Welcome & Housekeeping

Peter Lam
Chair & CEO IDDSI Global
Dr Hannah Crawford
Executive Director of Therapies
Tees, Esk & Wear Valleys NHS Foundation Trust

Sam Bradley
Professional Head of Speech & Language Therapy
Tees, Esk & Wear Valleys NHS Foundation Trust
Eating and Drinking at Risk

- What are the agreed/evidenced risks?
- Can we quantify the risk?
- What have we trialed to minimize the risk?
- Does following SLT advice eradicate risk?

Other risks:
- Loss of agency, choice, autonomy
- Family intimacy, expressions of love and spirituality
Collaborative care planning

- Case examples (Werther’s Originals, bread)
- Collaborative, inclusive care planning
- Use of all the tools in the toolbox
- Clear documentation

But...
- JJ’s access to boiled sweets if physically able
- Introducing tasters
Mindy Bhalla
National Operations & Pharmacist Specialist
Care Quality Commission (CQC)
Medicines optimisation and Dysphagia
A CQC perspective

Mindy Bhalla
Pharmacist Specialist
CQC Medicines Optimisation Team
21 September 2023
Objectives

By the end of this session, we will have covered:

- Introduction to CQC and what we do
- How to find CQC medicines resources
- Relevant NICE guidance
- Resources and further reading
- Provider expectations
- How to get contact the medicines optimisation team
Figure 1: CQC’s overall operating model

- **Registration**
  - Rigorous test
  - Legally binding
  - Commitment to safe, high-quality care

- **Independent voice**
  - Thematic reports, statutory reports (e.g., State of Care), events, articles, and other publications

- **Intelligent Monitoring**
  - Data and evidence
  - Information from people

- **Comprehensive assessment of care quality**
  - Safe?
  - Effective?
  - Caring?
  - Responsive?
  - Well-led?

- **Expert inspections**
  - Expert
  - Thorough
  - Talking to people and staff

- **Rating and publication**
  - Outstanding
  - Good
  - Requires improvement
  - Inadequate

- **Enforcement**
  - Improvements in care

**Key:** CQC’s core functions
- Registration
- Monitor, inspect, and rate
- Enforcement
- Independent voice
Our purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.
We're CQC, the independent regulator of health and social care in England

Search for a health or social care service

Use our inspection reports to find and compare services

For the public

Our reports tell you what we think about the quality of care.
Sectors and service types

Adult social care
Care homes, home care, specialist colleges, extra care, supported living and Shared Lives schemes

Dentists
Includes dental surgeries, services that visit people in their homes and out-of-hours emergency services

Online primary care
Services that offer consultation, diagnosis or treatment online only

Urgent care
Includes NHS 111 and GP out-of-hours services

Independent doctors and clinics
Includes private GP services and

Independent healthcare
Independent hospitals, ambulances, community health, hospices, mental
Resources for providers, staff and public

Inspection and monitoring

Find out what information we'll ask you to send us, what happens when we inspect and what you can expect to happen next.

Best practice

- Medicines information for adult social care services
- Learning from safety incidents
- Our position on the Care Certificate
- Trusted Assessors
- Trusted Assessors: Supplemental coronavirus (COVID-19) guidance

How we monitor, inspect and regulate adult social care services

Infection prevention and control in care homes

Infection prevention and control in supported living services and Extra Care housing
CQC Adult Social Care medicines webpage

Dysphagia and thickeners

Page last updated: 3 November 2022  Categories: Organisations we regulate

‘Dysphagia’ refers to difficulty with swallowing.

Dysphagia can occur in the:

- oral stage of swallowing (in the mouth)
- pharyngeal stage of swallowing (in the throat)
- oesophageal stage of swallowing (in the tube leading to the stomach)
- or in any combination of these

Dysphagia can occur at any age, from premature babies, through to the elderly and those at the end of life.

This page is for:

- adult social care services

Medicines: information for adult social care services

For further advice, contact medicines.enquiries@ocq.org.uk
Managing medicines in care homes

Guidance

Recommendations

Who is it for?

- People who work in care homes, including care home staff and people involved with the care of people in care homes.
- People involved in purchasing medicines for care homes.
- Users of care home services and relatives, friends and carers.
- People involved in commissioning and procurement for care homes.
- People involved in delivery and production of medicines for care homes.

