



FAQ: Speech and Language Webinar – Dysphagia Management in Care Homes

(For care providers in East & North Hertfordshire)

1. Overview of the Webinar

The session aimed to explain dysphagia (swallowing difficulties) and its impact on residents, outline current Speech and Language Therapy (SALT) provision in East & North Hertfordshire, clarify referral pathways and criteria for swallowing concerns, and gather feedback from care providers on challenges and ideas for service improvement.

2. Key Learning Points

- Dysphagia = difficulty swallowing food, drink, or saliva safely.
- Common in older adults and those with dementia, stroke, Parkinson's, or neurological conditions.
- Risks: aspiration, choking, malnutrition, dehydration, and reduced quality of life.
- SALT service provides care across hospitals, clinics, home visits, and telehealth.
- Referral must go through GP or health professional; self-referrals not accepted.

3. Frequently Asked Questions

Referral Criteria

Accepted referrals: clear signs of oropharyngeal dysphagia and role for SALT management.

Rejected referrals: behavioural issues (refusing food, spitting out), end-of-life stage, poor dentition, oesophageal problems, incomplete forms.

Poll insight: Common inappropriate referrals include end-of-life, behavioural feeding issues, acute illness (e.g., infections), oral thrush.



Q1. What signs should staff look for?

Frequent coughing/choking during meals, wet/gurgly voice, shortness of breath, residue in mouth, food/drink leaking from lips, recurrent chest infections, unexplained weight loss.

Q2. How do I refer to SALT?

Referrals accepted from GPs, other health professionals, or care homes (with GP agreement). Referral form to be completed (attached) and emailed. All referrals are triaged; incomplete or inappropriate referrals will be rejected with advice.

Q3. When is a referral appropriate?

Accepted when there are clear signs of oropharyngeal dysphagia and SALT can provide management strategies. Rejected when issues are behavioural, end-of-life, poor dentition, oesophageal problems, difficulties swallowing medication only, too drowsy to eat and drink, resident already has a decision in place to be risk feeding (eating and drinking with accepted risks of aspiration).

Q4. What happens during a SALT assessment?

Case history, observation of posture and alertness, assessment with different food/fluid consistencies. Recommendations may include diet/fluid modification, strategies, or onward referrals.

Q5. Should thickener always be used?

No. Thickener is not a one-size-fits-all solution and must only be used under SALT guidance. Risks include reduced hydration, poor quality of life and aspiration of thickener.

Q6. Common myths

- Thickened drinks are always safest – Myth
- Coughing always means aspiration – Myth
- Refusing food = swallowing problem – Myth