



# The role of speech and language therapists (SLTs) in care homes

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## Purpose

This document is intended to provide stakeholders – including members, decision-makers, service planners, care home providers and other relevant parties - with essential information to support the development of business proposals and make a compelling case for embedding speech and language therapists (SLTs) within care home settings and/or increasing core funding for SLTs within community teams.

In this document, the term care home is used to describe a community care facility for adults which will include nursing homes, residential care homes and specialist living facilities for example to support people who require a higher level of care due to factors such as learning disabilities, behaviours that challenge or mental ill health.

## The role of SLTs in care homes

SLTs and SLT support workers are a vital part of all multidisciplinary teams that input into care homes. These teams include rapid response, rehabilitation, community and palliative care. SLTs and SLT support workers support speech, language and communication needs and eating, drinking and swallowing (EDS) difficulties. This can be through direct speech and language therapy, or indirect, for example support and training to other members of the team.

The benefits of embedding speech and language therapists into care homes (as mentioned below) are only achievable if additional, sustainable funding for the speech and language therapy workforce is made available.

SLTs are ideally positioned to actively support the UK-wide agenda of moving care into the community and reducing reliance on acute care.

## Benefits

- **Hospital avoidance** – Unnecessary hospital admissions can be prevented by identifying and managing eating, drinking and swallowing (EDS) difficulties early in care homes. An example is in home-acquired pneumonia linked to EDS difficulties<sup>1</sup>. SLT intervention also improves nutrition and hydration reducing the likelihood of complications such as urinary tract infections and malnutrition<sup>2</sup>.
- **Supporting patient flow / preventing delayed discharge from hospital**, for example, medically fit for discharge patients requiring on-going speech and language input can be supported in the community, closer to home<sup>3</sup>.
- **Waiting lists** – prompt recognition and response to people’s needs in care homes avoids unnecessary referrals and lengthy waits in the community.
- **Early identification** of dysphagia and communication needs reduces morbidity, mortality and the overall care burden<sup>4,5,6</sup>.
- **Consent and capacity decisions** – SLTs can lead or support timely assessments and decisions around consent and capacity for the residents.<sup>7</sup>
- **Prehab / rehab in care home** – SLTs’ management of EDS and communication can maintain and/or enhance function, preventing decline, for example, communication groups, or dysphagia cafés<sup>8</sup>.
- **Advocacy** – SLTs support those with communication and cognitive challenges to voice their wishes. Additionally, speech and language therapists enable engagement with staff, residents and families. For example, prioritising successful communication to support the health and wellbeing of residents<sup>9</sup>.
- **Reducing behaviours that challenge** – SLTs enable participation in activities leading to an improved quality of life<sup>8</sup>.
- **Safe and enjoyable mealtimes and good nutrition** are welcome benefits of speech and language therapy<sup>10</sup>.
- **Environment** – SLTs optimise both the communicative and mealtime environments for all residents<sup>11,12</sup>.

## Eating, drinking and swallowing (EDS)

It is estimated that over 50% of people in care homes will experience some form of eating, drinking or swallowing problem<sup>13</sup> (NHS England, Dysphagia Guide).

SLTs are the lead professionals in the assessment and management of EDS. A significant number of referrals from a care home setting to speech and language therapy are for eating, drinking and swallowing needs.

### SLTs promote safe eating, drinking and swallowing through:

#### 1. Direct input

- Assess, diagnose and provide intervention relating to EDS.

#### 2. Indirect input

- Input into best interest meetings, for example facilitating communication and decision making with the resident around EDS including eating and drinking with acknowledged risks.
- Training - including signs and symptoms of EDS, when care home staff should refer for SLTs assessment, following SLTs recommendations, effective handover of advice, safety around mealtimes and family visits.

*\*Note – training should involve all care home staff including kitchen staff, porters and cleaning staff. Generally, there can be a high turnover of staff in care homes and therefore it is essential that new staff and temporary / agency staff also receive this training. Having an SLT associated with a specific care home can be beneficial in this case.*

The 2020 [eating, drinking and swallowing competency framework](#) (formerly the interprofessional dysphagia framework) provides a comprehensive overview of the different levels of competency that each person working with someone with EDS difficulties should have to be able to carry out their role safely. Care homes will need to determine which level is appropriate for each staff group, taking into account their roles and responsibilities. eLearning training should be supported by direct hands-on practical training to ensure competency is achieved where appropriate.

- Mealtime support – SLTs provide advice to care homes and relatives on safer and more enjoyable mealtimes emphasising the importance of following their recommendations. Guidance on positioning, supervision levels and appropriate assistance promotes safety at mealtimes.

