



Transcript:

Philip Hurst: Although older people are not immune from the rising tide of obesity, the biggest problem is actually under nutrition.

Elaine Cass: Up to 10% of older people are at risk of malnutrition in this country.

Philip Hurst: Around 30% of older people are admitted to hospital as suffering from malnutrition.

Elaine Cass: It's shocking that in such an affluent country, the numbers of older people at risk of malnutrition are so high, and it's really unnecessary because the solutions to the problem are so simple.

Narrator: In this programme, we'll see how malnutrition can pose a risk for older people both in the community and in residential care. We'll look at steps being implemented to counter the problem, and we'll take a glimpse at the simple screening technique being rolled out across the country that promises to safeguard against weight loss.

Philip Hurst: There does seem to be quite a wide variation in the extent to which care homes prioritise nutrition and hydration and deal with it effectively. There are some fantastic examples of care homes who have actually grappled with this issue and made it a real priority. There's a real opportunity to learn from the best and bring everyone up to a really high standard.

Residential care

Narrator: In the Dorset town of Sherborne, the fifty residents of the Hayes Care Home live in cottages of ten bedrooms each. In 2008 the Hayes was named Care Home of the year by the National Association of Care Caterers.

Jennifer Jones: There really isn't a secret in doing well; it's training. I think that you have to learn from the bottom, you know, how to make rule, knowing how to do home traditional cooking. It's not opening a bag. I think that in a residential home it should be all home made food and not convenience food, and that's what I was trained to do.

Ann Aylott: Meal times are extremely important; it's the highlight of a lot of people's days.

Jennifer Jones: The pork is in there, and your vegetables and all under there.

Carer: Bless you. Oh I need some large spoons.

Jennifer Jones: I'll go and get you some.

Ann Aylott: And it's an opportunity for people to meet together, especially for those residents who prefer to spend time on their own in their bedrooms, we do try and encourage them to join in with at least one meal a day.

Resident: That's quite hard.

Carer: I think it is stuck here.

Sue Hawkins: Meal times are not just the food that we eat, it's who you ate it with, where you were seated, was it comfortable ...

Carer: Oh this is very nice.

Ann Aylott: We put the effort in to make sure that the cutlery, the crockery will match, the tables are decorated, residents are assisted to eat in a dignified respectful manner.

Jennifer Jones: Every morning, I go round and ask if the residents are up, what they'd like for breakfast. I always keep on one to one with my residents, even though there's fifty.

Resident: ... fine, I eat everything – lovely food.

Carer: Good.

Jennifer Jones: Cheese salad and the ham sandwich are the two visitors.

Carer: Okay.

Ann Aylott: We encourage relatives and friends to come as well to eat meals with the residents. We think it gives them reassurance that we are providing good nutritional diets.

Carer: Are those vegetables. Do you want some carrots and some cabbage?

Resident: I've always said the food is excellent, yes, and it is, and plenty of it.

Resident: The food in here is very good. You wouldn't get a better place than this, to have your meals in.

Carer: Right, afternoon everybody.

Residents: Good afternoon.

Carer: Hope you've all enjoyed your lunch? Good, good, good.

Ann Aylott: As part of ensuring that residents feel that they have choice and control in their lives, we have a resident's forum every month. We always try and make sure that the catering manager, Jenny, attends the forum meetings because food is always a hot topic.

Jennifer Jones: A couple of the residents always ask for things like faggots, the old traditional food like rice pudding, oh why don't we have it done in the oven so it's got skin on, syrup on their bread and butter, and that's what we're here to please, you know. Here to please them.

Carer: I'm going to hand over to Jenny now.

Jenny: Anybody who has any suggestions they would like on the new menus or there's something wrong with them, I'm here today to take your complaints.

Resident: Well I know I'm going to get shouted down – tripe. Tripe and onions.

Jenny: Tripe – anyone else agree with Bill, tripe and onions? Oh, we've had some yeses.

Jenny: You know, if you would like that on, that's what, you know, I can put on the menu.

Resident: I appreciate that, I thought I was going to get shouted down.

Ann Aylott: They will often ask for things that we can't always provide. They wanted roast leg of lamb once a week, but the budget won't run to that. As long as we tell them why we can't provide, generally they seem to accept that. And what is important is making sure that they have an opportunity to discuss their ideas and their views about the home.

