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A Service Evaluation of the use of Mealtime Advice Mats within an Adult Learning Disability Service

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Introduction

'Mealtime Advice Mats' have been recommended as good practice in the UK when supporting people with learning disabilities and dysphagia^{1,2} and their use has been adopted by Adult Learning Disability (ALD) and childrens services³.

Typically these are simple one page, double sided, laminated documents which short brief instructions of how to support a person with their mealtime, often with photographs included.

In this local service the term used is 'Dysphagia Guidelines'. There has been little exploration of their use or effectiveness in the literature.

Purpose

Evaluate the effectiveness of the local Dysphagia Guidelines by gathering views from:

- Residential Support Staff (SS)
- Multidisciplinary Team members (MDT)

Use the information to plan improvements to the mats themselves or their provision.

Methods

Two questionnaires were developed to collect awareness and experiences of using Dysphagia Guidelines within one ALD service.

Ethical approval granted by LCS Proportionate Review process, City, University of London.

Views gathered from:

- Residential support staff N:21
- MDT staff N:21

The questionnaires included questions on amount of use, adherence to guidelines and understanding of the client's dysphagia plan alongside opinions on the format and design of the guidelines themselves.

Data were analysed using:

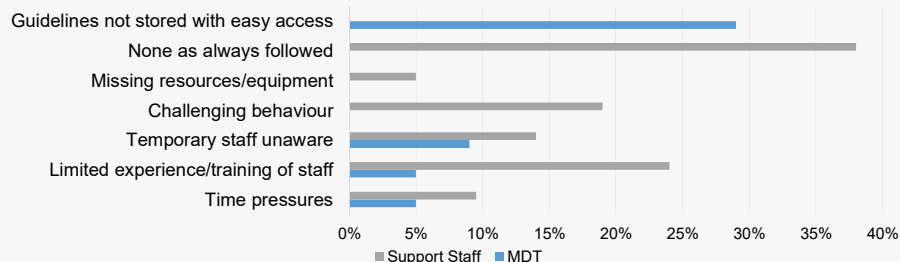
- descriptive statistics
- reviewing a small amount of free text comments using content analysis

References

- National Patient Safety Agency (2007). Problems swallowing? Ensuring safer practice for adults with learning disabilities who have dysphagia. Resources for health staff.
- Marriott, A., & Turner, S. (2016). Making reasonable adjustments to dysphagia services for people with learning disabilities. Improving Health & Lives: Learning Disabilities Observatory
- Morgan, S., Luxon E., Soomro, A. & Harding, C. (2018). Mealtime Advice Mat use in special schools for children with learning disabilities. Learning Disability Practice
- Chadwick D, Jolliffe J, Goldbart J et al. (2006). Barriers to caregiver compliance with eating and drinking recommendations for adults with intellectual disabilities and dysphagia. Journal of Applied Research in Intellectual Disabilities, 19, 2, 153-162.

Results

Reasons suggested for Support Staff non-adherence to Dysphagia Guidelines



Places Dysphagia Guidelines were stored

Storage Location	Frequency of use	Percentage
Personal files	17/21	85%
Kitchen	7/21	33%
Menu Folder	5/21	24%
Hospital Pack	3/21	14%
Dining Room	2/21	9%
Manager's Office	1/21	4%
Electronically	1/21	4%

Previous SLT dysphagia training received by:

- 71% of Support Staff
- 48% of MDT staff

Support Staff rated their confidence levels highly in providing mealtime assistance on a 0-10 scale

- 76% - 'highly confident'
- 24% - 'confident'

MDT staff were less confident in understanding their client's eating and drinking difficulties

- 67% - 'confident'
- 28% - 'sometimes confident'
- 5% - 'unconfident'

62% of MDT staff had seen Dysphagia Guidelines in use by Support Staff

38% of Support Staff stated that Dysphagia Guidelines were always followed

95% of Support Staff stated that choking was a risk of not following Dysphagia guidelines

Conclusions

This service evaluation found:

- Dysphagia Guidelines were in use and that changes to the general format and content was not a priority
- Despite the use of Dysphagia Guidelines as recommended as a tool to improve adherence⁴ other barriers prevent Support Staff from using and following them

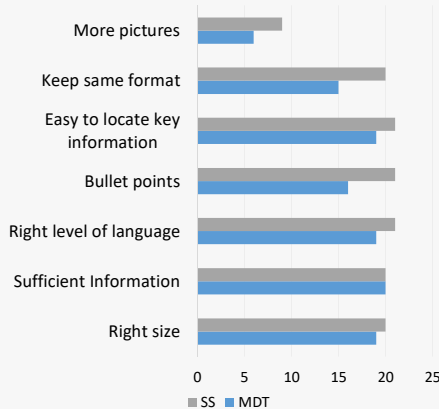
- Importance of asking different stakeholders about barriers to adherence. Without the Support Staffs' own views support could have been incorrectly targeted

It identified new potential factors for improvement

- Develop dysphagia knowledge & skills of MDT to support more consistent guideline reinforcement and adherence
- Consider views on first person/name usage

Research to determine the effectiveness of and optimal strategies to implement dysphagia guidelines are needed. This could assist further adoption of this recommended good practice approach

MDT & SS views on current Dysphagia Guidelines Format



Preference for use of first person or client's name in Dysphagia Guidelines



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