Published: 14 March 2014

https://www.nice.org.uk/guidance/sc1
Assessing medicines support

Nutrition and hydration needs

Time, resource & training needs

Current situation – any concerns

Contact and information sharing

Engage with the person
Stage One: Warning

Risk of death from asphyxiation by accidental ingestion of fluid/food thickening powder

05 February 2015

Actions

Who: All providers of NHS funded care where thickening agents are prescribed, dispensed or administered.

When: To commence immediately and be completed by no later than 19 March 2015

1. Identify if the accidental ingestion of dry thickening powder has occurred, or could occur, in your organisation.

2. Consider if immediate action needs to be taken locally, and ensure that an action plan is underway if required, to reduce the risk of further incidents occurring.

3. Distribute this alert to all relevant staff who care for children or adults in primary care, emergency care, and inpatient care settings, including mental health and learning disability units.

Feedback from frontline staff indicates that the potential consequences of trying to swallow dry thickening powder appear under-recognised therefore there may be significant under reporting.
Using thickeners of different types for patients with swallowing difficulties
Published 2 July 2021
Topic: Swallowing difficulties
Gum and starch based thickeners are available; drug-thickener interactions are possible and should be avoided.

Contents
- General advice
- Introduction
- Choosing between starch based and gum-based thickeners
  - Starch
  - Gum
- Preparation
- Drug-thickener interactions
- Other specific areas

General advice
Defining and identifying thickness of fluids and food for patients with swallowing difficulties
Fluid thickness and food consistencies are defined for patients with swallowing difficulties, and how to find the recommended level for a patient.

Introduction
It is important that thickening agents are mixed appropriately in order to produce the required IDDSI Level for the patient.
Thickening agents are typically available as tubs (with scoops) or sachets of powder to be mixed with the liquid that needs thickening.

- Appropriate clinical advice
- Care plans
- Mixed with thickener or alternatives sought
- Assumption that people can self-administer unless preference or risk assessment says otherwise
Considerations

- Appropriate assessment
- Medication review
- Working with other health care practitioners
- Policies and SOP’s
- Self administration
- Care plans
  - Consistency directions for use
  - Risk assessment
How does the service engage with healthcare professionals in relation to reviews of medicines at appropriate intervals?

- Supporting people to attend appointments and reviews
- Contacting the GP to arrange a medicines review
- Dietician assessments and access
- Knowing when to refer to healthcare professionals
Any questions?

www.cqc.org.uk

Medicines.enquiries@cqc.org.uk
Clare Park
Adult Speech & Language Therapist
Simply Food Solutions

Sarah Rossor
Paediatric Speech & Language Therapist
Simply Food Solutions
The Importance of the IDDSI framework and meeting the needs of pediatric patients
Please visit our stand to discuss our specialist IDDSI meal solutions

Thank you for listening
IDDSI PRODUCT SHOWCASE - FOOD

**Spaghetti Bolognaise**  
IDDSI Level 4

**Mango Jelly**  
IDDSI Level 4

**Schreemies (ice-cream)**  
IDDSI Level 4

**Tea & Biscuits – Custard Cream Bourbon & Tea**  
IDDSI level 4
Morning Break

Refreshments & Exhibition Viewing

Next session will start at 11.10am
Kathleen Graham
Senior project manager
The Royal College of Speech and Language Therapists
Thickened fluids – a summary of ongoing work by the RCSLT

Kathleen Graham
Senior project manager RCSLT
Kathleen.graham@rcslt.org
Why did the RCSLT feel the need to produce a position statement on the use of thickened fluids?
What were the concerns being expressed from members?

- Benefits vs burdens
- Service provision models
How was the position statement developed?
Developing the position statement
Position statement on the use of thickened fluids in the management of people with swallowing difficulties

March 2023
Key points from statement

- Literature – thickened fluids can reduce risk of aspiration and cough-related distress
- Potential treatment burdens
- Further research needed
What was the response?
• 4th most visited RCSLT page in March 2023 with over 6000 visits
• Most viewed news story between 1 April 2022 and end of March 2023
• Over 93,000 unique twitter impressions and retweeted internationally
• Over 2000 impressions on linked in
• Discussed on international podcast

RCSLT
What are RCSLT recommending?

