

Dysphagia procedure for non-commissioned services

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Procedure Control/Monitoring

Approved by: (Position in Organisation)	Director of Health and Wellbeing
Date (dd/mm/yyyy):	06/10/2026
Accountability: (Position in Organisation)	Dysphagia Lead
Revision Cycle:	Biennial
Brief details of amendments made	Removed repetition of dysphagia policy Updated guidance on sharing documentation with relevant parties

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

Version Number	Date
1	February 2023
2	April 2024
3	September 2025
3(a)	February 2026

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1. Introduction

These Dysphagia Procedures apply to non-commissioned services.

2. Purpose

A reference point for staff concerning Dysphagia Procedures that apply to the criteria as described in the *Introduction* Section above.

3. Scope

See Introduction Section.

4. Definitions

Dysphagia – eating, drinking and swallowing difficulties. These procedures refer to oropharyngeal (mouth and throat) dysphagia only.

5. Principles

Those service users who do not have SaLT commissioned within Foundation services and are seen by local services will have their dysphagia needs monitored by Foundation staff who will refer to external therapy teams for a review of need should circumstances change.

Where those who are not commissioned to receive SaLT input all staff should follow the most up to date guidance. This includes:

- Know the person and their risks: Staff must understand each person's eating and drinking needs, risks, preferences, and agreed support arrangements.
- Follow agreed plans consistently: Care plans, risk assessments, and eating and drinking guidance must be clear, current, and followed at all times.
- Create the right environment: Eating should take place in calm, supportive settings that reduce distraction and promote safety.
- Support safe posture and positioning: Appropriate seating and positioning must be in place before eating or drinking begins.
- Provide the right level of supervision: Supervision must reflect assessed risk and should never be reduced without review.
- Support pace and portion control: People should be supported to eat and drink at a safe pace, with appropriate portion sizes.
- Stay present and observant: Staff must remain attentive during meals and recognise early signs of difficulty or distress.
- Act on concerns immediately: Any changes, near misses, or concerns must be reported, recorded, and escalated without delay.
- Respect choice within safe frameworks: Informed choice and eating and drinking with acknowledged risk (EDAR) must be supported lawfully and reviewed regularly.

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- Learn and improve continuously: Incidents and near misses must be used to strengthen practice, not assign blame.

Duty of care

All foundation staff have a duty of care to report any lack of intervention or appropriate care delivery however this does not extend to the need being met by a foundation SaLT unless on a commissioned basis. The Dysphagia Lead may be contacted for general advice, guidance and signposting.

Where SaLT input is required but either intervention is refused or not timely and therefore is likely to endanger the wellbeing of the person being supported then a referral to the appropriate local authority safeguarding team must be made (please see safeguarding policy for relevant procedure).

General Points Relating to Service Delivery

- a) All staff involved in assisting people we support with their eating and drinking will attend an internal training session delivered by a speech and language therapist with additional qualifications in dysphagia management or an externally sourced accredited training provider. Staff will not be able to fulfil this part of their job role until this training has been completed. This training will be updated on a regular basis (Please also see section on 'training' below).
- b) If service users are identified as high risk for aspiration, choking, poor nutrition/weight gain or dehydration an external SaLT referral will be made and clear explanations and demonstrations will be made if appropriate of procedures (e.g. seating, swallowing postures, textures, feeding techniques) to everyone involved in assisting the person we support with feeding. This will include family members and carers unless they do not consent to be involved, and this will be carried out by the external SaLT.
- c) Foundation SaLTs will use external SaLT swallowing advice to update any Mealtime Management Plans (MMPs) to ensure that all service-users have the same documentation relating to their eating, drinking and swallowing.
- d) If the service user has an existing MMP and there are changes to the person's needs or presentation relating to eating and drinking then a referral to an external SaLT team must be made.

