

Nutritional care and older people

Key messages

- Food and mealtimes are a high priority for older people and affect their quality of life.
- Malnutrition affects over 10 per cent of older people. (British Association for Parenteral and Enteral Nutrition, 2006)
- Malnutrition is estimated to cost the UK over £7.3 billion a year. (BBC, 2006)
- It is estimated that up to 90,000 people who receive home care services could be at risk of malnutrition. (Grove. K. (2008), Sutton: UK Home Care Association)
- When malnourished older people are admitted to hospital they stay in for much longer, are three times as likely to develop complications during surgery, and have a higher mortality rate. (Age Concern, 2006, BBC, 2006)
- Routine screening for risk of malnutrition across health and social services is a key part of good nutritional care.
- Giving older people the time, help and encouragement they need to eat can help tackle malnutrition.
- Older people's preferences and their dietary and cultural requirements need to be taken into account when planning mealtimes.

Introduction

This At a glance summary examines nutritional care in relation to older people. As part of its Nutrition Action Plan, the Department of Health has asked SCIE to provide guidance on nutrition for the social care sector. SCIE's *Dignity in Care* guide has been expanded to cover this information in a section on Nutritional care. The main points of this section are included here.

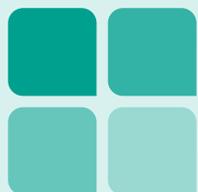
Standards of nutritional care are, for many older people, the main defining factor of the overall quality of the social care service they receive.

Although there is no doubt that many care services are providing older people with well-balanced meals and the support they need to enjoy their food, it is also known that some older people in care and in the community are failing to thrive because of poor nutrition – and there are serious consequences.

For social care staff, only a basic knowledge of nutritional care is necessary in order to tackle malnutrition in older people. Most importantly, we need to ensure that older people are routinely screened and have access to a choice of food that:

- is adequate in amount and of good quality
- is well prepared in a safe environment
- meets any specific dietary, cultural and religious requirements
- is provided in an environment conducive to eating.

‘ We need to ensure that older people are given the time, help and encouragement that they need to eat the food provided. ’



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Malnutrition can be caused or worsened by conditions relating to older age, so a diet rich in essential nutrients is vital. We need to ensure the right nutritional care is provided and to urgently improve standards of nutrition for those older people who are suffering from the effects of an inadequate diet.

‘Nutrition is a basic human need and food in the UK is plentiful, yet older people are suffering from malnutrition.’

Why is there a problem?

Nutrition is a basic human need and food in the UK is plentiful, yet older people are suffering from malnutrition. Why is this? The research shows that there are a number of reasons, including:

Ageism, discrimination and abuse

These wider issues have been cited as underpinning the poor treatment of older people in health and social care services leading to this group being viewed and treated unequally.

Attitudes and awareness

Recent media campaigns have highlighted a number of worrying trends in terms of general ignorance about food and eating for good health. It is important that public bodies with food provision responsibilities, either directly or through commissioning services, take the lead in addressing the national deficit in awareness of the importance of food, mealtimes, nutrition and hydration.

Resources, quality and sustainability

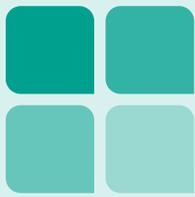
There are a number of resource issues that may affect the nutritional care of older people. These include low food budgets, inadequate staffing levels (especially around mealtimes) and lack of training. It is important, therefore, that services ensure they are getting the best value by investing in staff and adopting best practice. Improved education and training for the workforce and the procurement of good quality food which is, where possible, local, seasonal and sustainable, will have an influence far wider than the improvement of nutrition in older people.

Good nutritional care is founded on:

- **dignity** in care – respect for people receiving care, ensuring that meals are appetising and appropriate
- **screening** – nutritional screening on admission to health and social care services, and improving food intake where necessary should be a key part of assessment and care planning
- **prioritising mealtimes** – ensuring that mealtimes are respected and not interrupted by other routine activities, sufficient staff are allocated and the environment is conducive to eating
- **training** – staff should receive training to ensure that they have a nutritional knowledge base appropriate to their role. The training should also equip those working with older people with the skills to communicate with people that have dementia and communication difficulties
- **accountability** – ensuring everyone takes responsibility for good nutritional care from assessor to commissioner to front-line worker
- **support for people using services and carers.** Awareness of nutrition may, for many reasons, be low in older people and their carers. Information and support should be provided.

