

POLICY FOR THE MANAGEMENT OF DYSPHAGIA (EATING, DRINKING AND SWALLOWING DIFFICULTIES)

Policy Name: Dysphagia Policy	Issue Date: October 2026	Version No: 7.0
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Policy Control/Monitoring

Approved by: (Position in Organisation)	Director of Education Director of Health and Wellbeing
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Equality Impact Assessment

The Foundation's commitment is to create a positive culture of respect for all staff and service users and to identify, remove or minimise risks of unlawful discrimination and disadvantage in its policies, functions and activities. As part of its development this document has been assessed in line with The Foundation's equality impact assessment procedure.

Version Control Tracker

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1.0 Introduction

Disruption of swallowing can have serious effects impacting on physical health, with complications such as:

- choking (asphyxiation/airway blockage)
- dehydration and malnutrition
- aspiration (fluid or food going into the lungs) leading to poor respiratory health and chest infections
- medication issues
- discomfort/reduced mealtime enjoyment
- the emotional and psychological problems associated with not being able to eat normally

If not recognised and managed correctly, dysphagia can be fatal. Individuals with a learning disability have a greater risk of unsafe eating and drinking.

Likelihood of dysphagia increases with:

- severity of the individual's learning disability (Robertson J et al 2017)
- poor oral health and hygiene
- individual's eating practice- cramming, speed, chewing
- requirement for physical mealtime support (Ball et al, 2012)
- dementia.

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The Percy Hedley Foundation (PHF) is committed to providing the highest standards of healthcare for all people we support. The key objective is to promote the safety and quality of life of individuals who have dysphagia (eating, drinking and swallowing problems). The PHF caters for a high number of people who experience difficulties with eating, drinking, and swallowing. This may be as a result of neurological conditions, oro-motor difficulties, sensory based difficulties, or profound and multiple learning difficulties.

Whilst specific details of the clinical pathway for the management of dysphagia may differ depending on the service user group and the setting in which they receive their care, the core principles are the same. The management of dysphagia should have multidisciplinary team (MDT) involvement and involve the person we support, family and carers where appropriate.

1.1 Standards

Standards of practice are based on the recommendations of the Royal College of Speech and Language Therapists and interventions will meet current best practice guidelines.

1.2 Purpose

The purpose of the PHF policy and associated procedures are to ensure that service users of PHF who have eating, drinking, and swallowing difficulties (dysphagia) receive the highest level of assessment and management, which supports the promotion of safe and pleasurable mealtimes.

Interventions will meet best practice guidelines as determined by current nationally recognised standards of care (please refer to the policy control and monitoring section of this document for associated references).

This policy and associated procedures provide guidance for staff to promote safety and wellbeing of service users with dysphagia. It provides staff with an awareness of:

- Training requirements
- Information about who to ask for help
- How to make referrals for people we support who are both funded and non-funded for therapy via PHF. This may include people:
 - receiving residential care services
 - in PHF schools
 - in PHF college environment
 - accessing day services and social enterprise initiatives via the foundation

1.3 Scope

This policy will apply to employees working within all services and employed by the Foundation under a contract of employment whose role involves supporting service users with eating and drinking, including the preparation of meals.

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The document will be made available to all managers and those employees who are engaged in assisting and supporting service users in eating and drinking, at any time and in any situation, who will then be expected to familiarise themselves with the principles covered within.

The purpose of this document is to ensure the health, safety and wellbeing of service users who have dysphagia.

The Foundation operates separate Dysphagia SOPs for commissioned adult services, commissioned education services and non-commissioned services. Staff must follow the procedure applicable to the person's service and commissioning arrangements.

2.0 Definitions/Abbreviations

The term dysphagia describes swallowing disorders which may occur in the pre-oral, oral, pharyngeal, or oesophageal stage of swallowing (RCSLT 2025). This includes any difficulty arising from positioning food in the mouth, through the oral movements such as biting, sucking, and chewing food, to the process of swallowing.

Speech and Language Therapist (SaLT's) work with oropharyngeal dysphagia.

The term 'service user' or 'person we support' covers people accessing services within Percy Hedley Foundation.

3.0 Principles

The Percy Hedley Foundation will provide skilled, comprehensive, and responsive input to people we support in all areas of the Foundation who present with eating, drinking and swallowing disorders where Speech and Language Therapy is commissioned. On entry to the service, all commissioned service users will be screened for any dysphagia needs via admission paperwork and assessment days. Specific details are in the standard operating procedures. Triage will be progressed as per standard operating procedures.

