and/or colour? Describe:	
Has this resident had more than one recent choking event when eating or drinking? Describe with dates and description of events:	
Has this resident experienced recent significant weight loss or limited oral intake? Describe:	

Name:	CHI:	Name of staff member:	Care Home:

CHECKLIST

Observe during a few mealtimes. Tick ✔ anything you see.
Then read the guidance with the same colour heading in the *Manual for Mealtimes*.

ALERTNESS	✓
Holding food in mouth	☐
Refusing food	☐
Spitting out food	☐
Sleepy or passive	☐
Unaware of meals/drinks	☐
Not eating / drinking enough	☐
Eating very slowly	☐
Overfilling mouth	☐
Swallowing without chewing	☐
Food residue in mouth after swallowing	☐
Problem with particular foods or drinks	☐
Consistent cough with meals/drinks	☐

ASSISTANCE/SUPPORT	✓
Holding drinks or food in mouth	☐
Refusing food	☐
Eating too fast	☐
Spitting out food	☐
Not aware it's a mealtimes	☐
Not eating / drinking enough	☐
Eating very slowly	☐
Overfilling mouth	☐
Talking whilst eating	☐
Tongue thrust	☐
Swallowing without chewing	☐
Food residue in mouth after swallowing	☐
Problem with particular foods or liquid	☐
Consistent coughing with meals and drinks	☐

COGNITION/THINKING	✓
Holding food in mouth	☐
Refusing food or drinks	☐
Eating/drinking very slowly	☐
Taking other people's food	☐
Walking at mealtimes	☐
Not aware it's a mealtime	☐
Not eating/drinking enough	☐
Swallowing without chewing	☐
Eating/drinking very quickly	☐
Problems getting food or drinks to mouth	☐

ENVIRONMENT	✓
Holding food in mouth	☐
Refusing food	☐
Distractible	☐
Taking other people's food	☐
Walking at mealtimes	☐
Spitting out food	☐
Unaware of meals/drinks	☐
Not eating/drinking enough	☐
Eating very slowly	☐
Talking whilst eating	☐

HUMAN RIGHTS AND QUALITY OF LIFE	✓
Refusing food or drinks	☐
Taking other people's food	☐
Sleepy or passive	☐
Not eating/drinking enough	☐
Eating/drinking very slowly	☐
Overfilling mouth	☐
Talking whilst eating/drinking	☐
Difficulty with medications	☐
Problems with particular food or liquid	☐
Consistent coughing with meals and drinks	☐
Eating/drinking very quickly	☐

MOUTH CARE	✓
Holding food in mouth	☐
Refusing drinks or food	☐
Spitting out drinks or food	☐
Not eating/ drinking enough	☐
Eating and drinking very slowly	☐
Drooling	☐

POSITION	✓
Holding food in mouth	☐
Taking other people's food	☐
Spitting out food	☐
Not eating / drinking enough	☐
Difficulty with medications	☐
Food residue in mouth after swallowing	☐
Difficulty getting food or drink to mouth	☐
Drooling	☐
Problems with particular foods or liquid	☐
Consistent coughing with meals/drinks	☐

SENSORY	✓
Holding food in mouth	☐
Refusing food	☐
Eating too fast	☐
Distractible	☐
Taking other people's food	☐

SENSORY	✓
Walking at mealtimes	☐
Spitting out food	☐
Sleepy or passive	☐
Unaware of mealtimes/drinks	☐
Consistent coughing with meals/drinks	☐
Not eating / drinking enough	☐
Eating very slowly	☐
Overfilling mouth	☐
Talking whilst eating	☐
Swallowing without chewing	☐
Difficulty with medications	☐
Food residue in mouth after swallowing	☐
Drooling	☐
Problem with particular foods or liquid	☐

SOCIAL	✓
Distractible	☐
Taking other people's food	☐
Not aware it's mealtime	☐
Not eating/drinking enough	☐
Talking whilst eating	☐

TEXTURE	✓
Holding drinks or food in mouth	☐
Refusing drinks or food	☐
Spitting out food or drinks	☐
Not eating/drinking enough	☐
Eating very slowly	☐
Overfilling mouth	☐
Tongue thrust	☐
Swallowing without chewing	☐
Food residue in mouth after swallowing	☐
Problems with particular food or drinks	☐

Name:	CHI:	Name of staff member:	Care Home:

ONE WEEK TRIAL OF CHANGES FORM.