Jenny: Are you happy when you have your birthday teas?

Resident: I think I'd like to mention, Jenny and that, is that in some of the homes, every cottage comes out on the birthday ...

Ann Aylott: One or two can be more vocal than others, so we also undertake monthly quality assurance exercises', and that's where we have a fairly simple form and one of the questions is that, do you enjoy the food, and would you like to see any changes, so in that way, we try and reach as many residents as possible.

Resident: People say, what's it like there, and I just say well, it's the best hotel in Sherbourne. I think I'll have the management from the hotels after me saying that, they're losing customers.

Narrator: Soon, all residents of the Hayes will be nutritionally screened by a technique called the Malnutrition Universal Screening Tool, otherwise known as MUST.

Elaine Cass: It's important that when people come into Health and Social Care Services, we screen them to make sure they are not at risk of malnutrition. There's a screening tool called the MUST tool that's been primarily used in Healthcare Services, but it requires minimal training for front line workers to use it.

Sue Hawkins: So Sue, what we'll do is we'll run through the new nutritional screening policy, and we're going to use Maria here as our resident as an example.

Sue Hawkins: I must admit I always thought MUST was quite a complicated tool, but when you understand that it is just a matter of talking to people and finding out about their weight and height, you realise that it's a very simple tool.

So the first thing you do is you calculate the resident's BMI score. Do you know what your weight is?

Marie: *61.8 kilos.*

Sue Hawkins: *And your height?*

Marie: *170 centimetres.*

Sue Hawkins: *So we'll come up to 61 kilos and then you take the lines up to there and across there and it would join there, and have a BMI score of 21.*

Then what you're also doing is talking to your resident about whether or not they've recently had any unplanned losing of weight. So Maria, have you recently lost any weight?

Marie: *Yes I have, 5kg.*

Sue Hawkins: *Okay, so on the opposite side of the sheet, that gives her a score of 1.*

Narrator: While her BMI is spot on, Maria's recent weight loss means she scores 1 on the MUST scale.

Sue Hawkins: *She's at medium risk of malnutrition, so what you're wanting to do is encourage and observe. Encouraging more of the cakes and crumpets, the high calorific type foods that perhaps you wouldn't normally be eating. If somebody has a score of zero, you just need to observe and really take no action. If they are looking towards the slightly heavy side, you might be trying to encourage healthier*

eating. If someone has a 2 or higher, then you're trying to add extra creams, or probably offering Complan or Build-Up as a mid-morning and mid-afternoon drink. If you're feeling like you've really not had much success, they would then get referred via the GP to a dietician.

Within really 48 hours of a new resident coming into the care home, we complete a nutritional care needs chart. And you're talking about really, likes and dislikes. Maria, what sort of likes and dislikes do you have around food.

Maria: I like a lot of fresh salads, feta cheese and fresh tomatoes, basil, mozzarella ...

Sue Hawkins: So that's a real growing document, because as you get to know your residents more, you can add to it, so that for instance, when they're not feeling particularly well and you're trying to encourage them to eat, you can say, well actually, we've bought some mozzarella cheese and we've done this for you. Wouldn't you like it, and it might be just enough to turn it around so that Maria goes, yeah, okay, I'll eat that, and she'll start to feel better.

Narrator: It's hoped that the MUST tool will ensure we know when older people aren't having enough to eat. But eating is only half the issue.

Elaine Cass: Hydration is also a really important part of nutrition. You may find that older people will reduce their fluid intake because they're frightened about incontinence issues and that they have to ask to be helped to go to the toilet and that's embarrassing, so they try and reduce their intake, and the result of that will be that they end up with a urinary tract infection and actually have to go to the toilet more often and possibly have medication.

Narrator: In the fight against dehydration, one care manager in Suffolk evangelises one of the cheapest and most plentiful ingredients around.

Wendy Harvey: Things started really, because I have a passion. I've been a nurse for over thirty years, and one other thing having worked in community and different care settings is that people don't drink enough, and I realised that the home I was working in, people were having accidents, falls, a lot of constipation, a lot of medication for constipation, people really getting urinary tract infections, and I thought unnecessarily. I introduced a drinking regime, so the residents were encouraged by staff at all times to drink, and we got some water coolers in and instigated people having jugs in their room. Very, very simple, not expensive ...