Urgent referrals to SaLT will be triaged within 2 working days and non-urgent referrals within 10 working days as per RCSLT guidelines. Following a choking incident, immediate action must be taken in accordance with emergency and accident/incident reporting procedures. A review of the person's current eating, drinking and swallowing risks and management arrangements must be initiated within 48 hours. Referral for SaLT review will follow the relevant commissioned or non-commissioned procedure.

Details of clinical swallow assessment and roles of carers, SaLT and the wider MDT team will follow guidance in the EDS Competency Framework March 2025 (SaLTs) and EDSCF 2020 (other staff).

All services have access to the Dysphagia Lead for advice and guidance. Referrals will be made to external community Speech and Language Therapy teams to engage services for those who present with eating and swallowing disorders who have no commissioned Speech

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and Language therapy input. Percy Hedley Foundation staff will then implement safe eating, drinking and swallowing procedures under the written guidance of these external professionals. For commissioned service users, referrals to external agencies will be made as outlined in the standard operating procedures and PHF SaLTS will work with the wider MDT team. PHF will ensure that intervention following written guidance of external professionals will be delivered by PHF staff who have completed Percy Hedley training when assisting the person we support, and that they know how to escalate a concern to the external professional about any aspect of a mealtime management plan. Where a transfer of care is required between providers this is documented in the standard operating procedures for each service area.

Forward referrals will be made to external services such as ENT, dietetics, regional feeding clinics either directly or via consultant or GP. Details of how to do this are referenced in the standard operating procedures.

Access to OT/PT services for equipment and positioning advice will be provided by PHF if this is commissioned, otherwise a referral will be made to external providers.

Whilst the clinical process may differ depending on the service user group and the setting in which they receive their care, the core principles are the same. The key objective is to ensure the safety of individuals who have eating, drinking, and swallowing disorders.

Discharge criteria is detailed in the standard operating procedures.

Interventions and note keeping will meet best practice guidelines as determined by the current RCSLT and/or HCPC guidance.

Medical notes and further information can be requested from external services where this is not already available at any point during the service user's placement.

These procedures will also apply to the safe administration of medication – see associated policy and procedures.

For service users who present with pure behavioural difficulties in relation to their eating and drinking (e.g. refusing to eat because of mental health issues, eating a very restricted diet or demonstrating pica due to a diagnosis of Autistic Spectrum Condition) a referral to other services e.g. psychology or psychiatry may be appropriate.

4.0 Monitoring and Compliance

Overall responsibility for the operation of the policy lies with the CEO and compliance managers supported and informed by the Dysphagia Lead and dysphagia steering group where relevant. The group consists of dysphagia qualified speech and language therapists, health and safety manager and other relevant professionals.

The effectiveness of the policy will be formally reviewed and monitored regularly to ensure that it continues to meet the requirements of the Foundation, the specific service area and that it reflects best practice and statutory legislation as appropriate.

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4.1 Training and competencies

All foundation staff working directly with service users will receive training that will reflect appropriate professional standards in line with EDSCF 2020. This may be delivered via an internal or external trainer and/or e-learning however internally only SaLT specialists are able to deliver this training. Initial training will be received as part of induction and regular refreshers will be completed for all staff members as appropriate to their role. Any staff member supporting a service user who has a mealtime management plan (MMP) with complex needs will receive further coaching to deliver the plan adequately and consistently as required. Staff (including bank/agency) may not support service users with a mealtime management plan until they have received appropriate training.

Wilful or neglectful omissions of delivery of the mealtime management plans may lead to disciplinary action. Regular observation and audit of adherence to MMPs will be carried out by SaLTs and other staff as applicable.

All foundation staff involved in the preparation of IDDSI modified diets have received texture modification training and appropriate e-learning/practical training (e.g. Oakhouse Kitchen). This will be updated as appropriate. Staff cannot modify food without this enhanced training.

5.0 Legal Issues

- a) *Legal liability* – As the employing authority, The Percy Hedley Foundation is vicariously liable for torts committed by its employees within the scope of their duties. Where speech and language therapists are working within the scope of their employment, the employing authority should in all normal circumstances (i.e. provided the charge is not a criminal one) support them should there be litigation.
The authority's support could depend on whether the speech and language therapist was deemed to be performing duties covered by their job description. (NB: This applies to all staff). For this reason, dysphagia work must be appropriately reflected in job descriptions.
- b) *Insurance* - Registered members of the Royal College of Speech and Language Therapists (RCSLT) have professional indemnity insurance that specifically cites dysphagia as an area of work carried out by speech and language therapists. If a SaLT is not a member of RCSLT they must provide proof of professional indemnity insurance covering their areas of practice. For this reason, dysphagia work must be appropriately reflected in job descriptions. The Foundation has appropriate and adequate insurance cover in place for normal activities (including working with service users at risk under this policy).
- c) *Decision making* – The primary responsibility for taking decisions which could bring about a new 'life-threatening' situation or maintain a potentially life-threatening situation rests with the medical practitioner overseeing care.
- d) *Duty of Care* – Once a duty of care has commenced it must be discharged in full. Negligence can be either an act or omission that causes harm. The speech and

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language therapist always remains responsible for his/her own acts and omissions (NB: this applies to all staff).