- Understand the evidence base
- Discuss potential adverse side effects and potential benefits with service user and/or proxy
- Reflect on workplace and service design
What next?
Thank you and please email me if you have any further questions

rcslt.org
Kathleen.graham@rcslt.org
@RCslt
Niamh Condon
Dysphagia Chef (TM)

Preston Walker
Oak House Kitchen

James Ball
Oak House Kitchen
Nutrition only counts if the food is consumed!!!!
Niamh Condon

COOKING FROM THE AGE OF 12
Started in my Uncle's kitchen in his deli/butcher shop. Learned all aspects of butchery and cooking techniques

STUDIED FOOD PROCESS ENGINEERING UCC
While studying, I continued to work as a chef in various outlets, upskilling at every opportunity. It was the practical side of food that had me hooked

DESIGNED KITCHENS
While working as a chef and catering for all events, I decided I wanted to put some of my skills to work

DEMENTIA CARE NUTRITION CHEF
Took a job in aged care in 2014 and the world of care and nutrition took on a more meaningful meaning

FOOD SCIENCE & TECHNOLOGY
From what I was doing with food, I wanted to learn more about how the nutrition was consumed in the body and also the manufacturing processes behind food production
Dysphagia Challenge 24th February 2019

• Why did I do this?
• Consumed a diet of pureed IDDSI level 4 foods & drinks for 3 days
• Dr. Grainne Kent RD
• Social Impact.....coffee
• Colder drinks easier to consume
• Should everyone have this experience to be able to care for people with dysphagia???
Dysphagia Challenge 20th June 2021

- Challenged by Grainne Kent to only consume foods readily available from the supermarket
- Led me to the baby food isle
- Was hungry but that wore off
- Bloated from the dairy
- Purchased Texture modified foods from the internet
- Prepared meals to fit in with socialising for the weekend
Speech & Language
Dept. Tallaght
Hospital Dublin

Volunteered for a study
Drinks

1 2 3 4
What is it?
Why are we trying to improve presentation & taste?

When we perceive a food to be something different, then we will either eat it or refuse it!!

Cake Pops anyone?
What happens when this is your
Beef Casserole

Recipe

- Beef puree
- Carrot Puree
- Creamed Potato
- Pea Puree
DYSPHAGIA CHEF
Dining with Dignity

niamh@diningwithdignity.ie

thank you
Controlling Texture Change

Preston Walker
Oak House Kitchen
Thickener Workshop

• Changing the texture of food has been important for human development and for quality of life for millennia -

• In modern culinary applications functional thickeners are used widely in...
  • Manufacturing to maintain the quality, stability and texture of the food product during production and distribution.
  • Restaurants and molecular gastronomy
  • Even in the domestic kitchen (cornflour, arrowroot, gelatine)
A Wide Variety of Applications

• Different products can be used or combined with others for their functional properties to affect:
  • texture, mouthfeel, flavour release, appearance, tolerance to temperature (hot/frozen), clarity and structure of foods

• Some products behave differently with ingredients and may not function when used in recipes with high sugar, acidity, alcohol, or fat.
What are Functional Thickeners?

• Obtained from different natural sources, such as land and marine plants, microorganisms and animal connective tissue

• Main categories are..
  • Gum
  • Plant
  • Protein
Tasting Workshop

Sample 1
Mango puree with blend of Sodium Alginate (E401) Guar Gum ((E412) Carrageenan (E407) **Allergens – MILK**

Sample 2
Mango puree with blend of Carrageenan (E407) Potassium Chloride (E508) Locust Bean Gum (E410)

Sample 3
Mango puree with blend of Carrageenan (E407) Potassium Chloride (E508) Locust Bean Gum (E410)

*(Same recipe as sample 2)*

Sample 4
Mango puree with gellan gum (E418)
Stimulating the Senses and IDDSI

James Ball
Oak House Kitchen
Stimulating the Senses and IDDSI

• We all strive and aim to improve the quality of life for patients with dysphagia.

• IDDSI provides a common language with simple to use testing methods for textures suitable for people with dysphagia.

• When texture is restricted for people with dysphagia it is natural to want to enhance the other senses to improve the experience, promote eating and improve health outcomes.
Tickle the Senses!

- **Sight** – Visual Appearance
- **Taste** – Deliciousness!
- **Smell** – Appeal & Flavour
- **Touch** – Mouth Sensation
- **Sound** – Enhance the Experience!
A Word of Caution

• IDDSI provides a common language with simple to use testing methods for textures suitable for people with dysphagia.

