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| Name: |
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Competency Assessment for Supporting a Person with Dysphagia



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| Recognises the signs of dysphagia | Ask care worker to list signs of dysphagia |       |       |       |
| Understands the complications of dysphagia | Ask care worker to list the main complications of dysphagia |       |       |       |
| Is familiar with the person’s care plan and the person’s symptoms | Run through the care plan using questioning techniques |       |       |       |
| Is familiar with the SALT assessment and recommendations | Run through the SALT assessment using questioning techniques |       |       |       |
| Is comfortable asking questions if they are uncertain | Ask how they would find out any information about the person’s support with dysphagia if they were uncertainWhere would they look? Who would they ask? |       |       |       |
| Know how to use thickener according to the SALT recommendation and make diet modifications | Ask them to describe the thickener that is required for the person, how many scoops, how they would record it and when it should be used |       |       |       |
| Knows how the person’s medicines should be given | Ask the care worker to describe how the medicines should be given |       |       |       |
| Knows the postures and manoeuvres that are required for the person | Ask the care worker to demonstrate the postures and manoeuvres |       |       |       |
| Knows when and how to monitor and feed back information about food and fluid intake | Ask the care worker to describe what monitoring looks like and when feedback is necessary |       |       |       |
| Is aware of the storage requirements of thickeners | Ask care workers where the thickener is stored and whether it is appropriate |       |       |       |
| Knows how and where to record all necessary information | Ask care worker to describe where they would document information |       |       |       |
| Is signed off as competent by a healthcare professional if using a feeding tube (where applicable) | Ask care worker to provide the evidence of signed competency by a healthcare professional |       |       |       |
| Understands there will be changes to the person’s condition and support and the SALT assessment will be reviewed regularly so careful checking of the SALT assessment and care plan is necessary | Ask the care worker why it is necessary to check the SALT assessment and the care plan every time they provide support to the person |       |       |       |

**Competency assessed by:**

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|       | (Signature) |
|       | (Name in block capitals) |
|       | (Job title) |
|       | (Date) |
| Reassessment due: |       | (Date) |