Write down everything the person eats and drinks for a week and answer the questions on the next page							
	MONDAY	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**	**SUNDAY**
BREAKFAST							
LUNCH							
DINNER							
SNACK(S)							
DRINKS							

What trials of changes were used and did these changes work?
Is Speech and Language Therapy assistance required after using Manual For Mealtimes? **If no: document your updates in the persons care plan.** **If yes: state why below and send the checklist and this One Week Trial of changes form to SLT (see p29 for where to send)**

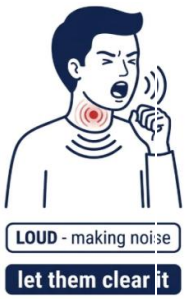
CHOKING OR COUGHING: QUICK GUIDE

CHOKING

- **The airway is blocked and the person cannot clear it**
  - No sound or very weak sound
  - Unable to cough
  - Panicked look / grabbing throat
  - Colour changes (pale, blue around lips)
  - May not be able to breathe in properly

COUGHING

- **The airway is partially open, and the person is clearing the problem themselves**
  - Strong or repeated coughing
  - Throat clearing
  - Watery eyes
  - Brief voice change
  - Can still breathe and speak between coughs



Key message: Coughing is **not** choking. If someone is coughing, they are usually managing. Choking needs **immediate action**.

Document what happened in the resident's care plan. If there is more than one choking incident consider requesting SLT assistance using **Request for Immediate Assistance Form (pages 30 –31).**

WHAT COULD YOU DO DIFFERENTLY NEXT TIME?

Check positioning

- Upright, supported, chin slightly down.
- Avoid slumped or twisted posture.

Adjust pacing

- Smaller mouthfuls.
- Slower eating.
- Prompts to pause between bites.

Review food/drink choices

- Avoid dry, crumbly, mixed-texture or chewy foods if these caused difficulty.
- Check if coughing only happens with fluids.

Check environment

- Reduce distractions.
- Ensure supervision if needed.

Consider chest health

- Smoker's cough, COPD or chest infection may increase coughing.
- Note if coughing is unrelated to food/drink.

Document

- Share learning with the team.
- Document incident in resident's care plan.

Five Good Communication Standards During Mealtimes: QUICK GUIDE

Adapted from: RCSLT Five Good Communication Standards

1. KNOW HOW THE PERSON COMMUNICATES

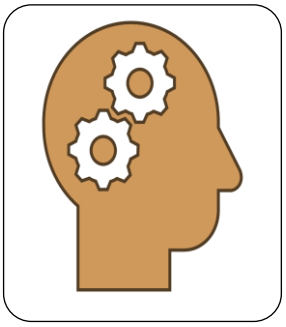
2. SUPPORT INVOLVEMENT AND CHOICE

3. USE CLEAR COMMUNICATION

4. CREATE OPPORTUNITIES TO COMMUNICATE

5. SUPPORT UNDERSTANDING OF HEALTH NEEDS

1. KNOW HOW THE PERSON COMMUNICATES



Understand how the person shows needs (e.g. hunger, pain, distress) and how they understand and express information.

Check communication profile before meals
Notice cues (e.g. pushing food away, slowing, looking away)
Use familiar words and short phrases ("Small sip", "Take your time")
Use preferred aids (e.g. pictures, objects, communication book)

2. SUPPORT INVOLVEMENT AND CHOICE

Help the person take part in decisions about eating and drinking.

