From The Inside Out
Supporting Residents in Care Home with Swallowing Difficulties

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A Literature and Consensus Based Approach to the Development of a Dysphagia Management Guide in The Care Home Setting

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Sheffield Hallam University
Abbeyfield
Co-designed Care Home Guide to Dysphagia
The Idea ....

Why are staff ‘non compliant?

Do staff find SLT advice helpful?

What would help staff provide optimal dysphagia care?

Do staff regard good management of dysphagia as important?

What gets in the way of providing best dysphagia care?
Development of the Guide

• Year 1
  • Literature Search
  • Finding out Peoples experiences- Focus groups
  • Thematic Analysis
  • Consensus prioritisation method

• Year 2
  • Collaboration with Elaros / D4D
  • Development of content and digital format
  • Testing of design and content
Literature Search
‘What are the approaches to dysphagia management in care homes and what is the effectiveness of different approaches?’

Results
62 ‘of interest’
31 papers included
13 literature reviews

Themes
- Skill mix + staff resourcing
- Knowledge and Training
- Interventions (staff practice, direct, sensory)
- Protocols - screening, interventions, documentation
- Diet and drinks – palatability, nutritional content
- Oral health & positioning
Finding out peoples experiences

‘What are the barriers and facilitators to good dysphagia management?’

4 Care Homes

- 8 Focus Groups
- 6 Resident Interviews
- 4 manager Interviews
- 4 Quality Manager Interviews

- Recruits = 81
- Participants = 51 from across all roles in the workforce
## Thematic Analysis

### Method
- Based on Framework analysis
- Development of thematic map

### Themes
- Identification of dysphagia
- Training and education
- Other health professionals
- Staffing / workforce
- Catering (timing of meals, menus)
- Mealtime assistance
- Transfer of information
- Impact of E & D difficulties on residents & staff
- Relative / family carer issues
- Policies and procedures
‘I mean I'll hold my hands up, when I go on that training, some of these are saying this section will take 15 minutes to read, this one will take 20 minutes to read, this'll take 40 minutes to listen to or read. You haven't got time for that- I skip to assessment and just go on general knowledge, what I know, I just hope that I pass at the end.’

Focus group
When we’re buddying people or introducing them to the job, we do, specifically when we’re giving out meals, we’re saying to people, you know, you don’t just slop food on somebody’s plate; it must look presentable and nice because you’re giving it to somebody to eat. I wouldn’t eat that! You don’t do that in your own home. So we do train people to be aware of these things.

Focus group
‘They talk about us as if we’re proper chefs. Everything I do is self-taught, which was enough when it was a basic care home, but now they are going up the ladder, I don’t feel I’ve got that qualification’
Focus Group
‘From what I've seen, you know, there’ve been times when things have been very similar and there’s not been much of a choice’.
Focus Group

‘it’s hard to find snacks and I was just wondering: is that a situation in - It’s hard—isn't it?—if somebody's not able to eat cake or bread or a bun or biscuit’ Focus Group

‘it would be nice to have good recipes for you guys, I mean we’ve got good cooks here, but I mean as in ways of doing things that you might not thought of doing’ Focus Group
‘What’s this, what I'm eating now? Don’t you know? I said if I'd have known I wouldn't have asked you. She said it's trout.’
Resident : Interview

‘Basically it looks as though someone’s got either a decent-sized ladle, and put it out and it’s just sort of settled into different sort of round-ish, oval-ish shapes.’
Focus Group
‘We will monitor them, not for too long, and probably we will try a little bit of adjustments with the initial sort of diet and drinks to see, I know it’s not a quick fix but sometimes it seems to take weeks to see the SLT, and in those weeks there’s more weight loss. We can't give a soft diet unless we’re told to give a soft diet so sometimes some people will be struggling and then they’ll be struggling for a while and then your referral goes in. Then, as you know, it can take up to three or four weeks to get a speech therapist out’
Focus Group
‘For them, it’s not about so much how to do it, - It’s more about giving them the time to go and do it’ Manager : Interview

‘It’s having the time to – I mean if you’re in the kitchen on your own... cooking 50 odd meals, and to actually stop and do a blending from start to finish can take you an hour out of your day ‘  
Focus Group

‘Having one of those blenders would be an amazing thing. You could do it’  
Focus Group
Production of the Care Home Guide to Dysphagia

- Development of Guide in collaboration with Elaros and Devices for Dignity

- Designing the Guide
- Population of the Content (Consensus prioritisation)
- User testing
The Care Home Guide to Dysphagia
• Android App for tablets
• Text, embedded videos, photos, web links
• 5 topic areas
  - Dysphagia Essentials
  - Food
  - Quality and Safety
  - Workforce
  - Training
• Rapid access to the most relevant information with easy navigation
• 52 pages
• Embedded analytics
Initial testing

- 4 participating care homes
- 57 staff recruited
- X2 tablets / home over 12 week period

Evaluation tools
- In built analytics – activity monitored remotely
- Questionnaire - Likert scales and free text.
  - demographics ; perceptions of change in knowledge / practice; usability
- Informal interviews with managers / staff
Analytics – pages visited

- Pages displayed: 1913 over pilot period
- More than half of activity in 2 sections
  - Food (33%) and Essentials (22%)
- All pages visited at least twice
- 77% of the pages visited > 10 times.
- Average time spent per page = 50 secs

Most visited pages:
- What is dysphagia (60)
- Texture modified diets & drinks (42)
- Thickened drinks (37)
- Suitable foods for texture modified diets (36)
- Online resources (32)
- How to make Texture C (30)
- A balanced diet (29)
- Aspiration and coughing (28),
- Finger Foods (26).
Questionnaires - demographics

Participants 57 ; Returned Questionnaires 36

Gender and age

• Female 86%

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• Male 14%

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Role

Management/ training 26%; Nurse 8%; Health Care Assistant 47%; Kitchen staff 17%; Other 2%

Experience

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### Positive
- **Impact** - 73% reported Guide had helped them in their job
- **Usability** - 90% reported Guide was easy to use
- **Design** – 93% felt the organisation of information was clear
- **Videos** – 80% felt the videos were helpful
- 88% would recommend the Guide to other care home staff

### Negative
- **Accessibility** – 25% reported that the tablet was not available when they wanted to use it
Questionnaires – Free text

Reflected the results from the Likert data
Identified participants liked the content, design and usability

Qu. What did you like best about the guide?

Easy to use. Information was clear and easy to understand. It had really good information and ideas in it. (Manager)

• Easy to access the guide on which bit was needed (HCA)

There was enough information to explain dysphagia and videos were a big help (Health Care Assistant)

• I liked every aspect of the guide, as it was easy to understand and clear. (Kitchen assistant)

It was easy to find the information I required and had videos if I was unsure of a texture (cook)
Future Plans

• Creation of an app that is low cost at the point of access
• Available to ALL staff who work in care homes
• Parent organisations could use it to support them to provide good and consistent care for their residents with swallowing difficulties

• Recent publication

• Seeking funding for wider scale evaluation