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- e) All staff will read the service user's MMP prior to eating/drinking. The mealtime management plan should be easily available within the service at the point of food delivery to ensure availability.
- f) If staff are unsure about any of the information or advice within the MMP, they will ask for clarification, demonstration or additional training before proceeding. This should be accessed via their line manager.
- g) If the MMP is not followed it will be considered a safeguarding and disciplinary matter.
- h) It is the responsibility of the treating SaLT to share the details in the MMP with relevant parties. Plans written outside PHF cannot be shared without the author's permission. MMPs and relevant EDS information will be shared with those who require the information to safely support the person, in accordance with consent, capacity, safeguarding requirements, data protection legislation and Foundation information-sharing policies.
- i) If a non-oral feeding route is considered necessary and actioned by medical staff, staff must receive training which will be carried out by an external professional.
- j) Records will be kept in line with Percy Hedley Foundation Records Management and Information policy, Data Protection Policy, Data Retention and HCPC guidelines.

Liaison with Other Professionals

- a) It is expected that there will be close liaison between PHF staff and the medical personnel responsible for the service user. They will be supported by a combination of physiotherapists, occupational therapists to support with positioning and equipment and sensory needs. Other professionals e.g., dietitians, community nursing team, GP, ENT, gastroenterology, Consultants etc. will be consulted where appropriate. People we support, families' and carers' views will also be taken into account.
- b) It is important that the person we support and (with consent or in best interests) their family are kept fully informed and involved in decision making as appropriate.

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Training

Training which relates to the overall service needs will be provided. Additional training for teams who support individuals with complex dysphagia needs will be provided at the Dysphagia Lead's discretion.

- a) All staff involved in mealtime management will attend an introduction training session delivered by a dysphagia trained SaLT or external specialist with appropriate knowledge. Staff will not be able to fulfil duties relating to eating and drinking of their job role until this training has been completed.
- b) Once basic training has been completed, staff will be eligible to assist people we support with eating, drinking and swallowing difficulties. Staff practice will be monitored by their line manager who may flag concerns observed in daily practice.
- c) A refresher training session is mandatory every 2 years.
- d) In cases where training is requested from external agencies involved with a named service user e.g. respite care provisions, a copy of the mealtime management plan may be shared, for information only, in order to reduce risk. The external agency should contact local SaLT service for further guidance.

Additional Training

A trained First Aider will always be working within the environment when meals are being taken. First Aid training will be updated at regular intervals.

All foundation staff involved in the preparation of IDDSI modified diets have received texture modification training. Staff cannot modify any food without this enhanced training.

The Organisational Development team will keep accurate and contemporary records for all staff who have undertaken dysphagia training and work with the dysphagia steering group to ensure compliance to training standards across the Foundation.

Reporting of choking Incidents

- a) All choking incidents should be reported using incident reporting systems in use at each site. The Health and Safety Manager will track these so the incident can be investigated appropriately. In addition, and dependant on initial fact finding, notifications to the Regulator or Local Authority safeguarding team may be required.

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- b) This incident may result in changes to the management plan, further staff training or onward referral.
- c) Incidents where the person we support suffers harm must be reported to the safeguarding officer who will take appropriate action. This will include reporting to the operations manager.
- d) Any incidents of sudden death, including death by choking must be reported to the police and the Health and Safety Manager who will inform the HSE under RIDDOR Regulations.

Consent to Intervention

- a) Before assessment or intervention for dysphagia needs, for people we support over the age of 18 the external SaLT will obtain the informed consent of the person or their legal representative. If the service user does not have capacity to make an informed decision, as evidenced by a mental capacity assessment, a Best Interest Decision will be made to ensure dysphagia needs are considered and acted upon safely on an individual case by case basis.
- b) For young people aged 16 and 17, consent and capacity will be considered in accordance with the Mental Capacity Act 2005, relevant children's legislation and current statutory guidance. Where there is uncertainty or disagreement, advice will be sought through safeguarding and/or legal governance arrangements.
- c) If a child under the age of 16 is unable to give consent due to understanding (i.e. Gillick competent) then the consent would fall to parent or guardian. This could be:
 - a. Parent or Guardian
 - b. Legally appointed guardian
 - c. Person with a residence order concerning the child
 - d. A local authority designated to care for the child
 - e. A local authority or person with an emergency protection order for the child
- d) Consent may be expressed in written, oral, non-verbal, implied, or best interest forms and will be documented in the SaLT case notes on every contact.
- e) Where people we support or their legal representative withhold consent for assessment or intervention but there are clear dysphagia needs, the issue will be taken to the Senior Management Team and internal and external MDT and/or GP for urgent consideration. Each case will be considered on an individual basis in order to achieve a resolution.