Wendy Harvey: *Have you always drunk water, or do you find it difficult?*

Resident: *I don't have to think about that. In the morning for breakfast I don't have fruit juice, I have water. And I have water in the night because I do wake and feel a little parched, and so I have a sip or two of water, and that puts me okay.*

Wendy Harvey: I don't think anybody realised by drinking water what a positive affect it has on people's lives. They've participated more in life, they were more alert, they stopped taking [unclear] for constipation.

Resident: *And I'm glad that all the staff introduced water as a main drink.*

Resident: I've had a urine infection, a quite severe one, and water is the thing to help clear it up.

Wendy Harvey: In Alice Grange, I started six months ago, and I brought everything with me. Everybody, even the maintenance man, knows about drinking water. It's 1p a litre, that's what we get down to, and really there's no excuse not to do it.

Narrator: While hydration and meal times are major challenges for those working in residential care, the group most at risk of becoming malnourished is older people living at home. And it's domiciliary care workers who are uniquely placed to make sure this isn't so.

Home Care

Renuka Saparamadu: My job is a home care assistant looking after elderly people.

Hello. You okay? Would you like to have porridge or toast or ...

Lady: *Porridge dear.*

Renuka Saparamadu: *You want to have porridge. With a cup of tea?*

Lady: *Oh no thanks, no. Just porridge.*

Renuka Saparamadu: *No cup of tea?*

Lady: *Just the porridge.*

Renuka Saparamadu: *All right, okay.*

Lady: *With a drop of sugar on it.*

Renuka Saparamadu: *Yes, I'll do that, I'll do that for you.*

Philip Hurst: The problems of malnutrition of older people, the people living in their own homes, it's often quite a hidden problem, so it may be for example, following a bereavement, someone living on their own doesn't have either the skills to shop and cook, because their partner used to do it, and in around 25% of older people living in the community have symptoms of depression, and that can really impact on motivation to do things like shopping and cooking.

Renuka Saparamadu: She doesn't need a big breakfast you know, but she does eat lunch, a good lunch, and the supper also, you know, kind of diet somethings. She always says, she doesn't want to get fat.

Renuka Saparamadu: *Oh you are ready. Here is your porridge. Tiny little, okay, I didn't make lot. I am sure you can eat this, yeah.*

Lady: *Oh, this is lovely.*

Renuka Saparamadu: Sometimes some of my clients, they don't want to eat because they have a lonely life, they're living in their home alone, and sometimes they are sad, depressed, so that time I have to encourage them to eat well, drink well. Sometimes they ask me, please, I don't want

to eat anything ... I am not hungry. If I been to the plan for long time, yes of course, I know their interest and then I can change their mind. I cannot force them to do things. I just encourage them to eat and drink and take their medication.

Renuka Saparamadu: This is your medication.

Lady: Thank you dear.

Renuka Saparamadu: Your welcome.

Elaine Cass: Problems might arise in older people who live at home and receive domiciliary care services, because invariably the care workers who are coming into support the older person won't have sufficient time to cook them a meal from fresh ingredients, so it's important that commissioners and service providers take into account that care workers need to be given sufficient time to both cook a decent meal and to ensure that the person gets the help and support that they need to eat it, and that might even involve someone spending time talking to the person whilst they encouraging them to eat.

Renuka Saparamadu: How was your weekend?

Lady: Lovely. Anne came, then Samantha phoned me and said she was coming in October to see me for three weeks.

Renuka Saparamadu: Well that's good. Fantastic.

Lady: Yes, good isn't it. I know.

Renuka Saparamadu: The key to get someone to eat is respect and choice. Sometimes they've been fed up with eating the same thing every day.

I'll be seeing you tomorrow morning, and have a chat again.

Lady: Ooh you are a darling.

Renuka Saparamadu: Okay, god bless you, bye.

Lady: Bless you dear.

Renuka Saparamadu: They have a choice. We cannot force anybody to do anything in their life, even my children, I cannot force them.

