

# IDDSI in the care sector

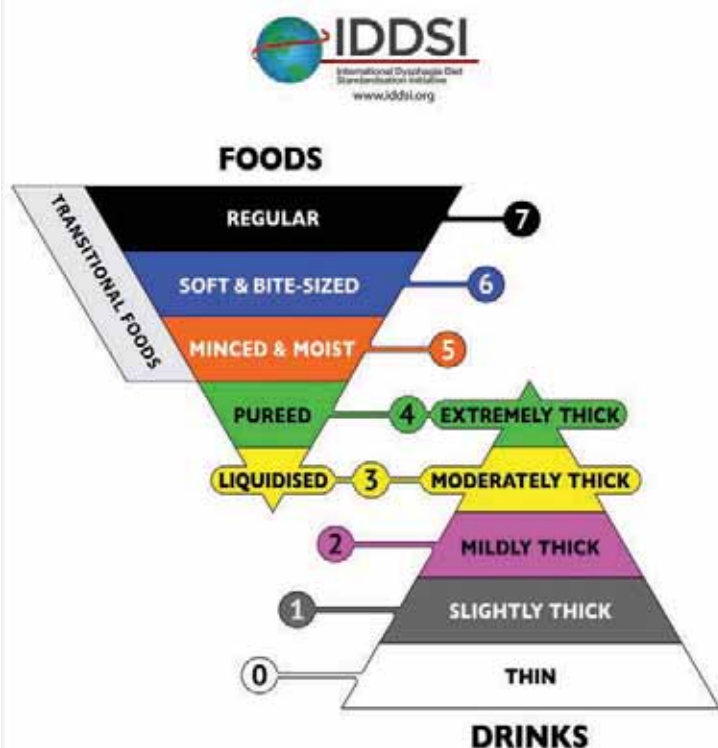
Texture modified food for those with dysphagia now has safer frameworks to follow. This framework is called IDDSI. Here's what you need to know to implement and comply.

## IDDSI STANDS FOR INTERNATIONAL DYSPHAGIA DIET STANDARDISATION INITIATIVE

IDDSI has been the work of a group of professional volunteers from diverse professions with the aim of developing international standardised terminology and definitions for texture modified foods and thickened liquids for people with dysphagia.

A review of existing standards, available evidence and collaborative efforts from stakeholder groups have resulted in a safety and guidance framework that is consistent, culturally sensitive, measurable and applicable to individuals of all age groups in all care settings.

It is represented in levels as shown here:



## IDDSI OBJECTIVES:

- ▶ To develop a standardised way of naming and describing texture modified foods and thickened liquids
- ▶ To create practical and valid measurement techniques
- ▶ To seek a common language

## COMPLYING WITH IDDSI:

Care homes or suppliers need to ensure their teams are aware of and understand the following areas of knowledge and practice:

- ▶ Understand dysphagia – risks and responsibilities
- ▶ Understand the IDDSI framework, resources and tools available
- ▶ Understand the full risk implications relating to choking and dysphagia
- ▶ How to apply the framework to practice: chefs, managers and links
- ▶ How to audit using the IDDSI audit tools
- ▶ How to manage delivery of foods as well as support
- ▶ Apply safe practice tips and know what to do if Foods don't meet levels
- ▶ Maintaining a strong link between care and catering for safe implementation

## IMPLEMENTING A ROBUST POLICY

IDDSI is an area that perhaps tests the link between care and catering more than most, as the consequence of poor practice can result in fatality.



Care homes need to ensure they have a robust policy to demonstrate their embedding of IDDSI.

The NACC IDDSI training provides guidance in this area. Here's an excerpt from the training on policy outline:

#### The policy should include:

- ▶ Purpose: including why and statistics
- ▶ Scope: who it affects and who regulates
- ▶ Procedures: assessment, menu, care actions, catering actions
- ▶ Reference to related procedures, e.g. dining model, care planning: what good looks like

Documentation to support the policy needs to include risk assessments, personalised care planning and catering dietary communications, as well as tracking that meals are given to the correct person. Challenges can occur with receiving correct and sufficient snacks, as well as main meals.