Offer real choices (e.g. "Soup or sandwich?")
Use objects or pictures if needed
Allow time to respond – don't rush
Check understanding
Respect refusals and offer alternatives

Five Good Communication Standards During Mealtimes: QUICK GUIDE

Adapted from: RCSLT Five Good Communication Standards

3. USE CLEAR COMMUNICATION

• *Adapt communication to the person's needs at each meal.*

- Use **short, clear sentences**
- Give **one step** at a time
- **Use gestures** (pointing, showing)
- **Check understanding** before moving on
- **Repeat or rephrase** if needed

4. CREATE OPPORTUNITIES TO COMMUNICATE

• *Make it easier for the person to take part during mealtimes.*

- Start with a **calm, friendly approach** and **sit at eye level**
- Keep the environment **calm and uncluttered**
- **Pause regularly** to allow responses
- **Notice and respond to all communication attempts**
- **Allow time for swallowing before speaking**

5. SUPPORT UNDERSTANDING OF HEALTH NEEDS

• *Explain eating, drinking, and swallowing needs in simple ways.*

- **Use simple explanations** ("This drink is thicker")
- **Show as well as tell**
- **Check comfort** ("Does this feel okay?")
- **Watch for signs of difficulty** (e.g. coughing, stopping eating)
- **Explain changes** and what will happen next
- Support the person to **express concerns**

Eating and Drinking towards the End of Life

As a person approaches the end of their life, wishes and needs around eating and drinking change. Usually, a person doesn't feel hungry/thirsty at this stage and may not want to eat or drink. This is a natural part of the body slowing down.
The focus of any eating and drinking is for comfort and pleasure.
The person may want small tastes of favourite flavours. Loved ones will know best what they may enjoy. Offer the person whatever they would like to eat or drink, as long as it's not causing distress or discomfort. Soft, smooth food can be easiest, such as ice cream, yoghurt, or soup. Offer drinks in small sips from a cup, straw or teaspoon.

Advice for Supporting Eating and Drinking

- Aim for an upright posture if possible
- Make sure that the person is awake
- Allow plenty of time for each mouthful to be enjoyed and swallowed
- Watch for signs of refusal, such as turning their head away, or keeping their mouth closed
- Stop if you feel the person is refusing or distressed. You can offer again later.
- Never force food or drinks on someone who doesn't want to take them

Mouthcare

- Aim to keep the mouth clean and moist
- Try using artificial saliva gel/spray if the person's mouth is very dry
- Gently clean all around the mouth using a toothbrush with a soft, small head, if tolerated.
- Try a non-foaming toothpaste
- See if the person is more comfortable with or without dentures
- Monitor for signs of oral thrush
- If they want, loved ones can be involved in mouthcare

(Scottish Palliative Care Guidelines, 2020)

What changes to Eating and Drinking might there be?

- Changes to smell and taste
- Sore or dry mouth, or extra saliva
- Nausea
- Fatigue

It may be that the person has swallowing recommendations in place from the Speech and Language Therapist. These no longer need to be followed.

NHS Lothian Speech and Language Therapy Service, June 2023
With thanks to NHS University Hospitals of Derby and Burton for permission to adapt their original document

Swallowing tablets

Information for patients

Lots of people struggle to swallow tablets.

This may be a stand-alone problem, or you may also have difficulties swallowing food and drink.

Ways to make swallowing tablets easier:

- Sit down to take your tablets
- Some people find that tipping their head slightly forward or to one side helps them to swallow tablets
- Take tablets one at a time
- Have a drink before you take your tablets and at the same time, this will help to moisten your mouth and throat
- Try taking your tablets with fizzy or ice-cold drinks
- Try taking tablets with milk or a smoothie rather than water
- Try placing your tablets in a spoonful of yoghurt, custard or jam. These foods hold the tablet and may make it slip over more easily.