• Over thickening PU4 to improve the visual appeal – Windpipe Demo

• Other areas to consider...
Food Science and Culinary IRG

• Join in! If you have something to offer, contact us at CULINARYIRG@IDDSI.NET

• Culinary applications from around the globe

• Production to presentation!
**IDDSI PRODUCT SHOWCASE - DRINK**

**Orange Drink**
IDDSI Level 3

**Resource Thicken Up Clear, mixed into a mocktail drink**
IDDSI Level 2

**Fresubin Thickened, Strawberry flavour.**
IDDSI Level 2

**Nutilis Complete Drink**
IDDSI Level 3
THE IMPORTANCE OF DYSPHAGIA EDUCATION IN CARE HOMES

ALEXA HOLLIS
CLINICAL LEAD SPEECH AND LANGUAGE THERAPIST- EAST SUSSEX HEALTHCARE NHS TRUST
Afternoon Break

Refreshments & Exhibition Viewing

Next session will start at 15.10pm
Janne Schack
Speech and Language Therapist
Dorset Healthcare University NHS Foundation

Rachael Masters
Consultant Dietitian (MSc, BSc)
MD of Focus on Undernutrition UK Ltd
Assessing the Swallow → Making the Recommendations

Janne Schack

Adult Community Speech and Language Therapist
Dorset HealthCare University NHS Foundation Trust
Speaker Disclosures

• Member of UK IDDSI Reference Group

• NHS Employee:
  • Dysphagia Lead for Dorset HealthCare Community Speech and Language Therapy Service
  • Clinical Lead for Dorset HealthCare’s DART (Dysphagia and Referrals Training) online and F2F training package
Before the food and drink bit

• Medical history + reason for referral
• Oral status + Oro musculature function
• Positioning + level of independence
• Cognitive function + behaviours
• Consent (assessment + management)
• Equipment + environment
The food and drink bit

Today I will only discuss food/diet textures.

Regarding drinks, just know that **we will avoid thickening whenever possible** - the evidence indicates that thicker fluids are more harmful than thin fluids, even for people who cough with drinks.
How do we assess swallowing?

We will **challenge** the person’s swallowing by offering something they may not manage.

We monitor carefully as they chew, transfer and swallow.
What IDDSI Level to trial?

• A dry biscuit or a sandwich for someone who may manage a normal diet.

• A banana can represent IDDSI Levels 7 Regular Easy to Chew down to Level 4 Pureed.

• At lunch - meat, roast potatoes, battered fish, garden peas represent normal diet; pasta in a sauce and cooked root veg or e.g. broccoli can be a Level 5 or 6, mashed potato Level 4.
IT’S BANANA TIME!

Image by Racool_studio on Freepik
What do we look at while they eat?

• **Chewing** – is it effective? Are their jaw and tongue moving as they need to?

• Can they **transfer** the bolus?

• Is the swallow trigger **effortful**? Do they look like they’re swallowing a tennis ball?
What do we look at while they eat?

• Are they **coughing**? **Spitting** out bits of food?

• Does their **voice** sound different after swallowing?

• What do they **tell** you? Can they feel the food sitting or sticking anywhere?
How do we decide which IDDSI Level to recommend?

• What food was managed safely?

• What other considerations are there, e.g. fatigue, behaviour, strategies, time of day

• Recommendations should be person-centred and specific to that person’s ability

• We may assess certain foods the person is particularly keen on, e.g. bread, so we can include them in our recommendations
The recommendations

### Dorset Speech & Language Therapy Department

### SAFE SWALLOW PLAN

**For the safety and well-being of: Betty Brotherton**

- Visitors, please check with staff before bringing in food, drinks or sweets.
- Ensure person is setting upright and fully alert for all food and drink.
- Small amounts of food and drink should be taken slowly.
- Ensure mouth is clean and empty, before and after eating and drinking.

### DRINKS:

- Normal drinks
  - Via open cup
  - 1 sip at a time

### FOOD:

- Level 5 Minced & Moist diet
  - Small soft lumps
  - Add appropriate moisture, e.g. gravy, cream, custard, sauces
  - See leaflet provided for detailed description and IDDSI testing methods
  - Meat that cannot be minced should be served as Level 4 Pureed

### SPECIAL INSTRUCTIONS:

- Watch and listen for Betty’s swallow and make sure one mouthful has gone down before offering another
- Check her mouth after meals and provide frequent mouthcare

**ASSESSED BY:** Janine Schack  
**DATE:** 21 September 2023  
**TITLE:** Speech and Language Therapist  
**TEL. NO:** 01202 307766

**MEDICATION:** If there are difficulties swallowing tablets, consult GP or PHARMACY for suitable changes.
Over to you!

For safe, nutritious and delicious fulfilment of SALT recommendations

Thank you
A Dietitian’s perspective on assessment

Rachael Masters
Advanced Specialist Dietitian/Consultant Dietitian

County Durham and Darlington NHS Foundation Trust
Focus on Undernutrition
Speaker Disclosures