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- f) In the event of continued refusal to consent, the final decision on whether the service can continue to meet the need, rests with the Registered Manager (residential services) and senior management team. The decision will be documented clearly in writing and shared with both the service user, their family and or representative. In the meantime, SaLT advice will be followed within the Foundation's services until a resolution or new placement is sourced.

Action in the Event of Disagreement

Where there is a disagreement between the person we support, SaLT, other Foundation staff, other professionals, and families regarding the nature of intervention the following procedures will be followed:

- a) The principles of the Mental Capacity Act 2005 will always be followed.
- b) With support of professional line management, the SaLT will attempt to resolve the situation through multi-disciplinary discussion, including the person we support and/or family as appropriate. These discussions will be documented, and written copies given to all involved. A safeguarding concern will be raised as appropriate.
- c) RCSLT Eating and Drinking with Acknowledged Risk (EDAR) guidelines will be followed as best practice.
- d) If there are differences of opinion which cannot be resolved the relevant staff member will make their line manager and Dysphagia Lead aware of the dispute. They may then decide to intervene to facilitate a resolution.
- e) If the dispute cannot be resolved by negotiation this should be communicated in writing to the GP responsible for the person we support's care.
- f) Where the Dysphagia Lead and multi-disciplinary team feel that following family or service user wishes would compromise safety for the person we support, it will be stated that SaLT advice will be followed within the Foundation's services until a resolution is reached.
- g) Where there is disagreement amongst the team, particularly between the GP responsible for the person we support's care and other team members, every effort should be made to resolve it through discussion. Where the GP chooses a course of action contrary to the advice of the SaLT and the clinician believes that such an action may cause the person harm, the SaLT must record their opinion in writing to the doctor, professional line manager, the Foundation Health and Safety Manager and Head of Service.

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- h) Should resolution not be reached in a way the foundation feel is appropriate and safe, then this will be dealt with on a case-by-case basis engaging with full MDT, the person and their family and our legal representatives to find a resolution. This could see a variety of approaches including serving notice on the individual, however each situation will be reviewed on a case-by-case basis.
- i) Any disagreements that cannot be resolved and where an individual lacks capacity (adult or child) can be escalated to the court of protection.
- j) Foundation staff will not be asked to assist people we support with eating and drinking where there is acknowledged risk of aspiration and/or choking if they express concerns about doing this, regardless of the outcome of multi-disciplinary discussions supporting this plan of action.

Cover for absence

- a) Issues of capacity and specialisms mean that SaLTs cannot automatically provide cover for vacant posts, annual leave or in cases of long-term sickness within adult services or for other parts of the Foundation. In these instances, the cover will be decided using a risk-based approach.
- b) Heads of Service must ensure strategies are in place to provide appropriate cover wherever possible in these situations.

Transfer and discharge planning

- a) In the event of a service user leaving Percy Hedley Foundation, transferring to other services within the Foundation or going into a care or hospital setting, the appropriate staff will ensure that information regarding dysphagia management is shared with the relevant personnel.
- b) Final discharge from the service implies an end to the duty of care from the Percy Hedley Foundation.

Record keeping and audit

Records will be kept in line with Percy Hedley Foundation Records Management and Information policy, Data Protection Policy, Data retention and HCPC guidelines.

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6. Monitoring and Compliance

This procedure will be reviewed on an annual basis or sooner should the Foundation Dysphagia Steering Group deem this necessary.

7. Associated Policies and References

Policies

Policy for the Management of Dysphagia (Eating, Drinking and Swallowing Difficulties).

Dysphagia Standard Operating Procedures for Service Users over the age of 18 who have commissioned Speech and Language Therapy.

Dysphagia Standard Operating Procedures for Students in Education Services who receive commissioned Speech and Language Therapy.

Record Management and Information policy.

Data protection policy.

Data Retention policy.

References

<https://documents.hants.gov.uk/adultservices/safeguarding/Reducingtheriskofchokingforpeoplewithalearningdisability.pdf>

Care England Good Practice Guide: Preventing choking deaths among people with learning disabilities. July 2026

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