DO NOT suck, crush or break open tablets/capsules unless you have been advised to by your GP or pharmacist.

If you have difficulties taking your medication talk to a pharmacist (at the chemist) or your GP who can consider alternatives.

If you have difficulty swallowing food and drink, ask your GP for a referral to a Speech and Language Therapist (if you have not already seen one or if your issues are worsening).

Speech and Language Therapy Department, NHS Lothian

MOUTH CARE: QUICK GUIDE

Adapted from Caring for Smiles, Guide for Care Homes

1. WHY ORAL CARE IS IMPORTANT

Good oral care helps residents to:

- eat and drink comfortably
- speak and smile with confidence
- avoid pain, infection and bad breath
- keep the mouth, teeth, gums and dentures healthy
- maintain comfort, dignity and wellbeing

Remember: mouth care is part of everyday personal care.

2. DAILY ORAL CARE

A. Natural Teeth

- Brush teeth and gums twice a day
- Use fluoride toothpaste
- Brush last thing at night and one other time during the day
- Use a small-headed toothbrush
- Spit out toothpaste after brushing

B. Dentures

- Remove and clean dentures every day
- Brush all denture surfaces carefully
- Rinse dentures after meals if possible
- Clean the mouth as well as the dentures
- Store dentures safely in a named denture pot
- Check that dentures are not rubbing, loose or uncomfortable

C. No Natural Teeth

- Clean gums every day
- Clean the tongue and roof of the mouth
- Keep lips and mouth moist if dry
- Check for redness, soreness, ulcers or white patches

Remember: no teeth does not mean no mouth care.

3. WHAT TO WATCH OUT FOR

- toothache or mouth pain
- swelling or bleeding
- broken, loose or sharp teeth
- ulcers, red patches or white patches
- signs of infection or thrush
- dry or cracked lips
- sticky or stringy saliva
- bad breath that does not improve
- dentures that rub, hurt or no longer fit
- difficulty eating, drinking, speaking or wearing dentures

Seek dental advice if you notice pain, swelling, bleeding, trauma, infection, denture problems, or sores that do not heal.

Remember: mouth problems can affect comfort, nutrition, communication and wellbeing.

MOUTH CARE: QUICK GUIDE

Adapted from Caring for Smiles, Guide for Care Homes

4. WAYS TO HELP WITH DAILY CARE

Check the oral care plan first

Explain what you are doing

Support the person to do as much as they can themselves

Use short, familiar instructions

Show the toothbrush or denture pot so they know what is happening

Choose a calm time and avoid rushing

Sit the person upright with good light

Respect privacy, dignity and preferences

Stop if the person becomes distressed

Try again later if needed

Record any difficulties or refusal

Share concerns with senior staff or dental services

Remember: aim for safe, respectful daily mouth care.
Do not force care.

FOR FURTHER TRAINING

Once For Scotland EDS Training

Aim: to deliver education to enhance your knowledge, confidence, and skills to support people with eating, drinking and swallowing difficulties which can be applied in your place of work.

CARING FOR SMILES

Caring for Smiles: Guide for Care Homes

This guide covers the core oral health knowledge that care staff will need to know, together with sections on practical skills required to deliver good oral care. It also has sections on dementia and care-related stress and distress, on assessment and care planning, and on the vitally important mouth care needs of people receiving palliative and end-of-life care.

Caring for Smiles: Oral Care Training

This training is offered and delivered to all Nursing / Care Homes across Lothian and all care staff have the opportunity to attend.

The training is provided within the Nursing / Care Home setting and is normally delivered face to face, the session lasts 45- 60 minutes.

Basic Oral Care Training covers:

- Understand the importance of good oral health
- Understand what contributes to poor oral health
- How to support older people with oral care
- Why oral care is necessary and important
- Oral health products – their use and storage
- Signs and symptoms – Referral pathways
- How to complete an Oral Health Risk Assessment and Daily Oral Care Plan