Background

IDDSI was introduced in April 2019 after a year of implementation phase from 2018.

CQC state: The International Dysphagia Diet Standardisation Initiative has published international standardised descriptors. These address texture-modified foods and thickened liquids for people with dysphagia. You should have been using these since April 2018. You should put these changes in place safely to protect people from choking risks.

Data from the Office of National Statistics (ONS) reveals that in 2017, 60 residents died directly from choking-related incidents in care homes. In 2016, 60 residents also died from choking, while in 2015, the rate was 62 and in 2014, 53.
Since IDDSI was introduced

Over the last few years, care home residents have died after choking on food such as chicken nuggets, dough balls, a sandwich, a piece of bread and a segment of orange, porridge, bacon and sausage.

May 2018: Resident choked on large pieces of meat after choking risk had not been identified and food had not been modified

November 2020: A coroner’s inquest has found a care home resident who had Alzheimer’s choked to death after being fed “nearly raw” pieces of cauliflower in cauliflower cheese. The inquest heard that resident C, 80, suffered “a gross failure” of neglect...he had needed small soft bite sized pieces of food (Level 6)
UK Cases

April 2019: care home has been criticised by a coroner after a resident choked to death on a marshmallow. The 41-year-old had been fed marshmallows by care workers despite being on a strict pureed diet, an inquest into his death heard. The coroner reported significant management failure.

August 2019, a resident of a Care Home, was given a piece of jam doughnut to eat. The resident had previously suffered from a stroke and had been diagnosed with dementia. She had been assessed as being at high risk of choking and consequently was on a ‘minced and moist/fork mashable’ diet. Care home fined.

May 2022: Care home resident, 74, choked to death on chicken he took from someone else's plate. The resident was on a controlled diet of "fork mashable food" for his own safety and took a piece of chicken from someone else's plate. This was received an accidental death verdict.
Deaths occur due to failures in communication of the care plan and when patients are inadvertently provided with or are able to access food and drink that is not suitable or safe for them; this is of particular concern, when patients have additional vulnerabilities such as learning disability or dementia.

‘meal and snack times to be underpinned by strong systems for communication, supervision, and the provision of safe, suitable food. The Expert Review Team considers that catering and domestic staff are integral to patient safety.

Services considered to be high-risk areas:

- Stroke
- Care of the Elderly
- Mental Health & Learning Disability
- Physical Disability

NB Preventable deaths include:

- Day care
- Hospital
- Care homes
Points identified

Access to awareness and training on food textures
SLT care plan terminology and language
Appropriate supervision
Assessment and compliance
Offering choice
Understanding risk – resident and staff
Guidance and advice is out there..
10 points of best practice

1. Access to training: care AND catering and any front facing team member, leadership teams
2. Awareness for all: relatives, residents, stakeholders – information sharing to all eg relatives factsheet
3. Terminology (IDDSI): SLT assessment shared with catering teams, pre assessment guidance eg swallow log
4. Supervision at all levels: auditing ‘what good looks like’, compliance checks, demonstrations, inductions
5. Assessment: example care plans and risk assessments in induction
6. Mealtimes practices for those at risk eg ‘highly observable location for eating, support to eat and drink, right foods’
7. Snacks and breakfast: tips and guidance eg planners for snacks, label and name, choice
8. Managing informed choice and mental capacity
9. Safe storage of thickeners and safe thickening of drinks – aspiration and choking management
10. First aid drills and first aid training