- Consultant Dietitian (professional/with UKIRG)
- Employee: Advanced Specialist Dietitian
  - County Durham and Darlington NHS Foundation Trust
- Freelance Consultant Dietitian: Focus on Undernutrition
  - Consultancy provided for Lakeland Dairies
The role of a dietitian

Dietitian

- Clinical role
- Training facilitator role
- Network role
Local dietetic referral criteria

• Dietitians not automatically referred everyone requiring thickened fluids or a level 4 or other altered consistency diet.

• Referral criteria:
  • If high risk of undernutrition (‘MUST’) and lost weight after a month of trying food based treatments, refer to dietitian if on thickened fluids
  • If not on thickened fluids, trial first line supplements via GP, if still loose weight or not compliant, refer to dietitian
Empowerment

• Patient information leaflets, jointly written with SLT

• Catering training
  • Local requirement for care home head cooks, assistant cooks and home managers to complete a six module catering course on menu planning and special diets.
    • Two sessions dedicated to dysphagia and IDDSI
    • One session on fortified diets
    • Practical videos, including preparing ACD meal, IDDSI testing and level 4 and fortified recipes demonstrations
    • Downloadable resources and special diet recipe books
Empowerment

- In care homes, expectation for the provision of:
  - Nourishing altered consistency snacks on trolleys
  - Fortification of level 4 diets
  - Fortified milk and drinks
  - Nourishing drinks
Dietetic assessment

- Most dietetic referrals are for nutritional support
  - If a tube fed patient, managed by home enteral feeding team
  - Referral for nutritional support is 8 weeks
  - Nutritional support on thickened fluids 3 weeks

- Visited in care homes
- Offered a face to face, telephone consultation or home visit (if meets criteria)
Dietetic assessment

- Risk of undernutrition (‘MUST’)
- Weight history
- IDDSI recommendations
- Medical history
- Medications
- Mobility
- Assistance with meals
- Bowel conditions
- Pressure ulcers
- Food intake
- Fluid intake
- Food and drink preferences
- Mental health
- Family & carer support
- Social issues
Dietetic assessment

• Review nutrition related documentation:
  • Food and fluid charts
  • ‘MUST’
  • Care plans

• Concerns and expectations of patient/family

• Feedback from patient, staff/family
Dietitian Plan

• Nutritional requirements
  • Nutritional intake
  • Deficit of nutrition
  • Dietetic plan

• Dietetic plan developed in agreement with the patient, staff/family

• Promotion of food based treatments
• Prescribed nutritional supplements
• Nutritional supplements considerations
  • Best nutritional value
  • Patient preference
  • Volume

• Normal fluids: standard nutritional supplements

• Thickened fluids
  • Never thicken a nutritional supplement
  • Pre-thickened nutritional supplement
  • SLT approved supplement for IDDSI level
Dietetic Review

• Use of nutritional supplement sample services
  • Set up 7-10 day review for tolerance

• Review 2 months (weekly via HealthCall)

• Health call Undernutrition Service
  • Weight change, MUST
  • Compliance with supplements
  • Appetite
Other considerations

• Speaking to catering staff:
  • Nourishing and varied altered consistency snacks
  • Fortified milk
  • Fortified dishes
  • IDDSI testing

• Observations of drinks trolleys and mealtimes
“It’s not all about butter and cream”
A nutrient-dense, food-based approach to managing malnutrition

Alison Smith
Prescribing Support Consultant Dietitian
NACC Care Awards & Care Chef of the Year judge

Andy Cullum
National Craft Trainer
Four Seasons Health Care Group
A nutrient-dense, food-based approach to managing malnutrition

- A food-based approach to managing malnutrition should be nutrient-dense (providing a range of nutrients and not just or mainly extra calories)
- In some cases, that will mean thinking a bit differently about some of the foods we provide and how we can maximise the nutrition they provide
- Care Home caterers have the ideal skill set to support and enable this approach
Healthy diet for those who are underweight and have malnutrition

- Providing food containing all nutrients is essential to support those with identified malnutrition.
  