The Public Health Agency in Northern Ireland have produced [helpful resources](#) around EDS, training, safer mealtimes and more.

## Communication

There is a high level of speech, language and communication needs among care home residents. A high prevalence of dementia (~70%<sup>14</sup>) and hearing and visual difficulties (32-64%<sup>15</sup>) both of which can have a negative impact on communication.

Over half of older adults in care homes experience loneliness<sup>16</sup>. Improving communication is key to reducing social isolation<sup>8</sup> and to maintaining quality of life<sup>17, 18</sup>.

SLTs are the lead professional in supporting communication, understanding and engagement in treatment. Clear effective communication improves patient-centred health outcomes in older populations.<sup>21</sup>

### **SLTs promote and support effective communication through:**

#### **1. Direct input**

- SLTs assess, diagnose and manage speech, language and communication difficulties<sup>8</sup>.
- SLTs provide differential diagnosis of cognitive communication difficulties and dementia.
- SLTs facilitate communication during best interest meetings and capacity assessments<sup>7,19</sup>.
- SLTs can lead on or contribute to capacity assessments<sup>7,9</sup>.

#### **2. Indirect input**

- SLTs enhance communication between the resident, family members and staff for example, by attending family meetings or provision of a communication passport/life story book<sup>8</sup>.
- Training – SLTs teach staff effective strategies to support communication for residents, create communication friendly environments, recognise speech, language and communication needs and highlight when to refer to speech and language therapy. This includes guidance on providing accessible information, how to respond to behaviour that challenges through a communication lens, and how to use appropriately tailored communication to meet individual needs.

## National Policy

### England

NHS England and NHS Improvement Guidance, 2020<sup>2</sup> says that all care homes should ensure that speech and language therapy is readily available in care homes.

### Wales

The 2020 Wales care home framework<sup>20</sup> describes the importance of equitable access for care home residents to therapies.

### Scotland

NHS boards in Scotland have a duty under the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 to provide communication equipment and support to use that equipment. This duty applies to children and adults from all care groups who require support, and SLTs are the primary professionals delivering this duty on behalf of health boards.

The Scottish Government's 2022 Healthcare framework for adults living in care homes emphasises a multi-disciplinary approach to supporting the health and wellbeing of individuals living in care homes, specifically highlighting the role of SLTs within a multi-disciplinary team in supporting individuals with swallowing needs.

### Northern Ireland

The Department of Health's 2025 Health and Social Care NI Reset Plan clearly points to the need to expand multidisciplinary teams to achieve the desired reform as part of a new neighbourhood population healthcare model bringing care closer to the community.<sup>22</sup>

## Case studies

### **The Western Health and Social Care Trust project to improve the quality and safety of care provided for patients with swallowing difficulties in Primrose Dementia Unit, Graan Abbey Nursing Home.**

A Thematic Review of Choking (Feb 2018) revealed that 58% of Serious Adverse Incidents occurred in Nursing Homes. Concerns were also raised about staff awareness, implementation and communication of speech and language therapy recommendations for eating, drinking and swallowing.

The project involved creating a user-friendly safe swallowing recommendation plan, development of a personalised placement for use at resident mealtimes and guidance on prompting correct thickening of fluids where necessary. The aim was to improve communication and staff confidence, ultimately improving patient safety.

The benefit was a reduction in errors and a reduction in noncompliance with SLT recommendations. This led to increased patient safety, risk reduction and a reduction in avoidable and costly hospital admissions.

### **NHS Lothian's Speech and Language Therapy team secured funding to embed the Five Good Communication Standards in three Lothian care homes NHS Lothian.**

Initially, only 6% of Care Homes sent referrals to the speech and language therapy team requesting support with communication, yet we know people living in care homes have communication needs.

This year long project wanted to use the Five Good Communication Standards to learn about the communication needs of care home residents and how well these needs are currently being met.

The research found that 100% of residents ( $n = 120$ ) had communication needs with 85% having difficulty with understanding and speaking. Additionally, there was limited knowledge or information in care plans about supporting the person's communication.

The project included providing specialist speech and language therapy input within multi-disciplinary teams, creating life stories with students from Queen Margaret University, using doll therapy to reduce distress, designing new communication templates for care plans, delivered staff training and establishing 'what matters to me' posters.

The current reactive speech and language therapy model did not adequately meet the needs of care home residents. This affects the wellbeing of staff and residents.

The project found that achieving good communication in Lothian care homes requires a dedicated, specialist speech and language therapy team, offering proactive communication support, working collaboratively with existing teams and networks and in addition to current community speech and language therapy provision.

**Full case studies available on request.**

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The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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