Comprehensive risk assessments are vital documents to have in place.

#### These should include:

- ▶ Existing control measures and protocols
- ▶ Additional person-specific measures
- ▶ Mental capacity: disclaimer and agreement
- ▶ Dietary needs: reporting, plating of food, menu choice
- ▶ Steps to reduce risk: menu, plated, posture, dentistry, equipment, support
- ▶ First aid e.g. suction
- ▶ Post-choking support and follow-up

It is essential for all care homes and suppliers to be familiar with IDDSI resources and to use them well.

Go to the IDDSI website to see what's available: [www.iddsi.org/resources](http://www.iddsi.org/resources). You can find information on printing and understanding the testing methods, the framework and the

audits. An A3 poster gives a fantastic summary of the framework and testing methods, which only need a fork and a spoon for foods.

#### RED FLAG FOODS

Care homes can't rely on speech and language therapists' instruction alone to follow IDDSI, as they will leave themselves open to many vulnerabilities which put residents at risk.

Within the framework and testing methods there is invaluable information on cautionary foods that each and every staff member needs to know and refer to. We have called them the Red Flag Foods and they are as follows:

- ▶ **Mixed thin/thick** e.g. gravy, cereal and milk. To meet texture levels, sauces and gravies

need to be mixed into foods, not added after, and meet the planned level

- ▶ **Hard or dry:** apple, crusty roll, bread, dry cereal
- ▶ **Fibrous or tough:** steak, pineapple
- ▶ **Chewy:** cheese, marshmallows, some mash
- ▶ **Crispy:** bacon, lettuce
- ▶ **Crunchy:** popcorn, carrot
- ▶ **Sharp:** chips, crisps
- ▶ **Spikey:** corn tortilla chips
- ▶ **Crumbly:** dry cakes, biscuits
- ▶ **Pips/seeds/pith:** pumpkin seeds
- ▶ **Husks:** bran, sweetcorn, psyllium
- ▶ **Skin:** chicken
- ▶ **Bone or gristly:** sausages
- ▶ **Round or long shaped:** cocktail sausages, grapes, fresh mandarin segments
- ▶ **Sticky/gummy:** nut butter, rice cakes
- ▶ **Stringy:** runner beans
- ▶ **Hard crust:** bread
- ▶ **Floppy:** lettuce, cucumber, spinach
- ▶ **Juice foods:** watermelon

Transitional foods need consideration. A transitional food is one that starts as one texture but changes to another. It doesn't require biting, it doesn't need chewing e.g. cheese puffs and wafers.

**Note:** Bread products are considered a regular food texture (Level 7) and are not permitted at levels 6 (Soft & Bite-Sized) or 5 (Minced & Moist).

## IDDSI TOP TIPS

- ▶ Train ALL staff and be very clear on their role. Only those trained in HOW to texture modify should do so
- ▶ Ensure the chef and the catering teams get a copy of the SLT recommendations
- ▶ Run practical masterclasses for chefs
- ▶ Menu plan to include texture modified foods and have an always-available menu
- ▶ Involve the resident throughout – don't assume or provide a lesser provision
- ▶ Risk assess correctly and record fully – include first aid actions for choking
- ▶ Quality manage – build in food testing and themed events to carry on awareness
- ▶ Serve a meal to a manager who is trained daily until all staff follow IDDSI
- ▶ Snack plan well – this can be a gap
- ▶ Never assume the resident understands fully or doesn't understand at all
- ▶ Many care homes ensure food is plated, named and labelled by the catering team and always heated in kitchens so it's tested before it's served
- ▶ Monitor for weight loss as this a risk area that can link to dysphagia
- ▶ Invite chefs to outcome meetings with SLT, if possible. Chefs aren't clinicians so every bit of knowledge is helpful in providing the right food and understanding the reasons why
- ▶ If possible, train IDDSI and dysphagia champions