  - “the overall nutrient intake of oral nutrition support offered [should] contain a balanced mixture of protein, energy, fibre, electrolytes, vitamins and minerals” (NICE Clinical Guideline 32 Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (2006; updated 2017)

- “People who are malnourished or at risk of malnutrition [should] have a management care plan that aims to meet their complete nutritional requirements”

- “It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet” (NICE Quality Standard 24 Nutrition support in adults (2012))
Think “nutrient-dense”

- Nutrient dense foods contain a wide range of nutrients including energy, protein, vitamins and minerals and may also contain fibre.

- The easiest way to tell if an ingredient is ‘nutrient dense’ is to ask yourself whether it is something designed by nature to support a new life (e.g. egg (which could ‘grow’ a baby bird), whole seeds or nuts (from which a new plant could grow) or milk (which would ‘grow’ a baby animal).
  - If the answer is yes, then this is likely to be a nutrient dense food.

- Ingredients that are plant based, such as seeds and nuts, are likely to contain fibre as well.
What should treatment of malnutrition actually look like?

<table>
<thead>
<tr>
<th>Food fortifier</th>
<th>Quantity to add to 1 portion of food</th>
<th>Try adding to a portion of:</th>
<th>Energy content added per portion (Kcals)</th>
<th>Protein content added per portion (grams)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almond butter</td>
<td>1 tablespoon (15g)</td>
<td>Porridge, soup, curry &amp; dahl</td>
<td>98</td>
<td>3.4</td>
</tr>
<tr>
<td>Cashew butter</td>
<td>1 tablespoon (14g)</td>
<td>Porridge, soup, curry &amp; dahl</td>
<td>94</td>
<td>2.8</td>
</tr>
<tr>
<td>Cheese, grated</td>
<td>1 tablespoon (10g)</td>
<td>Potatoes, vegetables, curry &amp; dahl</td>
<td>40</td>
<td>2.5</td>
</tr>
<tr>
<td>Egg</td>
<td>1 egg</td>
<td>Custard, milk pudding, mashed potato</td>
<td>75</td>
<td>6</td>
</tr>
<tr>
<td>Dried, skimmed milk powder</td>
<td>1 tablespoon (15g)</td>
<td>Custard, milk pudding/sweets, ‘cream of’ soup, porridge, mashed potato</td>
<td>55</td>
<td>5.5</td>
</tr>
<tr>
<td>Greek yogurt</td>
<td>1 tablespoon (45g)</td>
<td>Porridge, pasta sauce, casserole, curry &amp; dahl</td>
<td>61</td>
<td>2</td>
</tr>
<tr>
<td>Ground almonds</td>
<td>1 tablespoon (15g)</td>
<td>Vegetable soup, stew, casserole, porridge, curry &amp; dahl</td>
<td>92</td>
<td>3</td>
</tr>
<tr>
<td>Peanut butter</td>
<td>1 tablespoon (15g)</td>
<td>Porridge, curry &amp; dahl</td>
<td>94</td>
<td>4</td>
</tr>
<tr>
<td>Pea protein powder</td>
<td>1 tablespoon (17g)</td>
<td>Vegetable soup, stew, casserole, curry &amp; dahl</td>
<td>60</td>
<td>11</td>
</tr>
<tr>
<td>Soy protein powder</td>
<td>1 tablespoon (14g)</td>
<td>Vegetable soup, stew, casserole, curry &amp; dahl</td>
<td>50</td>
<td>14</td>
</tr>
</tbody>
</table>
Nutrient dense snack ideas

- Cheese & cracker
- Cheese scone
- Custard
- Falafel
- Greek yoghurt
- Hard boiled egg
- Mixed nuts
- Rice pudding
- Recipes made with eggs, nuts, cheese, yoghurt, gram flour and fruit/vegetables
Thank you

- Alison Smith RD
- Prescribing Support Consultant Dietitian
- Committee member and Chair - PrescQIPP Nutrition Virtual Professional Group
- Care Quality Commission Specialist Adviser – Nutrition (Social Care)
- Judge – National Association of Care Catering (NACC) Care Chef and Care Awards
- Named as one of “20 most influential” in Public Sector Catering 2022
- Founding member – SPARC Swallow Perspectives, Advocacy and Research Collective

- Andy Cullum
- National Craft Trainer, Four Seasons Health Care Group
- Guest speaker
- Consultant - Dignified Dining and Your Dining approach
- Accredited Member – Chartered Institute of Environmental Health (CIEH)
- Food safety trainer
IDDSI PRODUCT SHOWCASE
WINNERS 2023

As voted by IDDSI UK Festival Delegates
Thank you for joining us for IDDSI Festival 2023

Wishing you a Safe Journey Home