- e) *Duty to Act* – In the event of difficulties arising in a life-threatening situation, a positive duty to act arises and therapists are then required to do whatever would be reasonably expected of them in those circumstances (NB: this applies to all staff).

Speech and language therapists should follow the health and safety guidelines and ensure that they are adequately prepared for such events and familiar with emergency procedures. It is the responsibility of all staff involved with eating, drinking and swallowing.

- f) *Competence* – It is recognised that individual speech and language therapists will have varying degrees of experience in treating clients with dysphagia. Circumstances may arise where the therapist will recognise that an intervention should be carried out by someone with greater experience, or a referral should be made to a specialist from another discipline. Failure to recognise such situations may amount to a breach of the duty of care. All SaLTs working in dysphagia will access clinical supervision monthly as per the clinical supervision policy. Additional dysphagia-specific clinical supervision can be arranged as required and all dysphagia trained SaLTs will attend clinical supervision with the Dysphagia Lead at least once a year. Clinical supervision can include 1:1 supervision with a supervisor or peer as well as group supervision and CPD sessions. Informal supervision will be accessed on an ad hoc basis as required. In addition, it is expected that all dysphagia-trained SaLTs will shadow another dysphagia-trained SaLT at least once a year. SaLTs will also supervise SaLTs undergoing dysphagia training and students completing pre-registration dysphagia competencies as appropriate to their role. It is the responsibility of each SaLT working in dysphagia to ensure that their knowledge and skills are in line with current evidence-based practice. The Dysphagia Lead within the Foundation should receive external supervision from appropriately qualified person(s).

5.1 Standards

Standards of practice are based on the recommendations of the Royal College of Speech and Language Therapists and interventions will meet best practice guidelines as determined by the current RCSLT dysphagia guidance.

Skill Mix for SaLTs:

SaLTs with a responsibility for dysphagia management will have completed appropriate training and met the RCSLT EDS competency framework (2025) competencies appropriate to their role (see Appendix 1 and reference an individual practitioner's job description to identify the level they are working at). Evidence of this will be logged on appointment.

Undergraduate training alone (pre-reg EDS competencies) is not currently considered sufficient for a therapist to undertake independent assessment and programme planning of a service user with eating and drinking difficulties. Further EDS competencies should be

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developed using the RCSLT competency document as appropriate. These can be completed within the PHF.

6.0 Associated Policies and References

Policies

Accident, Incident and Near Miss Reporting Policy
Infection Prevention Control Policy
Care and Management of Percutaneous Endoscopic
Gastrostomy (PEG), Jejunostomy Enteral Feeding Tube
(PEJ/JEJ) or Nasal Gastric (NG) Feeding Tube
Oral Hygiene Policy
Foundation's Catering Policy
Safeguarding Children and Young People Policy
Safeguarding Policy – Adults (including Child
Protection)
Meeting Health Needs
Record Management and Information Policy
Data Protection Policy
Data Retention Policy
Mental Capacity
Management of Clinical Waste Policy
Medicine Management Policy
Clinical Supervision Policy

References

Reducing the risk of choking for people with a learning disability: A multi-agency review in Hampshire

Health and Safety at Work Act (1974), HMSO

Management of Health and Safety at Work Regulations 1999: Approved Code of Practice, L21 HSE Books.

Learning from Lives and Deaths – people with a learning disability and autistic people (LeDeR) Report 2024 (published July 2026)

RCSLT EDS Competency Framework March 2025

RCSLT Eating and drinking with acknowledged risks: Multidisciplinary team guidance for the shared decision-making process (adults) September 2021

RCSLT Position paper on the use of thickened fluids in the management of people with swallowing difficulties January 2024

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RCSLT Eating, drinking and swallowing guidance updated March 2025

RCSLT competencies in eating, drinking, and swallowing for the pre-registration education and training of speech and language therapists February 2021

Position Paper: Learning Disabilities (children, young people and adults) April 2023

NICE Guidelines

Health and Care Professions Council regulations

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