

SCIE Guide: Dignity on Care

Individual responsibilities for eating and nutritional care

Responsibility	Action
Social worker/assessor	<ul style="list-style-type: none"> • • Initial identification of nutritional needs and preferences during assessment/review/care planning, ensuring this includes appropriate provision for people receiving Individual Budgets or Direct Payments. • Ensure nutritional needs are met through the care plan, making use of local resources such as luncheon clubs and access to mainstream community resources. • Consider community meals ('meals on wheels'), but only when all other options have been exhausted or if the individual expresses a preference for them. • Referral for financial assessment and income maximisation to ensure good quality food is affordable. • Referral for professional assessment (eg speech and language therapy for people with difficulties swallowing, occupational therapy for equipment such as special plates and cutlery, dietician for special dietary needs relating to illness or condition). • Communication of the person's nutritional needs to all relevant professionals, eg. speech and language therapist, Occupational therapist, service managers, care and catering staff. • Ensure that assessments of need, including those resulting in Direct Payments and Individual Budgets, take account of social and emotional needs as well as nutritional ones. It is often reported that home care workers are not allocated sufficient time for the preparation of freshly cooked meals and help with eating where required. Company from the home care worker when eating may be of great value to older people who are isolated within the community and at risk of depression.
Medical professionals(speech therapy, occupational therapy, dietician)	<ul style="list-style-type: none"> • Specialist assessment. • Provision of all necessary information on the needs of the older person, in an accessible format, to frontline care and catering staff. • Agree protocols with services on action to take if the screening shows someone is at risk of malnutrition and, if there is no improvement over

	<p>a given time, how to make a referral to the dietician.</p>
<p>Service provider Manager</p>	<p>Nutritional screening and monitoring for everyone using the service. This is not yet a requirement but is widely becoming accepted as good practice in line with the prevention agenda.</p> <p>The assessment and recording of all dietary needs and preferences of individuals, along with any assistance needed at mealtimes. These should be referred to by all care and catering staff that work with the person. Ensure the correct information on any conditions is available to front line staff in order to offer appropriate nutritional support.</p> <p>Ensure the provision of appropriate training to all care and catering staff.</p> <p>Introduce best practice in food procurement for residential and day care (see Resources).</p> <p>Referral for professional assessment (eg speech and language therapy for people with difficulties swallowing, occupational therapy for equipment such as special plates and cutlery, dietician for special dietary needs relating to illness or condition).</p> <p>Allocation of adequate, appropriately trained staff to provide food and assist people with eating. Ensuring a named worker, carer or volunteer is present for each person needing help at each mealtime.</p> <p>For home care and smaller residential providers where care staff are expected to cook meals, ensure staff have sufficient allocated time and the skills to prepare a freshly cooked meal of choice. Ensure time is allocated for help with eating where required and to provide company, which may be of great value to older people who are isolated within the community and at risk of depression.</p> <p>Ensure food is available and accessible 24 hours a day. For people in their own homes who have difficulty with access, this could mean leaving out a flask or jug and some fruit or biscuits.</p> <p>Ensure that fresh water (see hydration section) is on offer at all mealtimes and freely available throughout the day.</p> <p>Prevent mealtimes being interrupted by other routine tasks such as medication administration. Where medication needs to be taken with food it should be given to the person (or the person allocated to help them) before the mealtime starts.</p> <p>Provide facilities for people to make drinks and snacks in residential and day settings, where access to industrial kitchens is denied.</p> <p>Carry out regular consultation with people using the service and their carers on the menus offered.</p> <p>Monitor food quality and the provision of help with eating through feedback from people using the service and their carers. Ensure people feel comfortable giving feedback.</p>

	<p>Monitor the provision of nutritional care and feedback received and take action accordingly.</p>
<p>Frontline care staff</p>	<ul style="list-style-type: none"> • Consult the person's assessment and any medical documentation for information regarding their nutritional needs. • Provide support and encouragement with eating where necessary. • Talk to the person and, if appropriate, their carer, family or friends about their nutritional care needs and preferences. • Avoid making assumptions about people's preferences on the basis of their cultural background – people should be asked what their preferences are. • With the person's permission, arrange for them to be accurately weighed and use a simple screening tool (see Screening) to measure their body mass index. • Consider whether the person has a poor appetite and what can be done to improve their appetite. • Encourage people to drink enough fluid and consider what action to take if you are concerned that the person is not properly hydrated (see hydration). • Where necessary complete food/fluid intake charts (see hydration). • Ensure that people living at home can access snacks and drinks between homecare visits. • Avoid interruptions to mealtimes by other routine tasks, such as administering medication. • Give people time to eat; they should not be rushed. Provide company where it is likely to enhance their eating experience. • While socialising during mealtimes should be encouraged, offer privacy to those who have difficulties with eating, to avoid embarrassment or loss of dignity. 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. • For people with communication problems, use visual aids such as pictorial menus (see Royal Berkshire Hospital) and non-verbal communication skills to help people to make choices. • In residential and day care settings, inform catering staff of the needs and preferences of individuals. • Promote independence wherever possible, involving the older person in meal preparation

	<p>and planning.</p> <ul style="list-style-type: none"> • Bring concerns to the attention of the service manager. • Use whistleblowing procedures if necessary.
Catering staff	<ul style="list-style-type: none"> • Source local, seasonal, sustainable food where possible. • Ensure food is freshly prepared, and where possible avoid ready-made, pre-packaged and processed foods. • Ensure meals are nutritionally balanced and appropriate to individual needs using guides such as the ‘eatwell plate’. • Offer a range of options to meet different dietary and cultural needs and preferences. • Ensure food looks 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. Moulds to indicate what the foods are (eg a fish-shaped mould for fish) can be obtained for this purpose. • Provide snacks and drinks throughout the day – water should be freely available. • Work closely with care staff to ensure that actions identified through screening are reflected in the meals produced – for example someone with a small appetite and identified as at risk of under nourishment could have the calorific content of their meals increased. High calorie foods such as cream or cheese can be added to meals and high calorie snacks can be offered between meals. When high calorie foods are encouraged, care should be taken not to increase cholesterol. Where appetite is a problem it may be better to offer small snacks frequently rather than big meals. • Ensure the environment is conducive to eating.
Commissioners/contracting staff	<p>Ensure contracts include and provide adequate finance for:</p> <ul style="list-style-type: none"> the provision of sufficient, good quality food food that is well prepared in a safe environment and meets any specific dietary, cultural and religious requirements nutritional screening and monitoring training for catering staff and care/support workers best practice in food procurement the provision of alternatives such as luncheon clubs and access to mainstream community resources. <p>Commissioners should acknowledge the time needed for</p>

home care staff to prepare a freshly cooked meal of choice with or for the individual, and provide support with eating and company where needed.

Commissioners also need to ensure providers comply with the Council of Europe's 10 Key Characteristics of good nutritional care (see [Resources](#)) and the [good hydration charter](#).