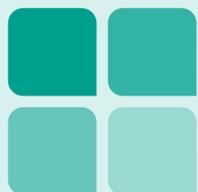
Managing nutritional care and mealtimes

- Routine nutritional screening should be carried out on admission to hospital or residential care. The dietary needs and preferences of people using the service, and any assistance needed at mealtimes, should be assessed, recorded and referred to by all front-line staff.
- Where screening raises particular concerns a referral for professional assessment should be made (e.g. speech and language therapy for people with swallowing difficulties, occupational therapy for equipment such as special plates and cutlery, dietician for special dietary needs relating to illness or condition).



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- Food should be made to look appetising. Where the texture of food needs to be modified, seek advice from the speech and language therapist. Not all food for people with swallowing difficulties needs to be puréed. It is important for the quality of the eating experience to keep different foods separate and not mix them all together.
- Where necessary, record food and fluid intake daily and act on the findings.
- Make sure food is available and accessible between mealtimes.
- Give people time to eat – they should not be rushed.
- Avoid interruptions to mealtimes by other routine tasks, such as administering medication.
- Where necessary, provide assistance discreetly. Use serviettes, not bibs, to protect clothing. Offer finger food to those who have difficulty using cutlery, and provide adapted crockery and cutlery to enable people to feed themselves where appropriate.
- While socialising during mealtimes should be encouraged, offer privacy to those who have difficulties with eating, if they wish, to avoid embarrassment or loss of dignity.
- Managers should ensure that mealtimes are sufficiently staffed to provide assistance to those who need it. If there are insufficient staff to support those who need it, introduce a system of staggered mealtimes.
- Develop or make use of existing volunteer schemes to help give support to people at mealtimes.
- Encourage carers, family and friends to visit and offer support at mealtimes.
- Don't make assumptions about people's preferences on the basis of their cultural background – people should be asked what their preferences are.
- All care staff, including caterers, should have access to training to raise awareness of the risk of malnutrition and the importance of providing good nutritional care and to ensure that they have a nutritional knowledge base appropriate to their role. Training should also equip those working directly with older people with the skills to communicate with people who have dementia and communication difficulties. Visual aids (such as pictorial menus) and non-verbal communication skills may help people to make choices.
- Gather information on the older person's needs and preferences from people who know them well.
- Commissioners and providers should ensure that home care staff have sufficient allocated time and the skills to prepare a meal of choice for the person using the service, including freshly cooked meals.
- Introduce best practice in food procurement for residential and day care ensuring food is of good quality, where possible, local, seasonal and sustainable.
- Carry out regular consultation on menus with people using the service.
- Wherever possible, involve people using services in meal preparation.
- In residential settings, where access to industrial kitchens is denied, provide facilities for people to make drinks and snacks.
- Ensure that fresh water is on offer at all mealtimes and freely available throughout the day.



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This At a glance summary is based on the Nutritional care and mealtimes section of SCIE's *Dignity in Care* guide. This guide has been designed for people who want to make a difference and improve standards of dignity in care. It provides information for people using services on what they can expect from health and social care services, and a wealth of resources and practical guidance to help service providers and practitioners in developing their practice. The aim of ensuring that all people who receive health and social care services are treated with dignity and respect.

The guide provides quick and easy access to:

- the meanings and aspects of dignity in care and the many related issues
- information and guidance on how to tackle poor standards of service, for practitioners, people who use services and their carers
- key pointers to improving dignity in care for older people (practice points)
- examples from all around the country of tangible ways in which dignity can be promoted in practice (ideas from practice)
- the policy context and key research and policy findings, with references
- legislation which supports the rights of people to dignity and respect when using health and social care services
- relevant guidance and standards
- links to further information and useful websites.

Further information

For further information on nutrition and dignity in care, see the SCIE website: www.scie.org.uk

SCIE works closely with social care regulators to ensure that our guidance supports inspection and assessment standards.

SCIE's At a glance summaries have been developed to help you understand as quickly and easily as possible the important messages and practice advice in SCIE's guides. These summaries will give you an overview of the messages or help direct you to parts of the guide that you may find most useful. You can also use them as training resources in teams or with individuals.

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