Narrator: In the case of thousands of older people, professional care workers stand between them and malnutrition. In the case of many more older people, unpaid carers shoulder the responsibility for the well-being of their loved ones.

Family Care

Debbie Scholes: Do you feel like Fanny Craddock ma?

Pauline Masters: Eh:

Debbie Scholes: Do you feel like Fanny Craddock?

Pauline Masters: Erm, yeah, I probably look like her as well.

Debbie Scholes: My mother and step father were married previously, therefore I have a step brother and step sister quite a long time after the three of us had left home. It was my mother's idea to go and live in France; quite extraordinary because they'd never even been on holiday to France before.

Pauline Masters: The French people were absolutely charming in our village and we had beautiful parties and things like that.

Debbie Scholes: They lived there for about eighteen years, very, very happily, until life became a little bit difficult for them. I had to make the decision for them to come and live with us and rescue them essentially.

Do you remember where I keep the oil ma?

Pauline Masters: *Somewhere down there or there, I'm not quite sure.*

Debbie Scholes: *That one, well done.*

My step father's health had deteriorated a lot. He's got vascular dementia, kidney problems, he's since been registered blind and Parkinson's and my mother was unable to cope.

Pauline Masters: He's in hospital at the moment, and then he's got to go to another hospital for rehabilitation, and then hopefully at some point he can come home here, which will be lovely.

There's my shopping list up there.

Debbie Scholes: *Well let's do it before we forget.*

Pauline Masters: *Lest we forget.*

Debbie Scholes: I didn't know until we got them back into this country that she had Alzheimer's.

Pauline Masters: *I'll put dried apricots sort of about half way down.*

Debbie Scholes: She's now not confident writing, she doesn't read. She was a brilliant cook, and now she has to have a very strict menu plan for every day of the week. Each Friday we prepare a dish involving gammon steaks and dried apricots. I think I've made it with my mother about 8 or 9 times now; she's still not confident about doing it.

Debbie Scholes: *Do you think that you're going to be able to remember how to do this sometime? Or follow the recipe at least.*

Pauline Masters: I hope so.

You know, once I've got the ingredients in front of me, I can manage. I'm trying to think of some things that we've done lately, Debbie and I ... erm ... no I can't remember.

Debbie Scholes: It's a difficult situation because I need to look not only at the nutritional benefits of what they're having to eat, their personal tastes, my mother's ability to prepare the elements and my step father being able to manage to swallow them. Meal plans are pretty difficult.

Debbie Scholes: *Do you know what you'll need to chop them with?*

Pauline Masters: *One of these.*

Debbie Scholes: Yeah.

Debbie Scholes: We could use meals on wheels, however I think for her mental state, I think she needs to be pushed.

Debbie Scholes: There's that. Put some wine in.

Pauline Masters: Ooh, yes.

Debbie Scholes: I think she needs to have the responsibility of caring for herself and for him. The difficulty is that there's a balance between causing them stress and making the person exercise their mind.

Pauline Masters: She only gets cross with me when I do silly things, and if I don't do silly things then she's wonderful.

Debbie Scholes: Certainly my step father, it would be appropriate for him to go to go to a care home, it wouldn't be appropriate for my mother, they shouldn't be separated ... really, we're just living each day as it comes.

Pauline Masters: Of course I don't think he likes broad beans but we'll find out when he gets back.

Debbie Scholes: Oh there's hardly any vegetables that either of you eat.

Pauline Masters: I eat all my vegetables.

Debbie Scholes: It's not like you choose to put carrot or broccoli on your plate is it?

Pauline Masters: I do put carrot and broccoli on my plate because you make me!

Debbie Scholes: Well precisely.

Narrator: While Debbie strives to facilitate nutritious meals and engaging in social mealtimes outside the care system, social care professionals need to understand the simple but necessary steps that can ensure that older people eat well.

People need to be offered dignity and respect as well as good nutritional food. Staff need to be trained to the highest standard,

and all users of health and social services need to be screened on admission.

Philip Hurst: Everyone needs to take action to make sure that we address malnutrition so that all older people get the food they need and any help to eat it.

Elaine Cass: They just want what everybody else wants. You know, a nice enjoyable meal in a nice environment with friends and family, and we need to try and provide that for people.

[End of recording]